

America's Abortion Industry Endangers Women



Americans United for Life

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First Edition 2017, Second Edition 2018

Published in the United States of America

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UNSAFE

America's Abortion Industry Endangers Women

A 50-State Investigative Report on the Dirty and Dangerous Abortion Industry



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What Ulrich Klopfer Reveals About the Nature of Abortion

ALEXANDRA DESANCTIS

n the fall of 2019, the family of deceased abortionist Ulrich George Klopfer made a ghastly discovery. Cleaning out his Illinois home after his death, they found the medically preserved remains of more than 2,200 unborn children—evidently victims of his decades-long career performing tens of thousands of abortions, which had earned him a reputation as the most prolific abortionist in Indiana.

Later, they uncovered a stash of 165 fetal body parts hidden away in the trunk of one of Klopfer's cars. Despite a subsequent law-enforcement investigation, we still don't know the abortionist's motivation for having kept these grisly trophies; whatever disturbed reasons he may have had for collecting them went with him to his grave.

Perhaps even more striking than the lack of clarity about this horrific discovery was the relative lack of public curiosity about it. Klopfer's stockpile of corpses received relatively little national attention immediately after local news broke the story, and the entire event passed in and out of the mainstream news cycle within less than a week.

Aside from an opinion article by columnist Ross Douthat, the *New York Times* published just one brief report the day the news became public. Over the following week, a few major news outlets offered one or two brief articles outlining the basic facts of what had happened, but the bulk of ongoing interest and coverage came from local journalists. Hardly a single reporter asked for comment on the matter from politicians, least of all Democrats who support unlimited legal abortion.

Had the remains in Klopfer's possession been those of 2,411 human adults rather than unborn children, his grotesque hording would have received rapt national attention for months. We would still be discussing him today, remembering him as the most notorious serial killer in American history. But because those little bodies

whose lives he so cavalierly destroyed belonged to children still in the womb, most of us closed our eyes and turned away, preferring to pretend we hadn't seen.

The natural reluctance to grapple with this kind of horrible incident is perhaps understandable. For a society that spends as much time as we do running from the reality of abortion, such an unvarnished display of its destruction can be difficult to face. But it is important to realize that a significant part of our ignorance about Klopfer was the product of intentional decisions by our mass media, whose reluctance to focus on the story came as no surprise to anyone who regularly follows our debates over abortion.

Though Americans are as divided on abortion policy today as they were in 1973 when the Supreme Court decided *Roe v. Wade*, the most powerful voices in our increasingly influential mass media have come down almost uniformly on the side of legal abortion. This results in a skewed portrayal of our abortion debate, and indeed of the facts that undergird our deep disagreements about abortion. If you want accurate, complete, unbiased information about abortion—even basic facts such as when, where, and how often it takes place—mainstream media outlets are about the last place you should look.

More often than not, pundits and reporters ignore the subject of abortion entirely or provide only cursory coverage, as they did with Klopfer's stash of fetal remains. When they do report on abortion at all, they omit essential facts, twist them to weigh more heavily against the anti-abortion argument, or misstate them to make the case for legal abortion appear more favorable.

The book you're holding is a powerful antidote to that media-induced ignorance. In this report, you'll find hard data that can be so difficult to locate, the kinds of facts that are crucial to informed, honest, clear-eyed discussions about the reality of abortion in our country.

As much as the seven Supreme Court justices who legalized abortion hoped that their decision in *Roe* would settle the abortion debate forever, that clearly hasn't been the case. Almost 50 years later, abortion remains as controversial as ever, arguably the most hotly contested question in American political life. If we ever hope to resolve this contentious battle, we must be ruthless in pursuit of the facts so that we can honestly assess the effects of legal abortion over the last several decades. Those facts and their dissemination are essential to finding ways to alter our abortion policy and protect the least among us—not just the innocent unborn child, but her mother, too.

On this point, let us return to George Klopfer's story, which really began much earlier than 2019 when those fetal remains were found in his possession. That discovery was not the first time that the abortionist had attracted the attention of local authorities. In 2016, Indiana's medical licensing board indefinitely suspended Klopfer's license after finding that he had violated state law and standard medical procedures while operating three abortion businesses in northern Indiana.

Among other violations, Klopfer had failed to submit a terminated pregnancy report to the state Health Department and the Department of Child Services after performing abortions on at least two 13-year-old girls. He also admitted to having performed an abortion on a ten-year-old girl who had been raped by her uncle, and he had never reported it to the state.

In the course of operating his businesses, Klopfer routinely failed to ensure that qualified staff were present when patients received or recovered from anesthesia before and after abortion procedures, and he failed to provide proper information and counseling to patients at least 18 hours before performing an abortion, as is required by state law.

Much like the stories behind each statistic in this book, the story of Klopfer's career as a dirty and dangerous abortionist received almost no national coverage. As a result, he received almost no public attention outside the local area—either before or after his family discovered all those body parts in his home. This lack of attention exemplifies the broader lack of public knowledge about the gruesome reality of abortion in our country.

Americans don't know about Klopfer because abortion proponents and their allies in the media prefer to ignore or hide information that exposes the abortion industry. Most people don't go searching for facts about abortion because they'd rather not think about it, because they don't know what to look for, or because they don't realize they should be looking in the first place.

Far too many Americans don't know that, in addition to taking unborn human life, abortion is unsafe for women. Most don't realize that even supposedly "sanitary" abortions pose serious risks to the physical and psychological health of pregnant mothers. Despite *Roe's* promise to bring abortion out of the back alley and into the clean light of the modern business, women still suffer severe side effects and sometimes die as the result of abortion procedures—all behind closed doors and away from the front pages of our major newspapers.

Those unpleasant, under-covered realities explain why supporters of abortion are so reluctant to talk about men like Klopfer, his unsafe businesses, and his collection of fetal remains. Most abortionists, of course, don't collect the remains of the unborn children they've killed and store them in molding boxes and old Styrofoam coolers. Instead, they follow common industry practice and dispose of those little bodies along with piles of medical waste.

Is that really any better?

We prefer to ignore abortionists like Klopfer because their stories force us to confront the brutal reality of abortion, to reckon with the fact that no matter how safe or clean a business might appear to be, every abortion ends with an empty womb and the death of an unborn child.

That is the simple, horrible fact that supporters of legal abortion are desperate to avoid. It's far easier to defend the right to abortion when it is covered up with phrases like "women's health care" or "the right to choose." Acknowledging that every abortion ends the life of a distinct human being and defending it on those terms is far more difficult and far less popular.

That is why it can be so hard to find facts like those contained in this book. That is why most media outlets will never cover any story that shows how the abortion industry profits from killing the unborn and victimizing their mothers. That is why Klopfer's victims were buried by the State of Indiana in a mass grave with hardly more than a local news story to mark the occasion.

Like the story of Klopfer, of the women who were mistreated in his businesses, of the unborn children whose bodies he stored and those he simply threw away, the realities in this book are difficult to face. But we cannot close our eyes to them. We cannot allow ourselves to forget what we've seen.

We cannot tell ourselves that George Klopfer's businesses were an anomaly, that most abortion is sterile and sanitary and safe for pregnant mothers—not when the statistics tell a different story. We cannot avoid forever the thousands of tiny bodies disposed behind businesses each and every day. This book offers a glimpse at the truth for anyone willing to look at it. Let us confront without flinching the damage that abortion has wrought in our country, and let us pray for the courage to do what we can to end it.

INTRODUCTION

A Common Sense Appeal to Aggregate Abortion Data and Report Outcomes

CATHERINE GLENN FOSTER, M.A., J.D.

President & CEO

he gravity of the 2020 pandemic has highlighted for all of us the importance of community and of lighthearted American pastimes like baseball. Baseball unifies our nation around a shared understanding, common goals, and the love of the game. On a hot summer day, nothing beats an afternoon in the stands with a hotdog, peanuts, and the world's most expensive Bud Light. And even in those crisp fall days in October when the home runs must inevitably come to an end, the offseason allows for folks to take a deep dive into the analytical side of the game. Indeed, Major League Baseball was a pioneer in providing in-depth statistics to a public hungry for more information. Multiple successful businesses are centered around analyzing that information, and important game-changing decisions have been informed by the prevalence of deep and available data.

Throughout these first twenty years of the 21st century, the prevalence and expansion of publicly available statistical information have been extended by organizations ranging from professional sports leagues to public health agencies. More than ever before, during the coronavirus pandemic, everyday Americans have been able to access and analyze complex data and statistical models, going to the primary sources to get their information and make their decisions. Even beyond coronavirus, concerning vital public health statistics, the Centers for Disease Control and Prevention (CDC) - the federal agency responsible for collecting and cataloging data relevant to U.S. health policy and healthcare outcomes — does a pretty good job. The information that they collect and provide is generally reliable and accurate. From the use of tobacco to the prevalence of visits to the dentist among senior citizens, stakeholders in our nation's public health system, from members of Congress to the people themselves, have access to quality information at their fingertips. And this availability of data extends far beyond public health data; we can Google just about any topic imaginable and find the reliable answers we are looking for...on any topic but abortion.

Throughout the pages ahead there is a trove of important information surrounding the safety and risks associated with abortion, a procedure that affects more than one in five American women. But unfortunately, what would be an important companion to this information, nationwide statistics on abortion and its impact on other health outcomes, are not analyzed in this work because such information simply does not exist. Data on abortion in America is humiliatingly incomplete. As many are quick to point out, abortion is a relatively common procedure in the United States, but because of petty partisanship and ideological absolutism, instituting a policy for tracking and reporting abortion data even on par with geriatric dental care has been a frustratingly unattainable goal.

The problem is stark. While some states such as Missouri and Minnesota have a robust system for collecting and disseminating data on abortion, other states are black holes in which little to no information escapes the front doors of an abortion business. While the Centers for Disease Control collects abortion data from state health departments, a state's decision to turn over the information is completely voluntary. The choice to share and publicize this crucial public health data is left to the discretion of state leadership. That fact is further complicated by the perverse incentives that many state leaders are reacting to when they make the choice of whether or not to record the relevant information and if they will cooperate with the CDC to promulgate the data.

The gross inadequacy of our current system is exemplified by the states which perennially choose not to disclose any information regarding abortion whatsoever to the CDC. Maryland has not reported any abortion data to the CDC since 2006. New Hampshire hasn't since 1997. Our union's most populous state, California, has never reported abortion data to the CDC. Because of the political calculations made by state governments refusing to share valuable data with the rest of the country our national understanding of the facts and potential dangers of abortion are obscured. Aside from the states who refuse to supply any information to the public, the data that is reported varies in detail per state wildly.

Unsafe offers important information that can help bridge the knowledge gap over the risks of abortion. Over the past year my team has sent out Freedom of Information Act requests related to health and safety reports for abortion businesses to all fifty states, and the responses have been enough to fill an Amazon warehouse. Boxes upon boxes of information cataloging the litany of abuse that has taken place behind closed doors in abortion businesses over the last few years. Everything from dirty medical instruments to perforated uteruses,

to the cowardly injustice of calling an Uber for a patient who is hemorrhaging instead of escorting her to the hospital. The reluctance of some states to publicly report their abortion numbers extends to their unwillingness to respond in good faith to public information requests regarding the health and safety violations of abortion businesses. Violations detailed here by abortion organizations of a women's right to safe medical care are myriad, but they are still missing crucial components which would have allowed us a more comprehensive understanding of the state of abortion in our country. Of the fifty states my team corresponded with, eight refused to provide even one page of documentation.

What does it mean when entire states, including states which presumably perform the highest number of abortions such as California, completely refuse to participate in the democratic norm of releasing their data as it relates to safety and public health? It means that abortion businesses are playing by their own set of rules. The purpose of health policy and oversight is to ensure that healthcare providers, especially those which receive taxpayer funding, meet a basic standard of health and safety. If a healthcare organization does not meet those standards, then the recourse is to remove public funding and potentially shut them down entirely under the auspices of the state's regulatory oversight. Abortionists have found a clever loophole to avoid this process, refuse to share any information, stonewall both government and non-governmental requests to share their aggregate data, and just like that big abortion shields itself from effective scrutiny!

We must act. As a country, as a national community, we can no longer allow abortionists to operate as if they possessed diplomatic immunity, ignoring the laws of their local jurisdictions and refusing to share their data as it relates to public health.

The government has clearly abdicated its duty to track the extremely important public health data related to the abortion industry.

One important step we must take is for the federal government, through the CDC, to change the abortion reporting requirement of states to the federal government from voluntary to mandatory. We also must demand that the data that is reported to the federal government include relevant details that abortion businesses would rather pretend don't exist. We must know the method an abortionist chooses to end the life of a child in utero and whether that method is influenced by a desire to sell her tissue for "research."

We must know how many children are born alive during a failed late-term abortion. We must know how many times an abortionist has sent a woman to the hospital with a potentially deadly complication.

Advocates and lawmakers need adequate information to make capable decisions. When it comes to challenging questions, especially in the health care sphere, data is necessary to ensure that the final output can meet the needs of the people it is intended to protect. The same way the manager of the *Atlanta Braves* uses data to formulate his game-day plan, communities across our country need real information on the prevalence, risks, and outcomes of abortion to make policies that work in the real world. For too long advocates, lawmakers, and the American public have been flying blind or relying on pro-abortion interest groups to truly understand what goes on behind closed doors at abortion businesses. It's time to show real leadership in the protection of our women and children.

EXECUTIVE SUMMARY

California law protects dogs, cats, and other animals from unscrupulous veterinary clinics with an array of 158 separate laws, including licensure, qualification and training requirements for veterinarians and staff, physical clinic standards, and cleanliness standards.1 On the other hand. California law provides no standards whatsoever to protect women experiencing abortion from dirty and dangerous abortion businesses.² This is because every single one of the medical standards that protected California women have been wiped off the books by state courts or pro-abortion lawmakers. For example, commonsense requirements such as a "system ensuring availability of staff for follow-up care or referral of patients" available 24-hours and a recovery area "adequate for the number of patients recovering at any given time" were repealed in 2014.3

How can it be that in California and many other places in America, we wouldn't treat our dogs the way we treat human lives in the womb?

Unsafe begins with the story of how the abortion industry bet everything on a strategy of total repeal of the nation's abortion laws, believing against the evidence that abortion would be safe if it were just made legal. America's women lost that bet—big time—when the Supreme Court struck down abortion laws in all 50 states in *Roe v. Wade. Unsafe* is the comprehensive, documented record of the

tragic consequences of that lost bet: more than twenty- four hundred abortion facility health and safety violations reported in just the last twelve years (2008-2020), implicating well over 300 abortion businesses in hazardous, unclean abortions, in addition to the colossal toll abortion has extracted in human lives and the physical and emotional suffering of survivors. Unsafe's 50-state investigation exposes abortion businesses that have been operating without a license, utilizing unlicensed, unqualified, or untrained abortionists and staff, repeatedly fined for filthy conditions, and dangerously mishandling narcotics and other drugs. As it has since the days before Roe in 1973, the abortion industry operates as if the laws regulating abortion don't exist. Thankfully, Unsafe is also the story of how the pro-life movement has been rebuilding legal protections for women and preborn infants through fifty years of lawmaking and courtroom advocacy—saving millions of lives from the horrors of abortion.

Unsafe also includes three timely AUL Special Reports that closely examine America's abortion industry. "At-Home Abortion is a Poison Pill" exposes the abortion industry's drive for greater acceptance of chemical abortion (RU-486) and the serious dangers it poses to women. AUL addresses the risks of the abortion method that now comprises nearly 40% of all U.S. abortions, as well as the steps lawmakers and policy groups can take to

ensure that women know all of their options before they consider this potentially devastating decision, and what they can do to demand better information about its use. The second Special Report, "Exposing Patients: The Abortion Industry's Utter Disregard for Women's Privacy," details the stark reality of almost complete disregard by the abortion industry for patient dignity and confidentiality, in spite of its continual lip service to "patient privacy." The third, "Enabling Abusers: The Abortion Industry Fails to Protect Young Girls," chronicles the ugly underside of the abortion

industry, which all too often cooperates with and enables those who prey on young women by refusing to stand up for them when they seek help.

Unsafe provides lawmakers and policy advocates with real-world information about the practice of abortion in the United States. The truth is sobering, but by exposing the ugly underside of the abortion cartel, pro-life advocates can effectively put the lie to abortion industry claims that abortion is a routine, "safe" medical procedure.

Minimum Standards Regulations. California Department of Consumer Affairs Veterinary Medical Board, https://www.vmb.ca.gov/laws_regs/minstand_regs.shtml.

^{2.} Cal. Code Regs. tit. 22, § 75040 (repealed 2014).

^{3.} Cal. Code Regs. tit. 22, §§ 75043-44 (2014).

How America's Abortion Industry Became a Woman's Worst Nightmare

STEVEN H. ADEN, J.D.

Chief Legal Officer & General Counsel

DID KEISHA ATKINS HAVE TO DIE?

ccording to a lawsuit filed by her family,¹ Keisha Marie Atkins, a healthy and vivacious 23-year-old, went to the University of New Mexico Hospital in Albuquerque in late January 2017, seeking an abortion at 24 weeks gestation. A doctor there, Lily Bayat, told her they wouldn't do it, but sent her to a local abortion business run by late-term abortionist Curtis Boyd, Southwestern Women's Options. The family says Bayat didn't tell Keisha that she had a very close relationship with Southwestern and Boyd, chiefly through the Ryan Fellowship program that recruits young doctors to do abortions and sends doctors like Bayat to Southwestern for training. The relationship was so close, in fact, that the hospital scheduled the appointment with Southwestern and hand delivered Keisha's ultrasound—presumably showing her child in the womb, nearly fully developed at 24 weeks ²—to Boyd and Southwestern.

The very next day, February 1st, Boyd's abortionists, Carmen Landau and Shannon Carr, inserted a needle in Keisha' stomach and injected her baby with a lethal dose of Digoxin (ordinarily a heart medication) which is commonly used by late-term abortionists to begin the abortion by ensuring the child is dead before inducing labor to deliver the dead baby. The abortionists inserted laminaria, essentially strips of seaweed, into her cervix to open it up and make the stillbirth easier to complete. Keisha was released from the abortion business with her dead baby still in her womb and an instruction to return two days later, with the expectation that labor would begin to expel the baby. According to her family, her abortionists never warned her about the grave dangers of an infected lateterm abortion. Instead, they gave her a written order not to call the hospital emergency room if she had complications, but to call Southwestern, even though Southwestern was not equipped to handle many forms of emergency complications that occur after late-term abortion.3 This included "septic abortion," the condition that Keisha developed in which the dead baby and the uterus become infected, threatening to poison the whole system. They also told Keisha that if she sought ER or hospital care outside of Southwestern, she would have to pay for the additional charges herself.⁴

Two days later, on Friday the 3rd, Keisha returned to Southwestern. Labor still hadn't started, and Keisha had a hard time breathing and had a high fever. Boyd and his abortionists didn't tell Keisha that at 24 weeks, an abortion was much more dangerous to Keisha than carrying her baby to term would have been.⁵ Early that morning, they started IV fluids, and simply waited. They waited all day, for nine hours, until the abortionists confirmed just after 4:00 pm that Keisha's condition hadn't improved at all and labor still hadn't started. They called for an ambulance and arranged for her transport back to the University of New Mexico Hospital emergency room. When Keisha arrived at the ER, she was suffering from all the symptoms of a very serious septic abortion—high fever, respiratory distress, a rapid heartbeat and low oxygen in her blood. Boyd and Southwestern Women's Options later admitted in court that their abortion business didn't have the ability to diagnose or treat septic abortion, even though it's a known complication of late-term induction abortions like Keisha's. 6 At the ER, Keisha spent another six hours waiting to be admitted to the hospital, presumably because Boyd and his abortionist had no "admitting privileges" there—the right to bypass the ER and directly admit a patient to the hospital in emergencies that is common to virtually all outpatient surgery except abortion. Finally, the hospital admitted Keisha and transferred her to the operating room, where they began the process of completing the abortion. But during the procedure, Keisha suffered a massive heart attack. Despite efforts to revive her, she was pronounced dead just after midnight on Saturday, February 4th.

The University of New Mexico also serves as Chief Medical Investigator for the state. In spite of the close collaboration between UNM and Southwestern, which included utilizing UNM Ryan Fellowship residents as abortionists and having Southwestern abortionists serve as UNM voluntary professors, as well as the fact that Southwestern and Boyd are the sole source of fetal tissue to UNM researchers,⁷ the autopsy of Keisha's body was performed by an assistant professor of pathology employed by UNM, Lauren Dvorscak. Although Dr. Dvorscak's opinion noted Keisha's status as "post fetal abortion by dilatation and evacuation" and "clinical evidence of septic abortion," her report concluded that Keisha suffered a "natural" death caused by "pulmonary thromboembolism (a blood clot in her lungs) due to pregnancy." ⁸ "While she likely did have an infection from the abortion process, the blockage of her pulmonary arteries by blood clots would have caused the rapid clinical symptoms leading to death, even without infectious or

inflammatory complications. The cause of death, therefore, is best certified as pulmonary thromboembolism due to pregnancy. The manner of death is natural." Keisha's family has sued UNM and Dvorscak for civil conspiracy, alleging that the autopsy's conclusions were rendered for the purpose of protecting Boyd and Southwestern from medical regulators and from legal liability. 10

The family's lawsuit charges that Keisha's late-term abortion should never have been done outside a hospital or similar overnight abortion business capable of providing constant monitoring. The Supreme Court years ago elevated abortion access over medical safety by creating a rule that second-trimester abortions could not be limited to in-patient hospitals a rule that Boyd's abortion business took advantage of. Keisha's family wants to hold the abortion industry legally accountable for offering medically substandard abortions, whatever the rule mandated by *Roe* might be.

Reportedly, abortionists Carr and Bayat have since relocated to New York State to ply their trade. The Empire State flung wide its doors to Boyd's kind of late-term abortion businesses last year by passing the "Reproductive Health Act," which is intended to return New York to the early days of *Roe*, when abortion was unregulated and unrestricted. The bill ended protections for infants born alive after an abortion, allowed infanticide by removing fetal homicide and manslaughter criminal penalties, and opened the door to back-alley abortions by removing criminal penalties for the manufacture, sell, or delivery of abortion supplies, including chemical abortion drugs. New York even eliminated any possibility of accountability for abortionists by prohibiting coroners from investigating deaths from abortion. New York passed the act in spite of the notorious criminal trial and guilty plea of abortionist Robert Rho a year earlier for killing a young mother, Jaime Morales, in a badly botched 24-week abortion.

Abortion extremism is nothing new; even before the Supreme Court nullified the abortion control statutes of every state in *Roe v. Wade*¹⁶ in 1973 and declared that a constitutional right existed to secure abortion, abortion activists were insisting that there could be no meaningful regulation of abortion practice. Lawyers for Planned Parenthood, the Center for Reproductive Rights and the American Civil Liberties Union have filed hundreds of lawsuits across the country against every conceivable type of medical regulation applied to abortion.¹⁷ The abortion industry calls these basic health and safety measures "TRAP laws," ¹⁸ harassing measures that lack any medical benefit and are designed to drive safe and legal abortion out of business.¹⁹ They claim abortion is "very safe," ²⁰ relying on self-generated

statistics and supportive "research" from pro-abortion advocacy organizations like Alan Guttmacher Institute.²¹ They refuse to ensure that only licensed doctors (let alone board-certified OB/GYNs) are doing abortions.²² They resist giving women full informed consent about the known risks of abortion.²³ They won't abide by basic health and safety regulations that apply to other surgery clinics.²⁴ They fight against patient emergency transfer requirements that would mandate rapid and sure communications between abortion businesses and hospitals when serious complications occur.²⁵ Often when emergency complications arise, abortion businesses won't treat them, but tell the woman to go to their local emergency room.²⁶ By any reasonable definition, their determination to operate outside the constraints of ordinary health and safety standards is a determination to operate below the standard of safe medicine.

Outpatient medicine has become commonplace in U.S. healthcare, so much so that at least twenty million Americans can expect to undergo a medical procedure outside a hospital setting this year.²⁷ These patients can expect to be fully informed of all known risks to a procedure and to provide their consent in writing ahead of time, usually well ahead of the scheduled procedure.²⁸ They can anticipate talking over the procedure with the doctor who will be performing it, and to have all their questions answered to their satisfaction. Patients who have reservations are encouraged to seek a second opinion, and to refrain from moving forward if they are concerned about the risks. In the event that serious complications ensue, the patient can rest assured that his or her doctor has a plan for immediate emergency transfer to a local hospital, and can usually admit the patient to the hospital directly and follow up on their care. Some outpatient procedures, notably D&C after miscarriage, colonoscopy, and angioplasty are similarly invasive as abortion and entail similar risks.²⁹ Why does the abortion industry operate so differently?

The answer is simple: *Roe v. Wade*, and dozens of other U.S. Supreme Court cases that have created and upheld a "fundamental right" to abortion and allowed only marginal regulation of the practice. *Roe* wiped the abortion laws of all 50 states off the books, adopting "abortion on demand" and effectively permitting little regulation of abortion for any purpose as the Court has purported to act as the nation's "ex officio medical board," as several Justices have called it,³⁰ for nearly fifty years.

The truth is, virtually every life-saving law regulating abortionists since Roe has been proposed by pro-life lawmakers and pro-life policy groups, and defended in

the courts against abortion industry challenges. The abortion industry's goal has always been to tear down every legal limit on abortion, including commonsense health and safety regulations, whether by legislation or judicial decree, and they largely succeeded in that project with Roe in 1973. If the abortion industry had been able to have its way in the years since Roe, there would be no regulation of abortion on the books in any state.

Unsafe begins with the story of how a well-financed, well-connected abortion industry hijacked first popular culture, then the medical profession, and finally the legal profession and the courts, to force abortion on the American public for any reason, at any time, and paid for in many places by your tax dollars. It's the story of a cultural *Revolution* that swept away laws that had protected tens of millions of human lives, culminating in a *Repeal* of every life-saving abortion law in America by nine robed men on the Supreme Court; and since *Roe*, a *Restoration* in law and culture that has begun to rebuild the right to legal protection for women and infants in the womb and reduced the demand for abortion back to pre-*Roe* levels, saving the lives of millions. It's the story of how that struggle must continue as we look forward to *Roe's* repeal—and to a nation where every person is welcomed in life and protected in law.

Keisha Atkins didn't have to die.

REVOLUTION

Easily available, legal abortion in the United States was unheard of before the 1960s. Prior to 1960, abortion was a crime in every state in virtually all circumstances. Abortion advocates, heedful of the need for caution because of popular sentiment against the practice, initially focused on "reforming" abortion laws, principally easing restrictions on early gestation abortions and eliminating provisions criminalizing the practice for doctors. He American Law Institute (ALI) in 1959 proposed the legalization of abortion when a licensed doctor found "a substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with a grave physical or mental defect or that the pregnancy resulted from rape, incest or other felonious intercourse [statutory rape]." The "Association for the Study of Abortion" (ASA) was organized in 1965 by Planned Parenthood leader Alan F. Guttmacher and others, including attorney Roy Lucas, whose influential law review article in 1965 became the blueprint for legal advocacy of a constitutional right to abortion. Association in the constitutional right to abortion.

The ALI model law became the vehicle for thirteen states that passed abortion "reform" between 1967 and 1970, "the first major stimulus toward significant liberalization."³⁶ The ASA reported that 49 abortion reform measures were introduced in 1969. Twenty-nine were based on the ALI model code; twelve provided only that abortions be done by licensed doctors; four were repeal statutes to nullify existing abortion statutes; and four were more restrictive than the ALI code.³⁷

The feminist movement, which was just gaining traction in American life, noted the push for abortion, but did not consider it central to their cause. The birth control pill was approved for marketing in 1961, and some considered pushing for a broader right to abortion as too much too fast, even in the era of the "sexual revolution." The National Organization for Women (NOW) Women Bill of Rights adopted in 1967 included a right to abortion, but only as the last of eight points: "The right of women to control their own reproductive lives by removing from penal codes the laws limiting access to contraceptive information and devices and laws governing abortion."³⁸

But "reform" was not enough for abortion activists, and the idea soon gave way to a push for all-out "repeal" of all abortion controls. The ASA's executive director later reflected, "By the end of my first year or year and a half with [ASA], the meaning of the word reform seemed to undergo a change. There were those in the movement who began to talk about reform as though it were some kind of evil against which one must fight in the name of repeal."39 By the time of the first national conference on abortion laws held in Chicago in February 1969, NOW and its president, Betty Friedan, were "all in" for the right to abortion. "We are in a new stage here, in the whole unfinished sexual revolution in America—the whole revolution of American women toward full equality, full participation, human dignity and freedom in our society," Friedan declared. "[W]e must address all questions governing the reproductive process: access to birth control, to contraceptive devices, and laws governing abortion."40 Gone was the obeisance women paid to the men who acted as the gatekeepers for abortion access: "Reform, don't talk to me about reform-reform is still the same-women, passive object. Reform is something dreamed up by men..."41

Friedan was up front about the movement's desire to fabricate a new constitutional "right to abortion" that had never been recognized in American law: "[W]omen are the ones who must decide, and what we are in the process of doing, it seems to me, is realizing that there are certain rights that have never been defined as rights, that are essential to equality for women, and they were not

defined in the constitution of this, or any country, when that constitution was written only by men."⁴²

It was about this time that the slogan, "abortion on demand," became en vogue for NOW-style feminists; "not, as many have since assumed, with abortion opponents seeking to characterize the abortion-rights agenda as extreme," admit abortion proponents Linda Greenhouse and Reva Siegel.⁴³ The slogan was intended to underscore the new approach that eschewed "reform" as patriarchal and undignified, and demanded full access to abortion as a medical procedure. They were determined to reframe the abortion issue away from the question of women's health and safety and make it one purely of a right of access.⁴⁴

This extreme pro-abortion faction—including Betty Friedan, abortionist Dr. Bernard Nathansen and others—came together in 1969 to form the "National Association for the Repeal of Abortion Laws," with a new emphasis on repealing, not reforming, abortion laws. NARAL dedicated itself to "the elimination of all laws and practices that would compel any woman to bear a child against her will," and adopted as its abortion policy:

- 1. Safe abortions performed by physicians should be readily available to all women on a voluntary basis, regardless of economic status and without legal encumbrance.
- 2. As a medical procedure, abortion should be subject only to the general laws regulating medical licensure and practice.⁴⁵

A year later, NARAL and NOW were on the cusp of a societal embrace of a new, manufactured "right" to abortion—determined to define it as broadly as they possibly could. NOW's Betty Friedan said in 1970:

It is only two years ago that we dared to first say that the right of a woman to control her own body's reproductive process should be an inalienable human right for the first time—women's voice was heard on the question of abortion, up until then, completely decided by men. I still remember the courage it took for us to dare to confront this question in terms of the basic principle involved and how even the abortion reformers laughed when we changed the terms of the debate from reform to repeal....⁴⁶

A prominent pro-abortion writer, Linda Greenhouse, explained the shift this way that same year—just three years before *Roe*:

More important than the change of tactics is the change of philosophy that underlies the new abortion-reform movement. The reformers no longer claim that the states, basically correct in regulating abortion, are simply too rigid in the way they apply this power. Now, they are seeking to establish abortion as a positive legal right, like the right to free speech or the right to be secure against interference by the state on any but the most pressing grounds. If they succeed, it is just possible that there will not be an abortion law left standing in any state by the end of this year.⁴⁷

For this new wave of abortion activists, legalization would work as if by magic; legalize abortion without restrictions and it would be safe.48 Blinded by their own dogma, abortion activists played fast and loose with the facts. NARAL and other abortion promoters routinely claimed that 5,000 women died annually from illegal abortion, a figure that was wildly inflated by at least twenty-fold.⁴⁹ Roy Lucas of the Association for the Study of Abortion promoted a figure of 10,000 maternal deaths in his influential article that laid the groundwork for abortion litigation in the late 1960s.⁵⁰ But the true figure was in the hundreds and dropping steadily in the decades before Roe, to less than 200 by the late 1960s, according to figures from the National Center for Health Statistics.⁵¹ And therapeutic abortions, those required for the sake of the mother's life or for serious physical reasons, were never the issue. "It was widely admitted that the reasons for therapeutic abortions were disappearing with medical advances that could better treat rare maternal conditions," AUL scholar Clarke Forsythe observes.⁵² Even Dr. Alan Guttmacher, a member of the Association for the Study of Abortion and president of Planned Parenthood from 1962 to 1974 (and formerly a vice president of the American Eugenics Society), acknowledged that therapeutic abortion was becoming rare.⁵³

Rarer still was legal authority for a newly minted "right to abortion." Greenhouse and others readily admitted that a constitutional right to abortion sounded "fantastic, illusory. The Constitution is searched in vain for any mention of it." But they had found sudden support in the California Supreme Court's radical 1969 decision *People v. Belous. Belous* was a split (4-3) decision that relied on the constitutional "right to privacy" the U.S. Supreme Court had announced that year in *Griswold v. Connecticut* to narrowly strike down state laws against the practice, declaring, "The fundamental right of the woman to choose whether to bear children follows from the Supreme Court's and this court's repeated acknowledgment of a 'right to privacy' or 'liberty' in matters related to marriage, family, and sex." Law and culture were coming together; that same year, former Supreme Court Justice Tom Clark penned an apologetic for abortion that caught the attention of the Court's Justices. "Our society is currently in the midst of a

sexual revolution which has cast the problem of abortion into the forefront of religious, medical, and legal thought," Clark said.⁵⁸

There were other tributaries to abortion's cultural stream around this time, notably the growing "Zero Population Growth" movement that prophesied an impending cataclysmic global winter owing to a massive population explosion. ⁵⁹ Paul Erlich's 1968 book, *The Population Bomb*, sold two million copies by hyping this pessimism to extremes. "We must rapidly bring the world population under control, reducing the growth rate to zero or making it negative. Conscious regulation of human numbers must be achieved." ⁶⁰ In 1972, a presidentially-appointed body, the Rockefeller Commission, issued a report entitled "Population Growth and the American Future," which warned that America and the world faced a dire future of struggle and scarcity if contraception and abortion did not become accepted public policy. ⁶¹ In the midst of this shift in cultural attitudes, the Supreme Court extended the constitutional right to contraception from married couples to unmarried partners. ⁶²

For a time, it seemed that the "reform" legislation that began in the mid-1960s and eventually reached all 50 states would prevail. The high water mark was in 1967, with three states passing "reform" bills, Colorado, North Carolina and California.⁶³ By the time of *Roe*, nineteen states had "liberalized" their abortion laws to varying degrees.⁶⁴ But thirty states still allowed no exceptions to abortion prohibitions other than to save the life the mother, and most states actively enforced their abortion laws.⁶⁵ And the drive in the state capitals had almost completely stalled; no state changed its abortion law by legislation in 1971 or 1972. "In virtually every state where a repeal bill had been introduced in the legislature...prospects for passage appeared to range from bleak to nonexistent," says abortion scholar David Garrow.⁶⁶ AUL scholar Clarke Forsythe reflects:

After the passage of the first three reform laws in Colorado, North Carolina, and California in 1967, a remarkable thing happened. With barely months of experience with these laws, activists decided that the reform laws were not allowing enough abortions and concluded that complete repeal was necessary. Advocates went into the courts because they couldn't get repeal laws passed in state legislatures or because the new laws that had passed were not as sweeping as they wanted.⁶⁷

The courthouse strategy was spurred by a federal court's decision in 1969 to invalidate the District of Columbia's abortion law, a lawsuit that ended up in the

U.S. Supreme Court.⁶⁸ Pro-abortion activists launched numerous federal court challenges to state abortion laws in 1970. There were twenty cases filed between 1969 and 1972, including *Roe v. Wade* in Texas and *Doe v. Bolton* in Georgia.⁶⁹ The first federal court invalidation of a state abortion law came in Wisconsin in March 1970.⁷⁰ But before *Roe*, these cases met with only mixed success. Seven federal court decisions struck down abortion laws, and five upheld them; but only five state court decisions struck them down, while sixteen state courts upheld them.⁷¹

The stage was set. But would the High Court extend the "right of privacy" to abortion?⁷² And if it did, would it approve of ALI-style "reform", or embrace the broad, virtually illimited "fundamental" right that NOW and NARAL wanted?

REPEAL: THE RULE OF ROE V. WADE

On January 22, 1973, the U.S. Supreme Court ruled 7-2 in *Roe v. Wade* that a Texas criminal abortion law violated the constitutional "right to privacy" it had announced several years earlier. The Court's conclusion was deceptively simple: "A state criminal abortion statute of the current Texas type, that excepts from criminality only a *lifesaving* procedure on behalf of the mother, without regard to pregnancy stage and without recognition of the other interests involved, is violative of the Due Process Clause of the Fourteenth Amendment." By an unreasoned *ipse dixit*, the Court's majority extended the privacy holding of *Griswold* and *Eisenstadt*, which concerned contraception, to abortion, which concerned the life of another human being: "This right of privacy. . .is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." ⁷⁷⁴

The Supreme Court adopted a "trimester framework" for regulation of its newfound right to abortion, which purported to allow health and safety-based restrictions on abortion practice in some circumstances, but in reality left very little room for such concerns. "For the stage prior to approximately the end of the first trimester [i.e., up to 13+ weeks], the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician,"75 the Court's majority said. Since 88% of all abortions occur in the first trimester,76 Roe, read literally (as many federal courts in the years afterward were quick to do), would permit no medical regulation whatsoever in most cases, even for the sake of women's health and safety. In the second trimester, the Court declared, "the State, in promoting its interest in the health of the mother, may, if

it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health."⁷⁷ In the final trimester (which the Court referred to as "the stage subsequent to viability" because viability at the time was taken to be 28 weeks), states were permitted to promote their interest in "the potentiality of human life" and could regulate "and even proscribe" abortion "except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother." ⁷⁸

How broad was the Supreme Court's "health of the mother" exception? In a companion case to Roe, Doe v. Bolton,79 the Justices struck down Georgia's criminal abortion statute, which was based on the more moderate ALI model abortion law, declaring it unconstitutional because it required that the abortion be approved and provided in an accredited hospital and that the abortion doctor's judgment be confirmed by two other licensed doctors.80 The Court defined the "health" exception, under which an abortion could be obtained at any time during the nine months of pregnancy, so broadly that it could mean any determination made by a physician that an abortion was required: "[T]he medical judgment may be exercised in the light of all factors-physical, emotional, psychological, familial, and the woman's age-relevant to the well-being of the patient. All these factors may relate to health."81 Thus, even in the final stage of gestation, abortion could not be prohibited. In light of the sweeping right Roe created, it's little wonder the states and federal courts concluded that the Court had nullified all abortion restrictions. "Our conclusion... means, of course, that the Texas abortion statutes, as a unit, must fall....[w]e assume the Texas prosecutorial authorities will give full credence to this decision that the present criminal abortion statutes of that State are unconstitutional."82

Roe created a vacuum, striking down every abortion law in all 50 states and declaring a sweeping right for any pregnant female of any age, while placing no conditions on the right. Unless states acted to fill the vacuum, it continued. Unless states enacted new legislation placing conditions or limits on the right, none existed in a state. Without legal requirements for informed consent, or for parental notice, or for sanitary conditions, there were none.⁸³

Even worse, the Supreme Court had licensed back alley abortionists, who could simply hang out their shingle on Main Street and keep doing business. After *Roe*, a new crop of abortionists arose to answer the anticipated demand: Kermit Gosnell of Philadelphia, Richard Ragdsdale of Rockford, Illinois, and Ulrich Klopfer of South Bend, Indiana all opened their doors in 1973. All would end their careers in

infamy, driven out of the practice of medicine by charges of criminal homicide or civil wrongful death.⁸⁴

Roe ushered in the regime of "abortion on demand," giving abortion rights advocates "a vastly more far-reaching victory than they ever could have attained through the legislative and political process," says legal scholar David Garrow. Within a few years of Roe, abortion had gone from being a crime in all 50 states to being widely embraced as a "constitutional right," a "fundamental freedom." As abortion proponent Lawrence Lader wrote, "[T]he Court went far beyond any of the 18 new state laws the movement had won since 1967, with only New York's law approaching its scope. It climaxed a social revolution whose magnitude and speed were probably unequaled in United States history."

RESTORATION: REBUILDING A LEGAL CULTURE OF LIFE

After *Roe*, states struggled to subject abortion operations to even basic medical health and safety regulations, in light of *Roe's* seemingly illimitable scope.⁸⁹ Michigan, for example, enacted an abortion control law and regulations in 1974 that would have required abortion clinics to be licensed as surgical outpatient clinics and follow many of the same rules as outpatient medical clinics.⁹⁰ An editorial that ran in the Ann Arbor, Michigan newspaper shortly after the law was passed highlighted the safety concerns that gave rise to the law:

Unsafe conditions in Detroit abortion clinics have prompted the state legislature to move quickly to regulate all free-standing, outpatient surgical clinics. In the meantime, an effort to clean up the Detroit operations has resulted in the closing of two clinics by order of the Michigan Public Health Director.... Inspections began following a series in "The Detroit Free Press" documenting the horrors of the clinics, including unsanitary conditions, use of untrained personnel, and even failure to test for pregnancy before performing an abortion....Five other Detroit-area clinics have been given 60 days to correct major deficiencies, or they too will face similar action.... 91

"While [the health director's] move may yet be challenged," the Ann Arbor paper noted, "the bill passed by both houses of the legislature last week will guarantee the Health Department's ability to act in future cases. The bill gives the department the right to set rules, inspect and license all free-standing, surgical outpatient clinics..."

The threatened challenge was launched by a coalition of a dozen Michigan abortion clinics and the local chapter of NOW, who were determined not to allow the new law to impede access.⁹³ A federal court in 1977 dutifully invalidated the entirety of the law as it applied to first trimester abortions, and the following year the legislature repealed the abortion control statute.⁹⁴

Illinois experienced similar frustration as courts prevented the state from implementing protective laws. A twelve-part investigative series in the *Chicago Sun-Times* in the mid-1970s, "The Abortion Profiteers," uncovered a dozen previously unreported deaths from legal abortion. Profiteers, uncovered abortions done by incompetent, unlicensed or unqualified physicians under unsterile conditions, without the benefit of anesthesia, and sometimes on women who were not even pregnant. Because of unsanitary conditions and haphazard clinic care, many women suffered debilitating cramps, massive infections and such severe internal damage that all of their reproductive organs were removed, investigators said. Phe abortion business regulations adopted in Chicago in the 1970s before the *Sun-Times* ran its investigation had been enjoined by a federal court. Then the abortion business regulations adopted by the Illinois General Assembly after the *Sun-Times* investigations were enjoined by a federal judge in 1985 as well, then eventually scrapped by the Attorney General in a settlement with the American Civil Liberties Union.

In the following decades, federal courts were to decide hundreds of abortion cases, 99 with only very limited guidance from the Supreme Court. It took the Court two years to clarify that *Roe* did, in fact, allow states to insist on such a basic requirement that abortions be limited to licensed doctors. 100 The Court in *Connecticut v. Menillo* professed concern that several states (Minnesota, Pennsylvania and Connecticut, among others) had read *Roe* to prohibit any criminal restriction on the performance of abortions, even by laypersons—in spite of *Roe's* clear statement that it would permit *no* regulation in the first trimester. 101 In its drive to impose universal abortion rights, the Supreme Court had made gratuitous and overbroad pronouncements in *Roe* that went well beyond the case it had before it, and had to backpedal when it became clear that *Roe* was putting women's lives and health at stake. The Court's belated guidance laid the groundwork for states to begin restoring fundamental health and safety protections for women experiencing abortion:

[T]he rationale of our decision [in *Roe*] supports continued enforceability of criminal abortion statutes against nonphysicians...[T]he insufficiency of the

State's interest in maternal health is predicated upon the first trimester abortion's being as safe for the woman as normal childbirth at term, and that predicate holds true only if the abortion is performed by medically competent personnel under conditions insuring maximum safety for the woman.¹⁰²

One year after *Menillo*, the Court again had to assure states that they could require that abortionists obtain full informed consent from the mother before an abortion—routine and mandatory in every other surgical procedure—and collect basic reporting data from abortionists. ¹⁰³ "The decision to abort, indeed, is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences," the Court observed in *Planned Parenthood v. Danforth*. ¹⁰⁴ But the Court also struck down a state prohibition on saline abortions as unconstitutional, despite the fact that abortionists had already begun to eschew the practice of saline abortion in recognition of serious risks it posed to the mother. ¹⁰⁵ As a consequence of the Court's dogged protection of the abortion industry, saline abortion remained a constitutionally protected form of abortion well after it had been largely abandoned by the profession as too dangerous for women.

The Supreme Court weaved back and forth. In the next several years, the Court settled a running spat between the Justices over whether Roe required public hospitals to make provision for elective abortion with a ruling that government institutions could express policy preferences for childbirth over abortion. 107 But the Court also summarily affirmed a decision of a three-judge district court that struck down an Indiana statute requiring that first-trimester abortions be done by a physician in a hospital setting with safeguards for emergency complications. 108 Justice White, joined by two others, dissented. 109 "There is nothing in the United States Constitution which limits the State's power to require that medical procedures be done safely," he said. "[Roe and Doe] do not elevate the decision to have an abortion to a higher constitutional status than the decision to have life-saving or health-preserving operations."110 The dissenters lamented the fact that there had been no trial, no facts presented to the district court, and no finding that the Indiana law was medically unreasonable. 111 The Supreme Court also held that abortionists could sue to challenge laws on behalf of their patients seeking abortions, but within a few years refused to extend that rule to pro-life doctors who sought to defend the laws-even though some of their own patients were risking dangerous abortions. 112 And in perhaps the most significant decision of its early Roe-era years, the Court ruled that Roe did not require taxpayer funding of elective abortion—a decision that would end up saving millions of lives. 113

In 1979, Justice Blackmun wrote again for the Court in *Colautti v. Franklin*,¹¹⁴ a decision that struck down as unconstitutionally vague a Pennsylvania statute that required physicians to use the abortion technique that provided the best opportunity for the baby to be born alive if the baby is "viable or may be viable." By employing the term "may be viable," the Court said, the state injected a note of ambiguity and uncertainty into a criminal statute, making it void for vagueness. ¹¹⁵ The pro-abortion *Roe* majority had dug in its heels and pulled back from their pronouncement in *Roe* that states could regulate abortion to protect "potentially viable" life. ¹¹⁶ Justice White vigorously dissented, charging that the Court's decision "now withdraws from the States a substantial measure of the power to protect fetal life that was reserved to them in [*Roe*], and reaffirmed in [*Danforth*]." ¹¹⁷

By 1983, ten years after *Roe*, some members of the Court were beginning to voice caution over the impact that the broad right to abortion announced in *Roe* was having on women's health and safety. Justice Lewis Powell, while writing for a narrow Court in *Planned Parenthood of Kansas City v. Ashcroft*, ¹¹⁸ also wrote separately to voice concerns about abortion safety, taking note of the *Chicago Sun-Times* expose in a part of his opinion that was joined by then-Chief Justice Warren Burger:

The professional views that the plaintiffs find to support their position do not disclose whether consideration was given to the fact that *not all abortion clinics*, *particularly inadequately regulated clinics*, *conform to ethical or generally accepted medical standards*. The *Sun-Times* of Chicago, in a series of special reports, disclosed widespread questionable practices in abortion clinics in Chicago, including the failure to obtain proper pathology reports.¹¹⁹

And in response to a partial dissent on that issue from the author of *Roe*, Justice Harry Blackmun, who charged that the Court was disregarding "the interests of the 'woman on welfare or the unemployed teenager," Justice Powell reflected that "these women may be those most likely to seek the least expensive clinic available...[and] the standards of medical practice in such clinics may not be the highest."¹²⁰

Thornburgh v. American College of Obstetricians & Gynecologists¹²¹ held the entirety of Pennsylvania's Abortion Control Act unconstitutional by a split 5-4 decision. Webster v. Reproductive Health Services, ¹²² a plurality decision, upheld provisions in Missouri's law specifying that a physician must ascertain fetal viability by performing "such medical examinations and tests as are necessary to make a

finding of the gestational age, weight, and lung maturity of the unborn child" and prohibiting the use of public employees and facilities to perform or assist abortions not necessary to save the mother's life or the use of public funds, employees, or facilities for the purpose of "encouraging or counseling" a woman to have an abortion not necessary to save her life. 123 Although the plurality would "modify and narrow *Roe* and succeeding cases, 124 the Court expressly refused to overturn it. Consequently, the *Webster* plurality stated, "There is no doubt that our holding today will allow some governmental regulation of abortion that would have been prohibited under the language of cases such as [*Colautti*] and [*Akron*]. 125

The sea change for state authority to protect women experiencing abortion came in a badly fractured decision in 1992 in *Planned Parenthood of Southeastern Pennsylvania v. Casey.* ¹²⁶ A plurality of the Justices reaffirmed the "essential" holding of *Roev. Wade:* "[A] State may not prohibit any woman from making the ultimate decision to terminate her pregnancy before viability." ¹²⁷ However, the Court rejected the "trimester" framework of *Roe*, resorting instead to a bifurcated pre-viability/post-viability framework and applying a newly adopted "undue burden" standard to gauge the constitutionality of abortion restrictions. Importantly, the Court for the first time recognized a "profound" state interest in protecting infant life throughout pregnancy:

To promote the State's profound interest in potential life, throughout pregnancy the State may take measures to ensure that the woman's choice is informed, and measures designed to advance this interest will not be invalidated as long as their purpose is to persuade the woman to choose childbirth over abortion.¹²⁸

Moreover, "As with any medical procedure, the State may enact regulations to further the health or safety of a woman seeking an abortion." The Casey Court upheld a Pennsylvania law requiring informed consent and a 24-hour waiting period before the abortion was to be performed, and a parental consent mandate where a judicial bypass was also available.

The abortion industry pushed on relentlessly, but the headwinds from the Court were growing stronger. Just a few years after *Casey*, in *Mazurek v. Armstrong*, the Supreme Court was forced to revisit and reaffirm its 1975 pronouncement in *Menillo* that states could restrict abortion to licensed physicians, though over the dissent of three Justices. And in 2006, the Supreme Court put an end to the abortion industry's practice of securing wholesale judicial invalidations of state abortion control laws, as in *Roe* and *Thornburgh*. The Court made it clear in *Ayotte*

v. Planned Parenthood 134 that challenges based on specific applications of state law endangering a woman's health were to be the rule, and courts were obliged to strike down only offending provisions and not to wipe entire abortion control chapters off the books. 135

Gonzales v. Carhart¹³⁶ presented to the Court for the second time the question of the constitutionality of statutory prohibitions on "partial-birth abortion." In the Court's view, the federal Partial-Birth Abortion Ban Act furthered the government's interest (stated in *Casey*) in preserving and promoting respect for life, as Congress could reasonably conclude that "the type of abortion proscribed by the Act requires specific regulation because it implicates additional ethical and moral concerns that justify a special prohibition." "Whether to have an abortion requires a difficult and painful moral decision," Justice Kennedy wrote for the Court's majority. 138 Citing to a friend-of-the-Court brief filed by Sandra Cano—the "Jane Doe" of *Doe v. Bolton*—and others, Justice Kennedy observed that because "some women come to regret their choice to abort the life they once created and sustained," the state has an interest in ensuring that such a choice is made with full information:

It is self-evident that a mother who comes to regret her choice to abort must struggle with grief more anguished and sorrow more profound when she learns, only after the event, what she once did not know: that she allowed a doctor to pierce the skull and vacuum the fast-developing brain of her unborn child, a child assuming the human form.¹³⁹

Since the *Casey* decision in 1992, the abortion rate in America has declined to historically low levels. After reaching its apex in the late 1980s, the abortion rate has fallen back down to the level it was in 1972—the year before *Roe v. Wade*. Abortion facilities have closed their doors by the hundreds over the past twenty years as demand has dropped precipitously. He apparently heedless of this historic trend toward embracing Life, the Supreme Court seems to have checked out of the debate, at least for now. After holding Texas's outpatient emergency admission law unconstitutional in *Whole Woman's Health v. Hellerstedt*, He Court again retrenched this year in *June Medical Services v. Russo*, He amajority of the Justices calling for a return to a stricter interpretation of the *Casey* standard that would allow abortion laws that have a legitimate medical purpose and do not "substantially burden" abortion access in a state. He margins at this point, while the abortion rate continues to drop to historic lows thanks to a perpetually energized pro-life movement and stricter health and safety standards enacted

after *Casey*. Although courtroom advocacy has centered lately on strongly pro-life southern states such as Texas, Mississippi, and Louisiana, the fact is that most of the abortion businesses in those states had already closed even apart from the operation of the laws that were legally challenged.¹⁴⁴ And the closures have been occurring in politically pro-abortion states like New York, California and elsewhere, not just in pro-life states.¹⁴⁵

AFTER THE REVOLUTION: "BUSINESS AS USUAL" FOR THE ABORTION INDUSTRY?

Abortion advocates have grudgingly come to recognize that *Roe's* overturn is imminent, and they are already planning a massive post-*Roe* legal campaign to protect abortion on demand wherever they can. Abortion advocate Robin Marty sounded the alarm recently in her book, *Handbook for a Post-Roe America*:¹⁴⁶

What is likely is that a number of states are not going to have legal, accessible abortion anymore very soon—either because Roe is overturned and those states choose to make abortion illegal within their borders, or because Roe is left in place but is so decimated that those states can still close all of their clinics or place enough restrictions that an abortion is impossible to obtain...¹⁴⁷

If that happens, Marty says, "we will need an outright revolution." 148

So if *Roe* is overturned, it will be "back to the future" for an abortion industry that always cared much more about abortion access than about women's lives, health, or safety. If abortion laws cannot be legislated away, they'll resort to the courts for judicial repeal in the name of "privacy" or "liberty." If all else fails, revolution is the answer; throw off legal constraint altogether and operate as if laws don't exist.

AUL's nationwide investigation contained in the pages of *Unsafe* reveals that, by and large, the abortion industry is already operating as if regulations don't exist. In August of 2019, a jury in Maricopa County, Arizona returned a 3 million verdict against Planned Parenthood Arizona, Inc. in a retaliatory employment termination case brought by a former fifteen-year employee, Mayra Rodriguez. Rodriguez was a Health Center Administrator for two of Planned Parenthood's locations in the greater Phoenix area, and an "Employee of the Year" in 2016. Her job required her to engage with the abortion clinics' doctors about emergency calls received from business patients overnight. After Rodriguez saw a trend of clinician reports detailing significant post-abortive complications such

as extensive bleeding and several instances of perforated uteruses diagnosed by emergency room doctors throughout the Phoenix area, she traced these complications to an abortionist, whom her complaint calls "Dr. X". 151 Concerned for his patients' safety, Rodriguez says she warned Planned Parenthood Arizona's lead clinician, Deanna Wright, about Dr. X, but that Wright replied "they [PPA upper management] all know what he does but nobody wants to do anything about it." And her problems with Dr. X were just beginning. Within the next two months, Rodriguez says, five other PPA medical assistants complained to her that Dr. X was requiring them to sign affidavits required by Arizona law that the human remains from abortion were reviewed and accounted for-even before the abortions began. ¹⁵² On another occasion, Rodriguez says, a medical assistant told her that she saw some body parts missing from an abortion, but Dr. X refused to further investigate; he inserted an IUD in the patient and then "told the medical assistant to do the body part checking herself," Rodriguez alleged. The assistant did so and confirmed that several body parts were indeed still in the patient, and Dr. X had to be called back into surgery to complete the abortion. 153

Rodriguez's problems mounted when three medical assistants complained that another Planned Parenthood doctor, "Dr. Y", was belligerent and threatening toward them.¹⁵⁴ Rodriguez complained about both abortionists, but nothing was done; in fact, Dr. Y's conduct only grew worse. Then, she learned that a manager on duty was violating Arizona's mandatory reporting law, designed to protect young girls who are exploited by older sexual partners. Again she complained, but nothing was done. 155 Finally, she repeatedly complained that Planned Parenthood's medicine storage room was routinely left wide open, but her manager never responded. Instead, in late September 2017, Planned Parenthood fired Rodriguez for what her complaint called "a sham and a pretext for retaliation"—including planting drugs in her desk. 156 After she left the building, her managers shredded the documents Rodriguez was keeping on the numerous patient complications and Planned Parenthood's failure to report statutory rape. 157 The jury in her lawsuit agreed that Rodriguez was a "whistleblower" who sought to expose lawbreaking by Planned Parenthood, awarding her \$3 million in compensation for Planned Parenthood's outrageous conduct. 158

Former abortion business workers who have left the industry, complaining of scofflaw and abusive abortionists, have become legion. Several nurses left a Delaware Planned Parenthood business in 2013, describing a "meat market" style operation with unsafe conditions rampant.¹⁵⁹ In Oregon, a Planned Parenthood nurse sued the clinic manager, alleging she fondled patients, lied to

inspectors, and sexually harassed staff.¹⁶⁰ Twenty years ago Mississippi had seven abortion businesses; one by one, they closed because abortionists were engaged in criminal behavior, or for public health and safety reasons.¹⁶¹ Today, the one remaining abortion business, Jackson Women's Health Organization, stays open only because of a federal court order,¹⁶² and in spite of a lawsuit against it by one of its former abortionists, Dr. Joseph Booker, who alleged that the owner, Diane Derzis, was operating a dangerous and substandard abortion facility.¹⁶³ And Dr. Leanna Wen, the president of the nation's largest abortion chain, Planned Parenthood Federation of America, recently resigned, complaining that the organization put too much emphasis on abortion and not enough on women's health.¹⁶⁴

Abortion industry claims of safety simply can't be squared with what we know about the real record of abortion. AUL's Defending Life 2018 told the story of how Planned Parenthood St. Louis reportedly sent sixty-eight women directly to the hospital over a 10-year span. 165 That abortion business remains open as the only abortion provider left in the State of Missouri, thanks to a judge's order forcing the state to renew its license. 166 Likewise, the "Margaret Sanger" (now renamed because of Sanger's racist beliefs) Planned Parenthood business in New York sent women to the hospital nine times in 2019,167 and the Pro-Choice Medical Center in California hospitalized women five times in 2018. ¹⁶⁸ Myra Rodriguez's experience at Planned Parenthood of Arizona, and those of dozens of others, have become typical of America's apathetic abortion industry. Hidden, off-therecord emergency patient transports to the emergency room; manufactured reports; wholesale disregard of basic patient health and safety; arrogance; failure to comply with mandatory reporting of sexual abuse and rape of underage girls; laissez-faire attitudes toward safe narcotics storage; destroying records to cover up wrongdoing.¹⁶⁹ AUL's *Unsafe* reports chronicle the commonplace nature of these dirty and dangerous conditions, and more, in abortion businesses everywhere.

THE UNSAFE REPORTS

Americans United for Life's *Unsafe* project is the first comprehensive, 50-state investigation and analysis of all publicly available abortion facility inspection reports generated over the past ten years. AUL's legal staff reviewed over 25,000 pages of documents obtained through state Freedom of Information Acts, consisting of over 1,300 abortion facility inspection reports from the 39 states

that conduct inspections of abortion businesses. *Unsafe* presents the results of this investigation in two ways: First, "How *Unsafe* is Abortion in Your State?" summarizes the inspection policies (if any) of each state and the most egregious violations uncovered each state, as well as AUL's conclusions about the dangers posed in each state's abortion industry. Second, *Unsafe* collates inspection reports in thirteen separate categories of health and safety violations:

Unsafe and Unsanitary Clinics – Violations of basic cleanliness standards

Lack of Privacy, Lack of Respect for Patients – Breaches of privacy of the patient or her medical information

Improperly Trained and Screened Staff – Failures to conduct background checks on medical staff or to adequately train them, endangering patients

Unlicensed and Unqualified Staff - Practicing medicine without licensure as a doctor or nurse, or practicing absent the required qualifications

Outdated Medications and Supplies – Citations for expired medications or outdated supplies

Improper or Poorly Maintained Equipment - Citations for using the wrong equipment, or failing to properly maintain it

Failed Health and Safety Policies – Violations related to a lack of medical standards or no standards at all

Unsafe Handling of Medications and Testing – Prescribing and administering medication or medical tests in a potentially harmful manner

Faulty Buildings – Citations for unsafe building conditions

Patient Neglect - Violations of patient monitoring standards

Protecting Sexual Predators - Failing or refusing to report suspected sexual predators such as sexual traffickers and perpetrators of rape and incest

Lack of Informed Consent - Violations of the standard for performing medical procedures only upon receiving fully informed consent

Failure to Provide Public Information – Failing or refusing to make required public reports of important health and safety data

The inspection reports are cited in the endnotes to both the state summaries ("How *Unsafe* is Abortion in Your State?) and the categorical summaries (pp. 70-191 infra), and the reports themselves are posted on AUL's web site at www.aul.org/Unsafe. The reports are archived by state, and may be accessed via an interactive 50-state map. Individual reports may also be accessed via active links in the endnotes.

For too long, America's abortion industry has gotten away with claiming that abortion is "extremely safe," safer even than most routine medical procedures. Abortion apologists have relied on a chronic lack of evidence to the contrary, a state of affairs that pro-abortion lawmakers in many states have perpetuated by refusing to mandate reporting abortion data and abortion complications to the U.S. Centers for Disease Control and Prevention (CDC). It is our sincere hope that the grievous disregard for women's health and safety the pages of *Unsafe* bring to light will move lawmakers, pro-life advocates and concerned citizens to see much stronger protections for mothers and infants in the womb enacted into law, and that the widespread health and safety violations they document will put an end to the "big lie" that abortion would be safe if it were only legal.

- 1. Complaint, Atkins v. Boyd, D-202-CV-2018-05696, (D.N.M. Aug. 1, 2018) [hereinafter Atkins Complaint].
- 2. How Your Fetus Grows During Pregnancy. American College of Obstetricians and Gynecologists, https://www.acog.org/patient-re-sources/faqs/pregnancy/how-your-fetus-grows-during-pregnancy.

What happens during weeks 21–24 of pregnancy?

The fetus may hiccup.

The brain is rapidly developing.

Tear ducts are developing.

Finger and toe prints can be seen.

The lungs are fully formed but not yet ready to function outside of the uterus.

- 3. Atkins Complaint ¶ 34.
- 4. Atkins Complaint ¶ 21. Because New Mexico requires that abortion be paid for under the state Medicaid program, Boyd and Southwestern were able to charge the state thousands of dollars for a 24-week abortion. The threat of having to pay this amount left young and financially vulnerable patients like Keisha with no real choice but to comply with this order.
- 5. Even at 21 weeks, abortion is 91 times more dangerous to the mother than carrying the child to term. Bartlett, Linda A., et al. "Risk Factors for Legal Induced Abortion-Related Mortality in the United States." *Obstetrics & Gynecology,* vol. 103, no. 4, Apr. 2004, pp. 729–737, doi:10.1097/01.AOG.0000116260.81570.60.
- 6. Sajadi-Ernazarova, Karima R., and Christopher L. Martinez. "Abortion Complications." StatPearls, StatPearls Publishing, 24 May 2020, https://www.ncbi.nlm.nih.gov/books/NBK430793/.
- House Select Investigative Panel of the Energy and Commerce Committee. Select Investigative Panel Final Report. United States, Congress, pp. 78, 236, 2016. Unfortunately, the New Mexico Attorney General declined to prosecute. See Lange, Dylan. "Dear Committee Members." New Mexico, Office of the Attorney General, 4 Jan. 2018, https://www.scribd.com/document/368433405/Letters-on-UNM-SWWO-investigations#from_embed.
- 8. Autopsy report produced in *Atkins* Complaint, supra (on file with Americans United for Life).
- 9. Id
- 10. Atkins Complaint ¶¶ 89–96.
- 11. Atkins Complaint ¶¶ 42(a), 43.
- 12. Compare City of Akron v. Akron Ctr. for Reprod. Health, Inc. 462 U.S. 416 (1983) (holding unconstitutional an ordinance that required all abortions performed after the first trimester of pregnancy be done in a hospital) and Simopoulos v. Virginia, 462 U.S. 506 (1983) (affirming Virginia's conviction of a doctor for unlawfully performing a second-trimester abortion outside of a licensed "hospital" included outpatient clinics).
- N.Y. S.B. 240 (2019).
- 14. Kehr, Bradley N. "On A.21/S.240, Reproductive Health Act." Americans United for Life, 14 Jan. 2019, https://aul.org/wp-content/uploads/2019/01/Americans-United-for-Life-Testimony-NYA21-S240-Reproductive-Healthcare-Act-Assembly-Committee.pdf.
- 15. Perkins, Tony. "A Young Mom Is Far From Only Victim of Abortionist Robert Rho." The Daily Signal, 14 May 2018, https://www.dailysignal.com/2018/05/14/a-young-mom-is-far-from-only-victim-of-abortionist-robert-rho/. Predictably, the pro-abortion media noted regret at the incident, but blamed it on the "lack" of New York State abortionists owing to state regulation of late-term abortion. Chowla, Sarika. "A Woman Died from a Botched Abortion After Other Abortionists Wouldn't Help Her." Vice, 7 May 2018, https://www.vice.com/en_us/article/j5ayzg/robert-rho-botched-abortion-jamie-lee-morales.
- 16. 410 U.S. 113 (1973).
- 17. Comprehensive research by Americans United for Life legal staff indicates that over 200 legal challenges to abortion regulations have been filed across the country by Planned Parenthood affiliates alone since Roe.
- 18. "TRAP" is an abortion industry label that stands for "Targeted Regulation of Abortion Providers:"

"[TRAP]" laws are burdensome, medically unnecessary regulations designed to shut down reproductive-health-care clinics and make it more difficult for women to access abortion. . The goal of TRAP laws is simple: to close abortion clinics by imposing on them excessive, unnecessary and costly regulations.

TRAP Laws. NARAL Pro-Choice America, https://www.prochoiceamerica.org/issue/trap-laws/.

TRAP laws requiring that abortions be performed in [outpatient surgical centers] are not based in science and are not written by doctors or medical experts—they're written by extreme politicians whose real goal is to make it difficult or even impossible for patients to get a safe and legal abortion.

New Study Confirms Abortion TRAP Laws Are Unnecessary, Don't Improve Patient Safety. Planned Parenthood, 26 June 2018, https://www.plannedparenthood.org/about-us/newsroom/press-releases/new-study-confirms-abortion-trap-laws-are-unnecessary-dont-improve-patient-safety.

- 19. The initial focus of the "TRAP laws" campaign was on physical plant requirements for outpatient abortion clinics. The label has more recently been applied to regulations mandating that abortion physicians have emergency transfer privileges at a hospital near their abortion facilities. See, e.g., Targeted Regulation of Abortion Providers (TRAP). Center for Reproductive Rights, 28 Aug. 2015, https://www.reproductiverights.org/document/largeted-regulation-abortion-providers-trap. The ACLU, relying on data from pro-abortion research outfit Alan Guttmacher Institute (AGI), claims "between 2011 and 2017, TRAP laws caused 50 clinics in the South and 33 in the Midwest to close. In four states—Arizona, Kentucky, Ohio, and Texas—they led to half the available clinics shutting their doors." Mukpo, Ashoka. "TRAP Laws are the Threat to Abortion Rights You Don't Know About." American Civil Liberties Union, 3 Mar. 2020, https://www.aclu.org/news/reproductive-freedom/trap-laws-are-the-threat-to-abortion-rights-you-dont-know-about/. Citing Nash, Elizabeth, and Joerg Dreweke. "The U.S. Abortion Rate Continues to Drop: Once Again, State Abortion Restrictions Are Not the Main Driver." Guttmacher Institute, vol. 22, 18 Sept. 2019, https://www.guttmacher.org/gpr/2019/09/us-abortion-rate-continues-drop-once-again-state-abortion-restrictions-are-not-main
- 20. "In-clinic abortion is...one of the safest medical procedures you can get. Abortions are similar, in terms of level of risk, to other gynecological procedures that take place in doctor's offices every day...Unless there's a rare and serious complication that's not treated, there's no risk to your future pregnancies or to your overall health. Having an abortion doesn't increase your risk for breast cancer or affect your fertility...Serious, long-term emotional problems after an abortion are rare, and about as uncommon as they are after giving birth...Most people feel relief after an abortion." Every one of these statements is false. What Facts About Abortion Do I Need To Know? Planned

Parenthood, https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion.

- 21. The Guttmacher Institute was founded (as the Center for Family Planning Program Development) in 1968 as part of Planned Parenthood Federation of America (PPFA), and spun off by PPFA in 1977 as an independent nonprofit while remaining a "special affiliate" of PPFA until 2007. Guttmacher received financial support from PPFA until only recently. See generally Frequently Asked Questions. Guttmacher Institute, https://www.guttmacher.org/guttmacher-institute-faq.
- 22. The abortion industry has twice attempted this but failed in the U.S. Supreme Court. See Connecticut v. Menillo, 423 U.S. 9 (1975) (abortion advocates unsuccessfully argued that the "right to abortion" allows non-doctors to do the procedure); Mazurek v. Armstrong, 520 U.S. 968 (1997) (abortion advocates again unsuccessful in arguing the "right to abortion" includes a right to secure abortion by a non-physician). Industry lawyers are currently fighting in court against physician-only requirements in Alaska (Complaint, Planned Parenthood of the Great Nw. and the Hawaiian Islands v. Alaska, 3AN-19-11710Cl (D. Alaska filed Dec. 12, 2019)); Idaho (Planned Parenthood of the Great Nw. & the Hawaiian Islands v. Wasden, 406 F. Supp. 3d 922 (D. Idaho 2019)); Wisconsin (Planned Parenthood of Wis., Inc. v. Kaul, 942 F.3d 793 (7th Cir. 2019)); and Virginia (Complaint, Falls Church Med. Ctr., LLC. v. Oliver, 346 F. Supp. 3d 816 (E.D. Va. 2018)). Even while calling for the legalization of abortion, the pro-abortion movement before Roe operated a network of illegal abortionists, called the "Jane Collective." The network "operated in Chicago and carried out thousands of abortions from 1969 to 1973. Many of the procedures were performed by medical nonprofessionals." Haberman, Clyde. "Code Name Jane: The Women Behind a Covert Network." The New York Times, 14 Oct. 2018, https://www.nytimes.com/2018/10/14/us/illegal-abortion-janes.html.
- 23. Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833 (1992) (abortion advocates unsuccessfully opposed requirement that abortionists provide information about sources of prenatal assistance); Planned Parenthood Minn., N.D., S.D. v. Rounds, 530 F.3d 724 (8th Cir. 2008) (en banc) (abortion advocates unsuccessfully opposed requirement that abortionists advise pregnant women that abortion "will terminate the life of a whole, separate, unique, living human being"); Planned Parenthood Minn., N.D., S.D. v. Rounds, 686 F.3d 889 (8th Cir. 2012) (en banc) (abortion advocates unsuccessfully opposed requirement that abortionists advise women that abortion carries increased risk of suicide); and many other cases.
- Whole Woman's Health v. Hellerstedt, 136 S.Ct. 2292 (2016) (challenging virtual entirety of Texas's ambulatory surgical center provisions as applied to abortion, and chemical abortion restrictions); Thornburgh v. American Coll. of Obstetricians & Gynecologists, 476 U.S. 747 (1986) (holding unconstitutional provisions of Pennsylvania's Abortion Control Act, including informed consent and reporting requirements); and many other cases.
- 25. June Medical Servs. v. Russo, 140 S. Ct. 2103 (2020) (challenging emergency admission requirement for abortionists); Planned Parenthood of Wis., Inc. v. Van Hollen, 738 F.3d 786 (7th Cir. 2013) (same); Jackson Women's Health Org. v. Currier, 940 F. Supp. 2d 416 (S.D. Miss. 2013); Planned Parenthood Se., Inc. v. Bentley, 951 F. Supp. 2d 1280 (M.D. Ala. 2013) (same); and many other cases.
- 26. For example, a former manager of two Planned Parenthood facilities in lowa, Susan Thayer, charged in a court filing that her supervisors directed personnel to tell patients who suffered complications to go to the local emergency room and to report that they had had a "miscarriage" so that Medicaid would pay for the treatment. Second Amended Complaint at ¶ 101–102, United States ex rel. Thayer v. Planned Parenthood of the Heartland, Inc., No. 4:11-cv-00129, (S.D. lowa, filed Jul. 29, 2012).
- 27. Hall, Margaret J., et al. "Ambulatory Surgery Data From Hospitals and Ambulatory Surgery Centers: United States, 2010." National Health Statistics Reports, no. 102, 28 Feb. 2017, https://www.cdc.gov/nchs/data/nhsr/nhsr102.pdf. 22.5 million procedures were conducted in ambulatory surgical centers in 2010. After the Supreme Court held that abortion could not be restricted to inpatient hospitals in 1983, abortion shifted increasingly to outpatient facilities. See generally Aden, Steven H. "Driving Out Bad Medicine: How State Regulation Impacts the Supply and Demand of Abortion." University of St. Thomas Journal of Law and Public Policy, vol. 8, issue 1, 2013, pp. 14–32.
- 28. Checklist for Surgery/Consent Forms/Insurance Information. Johns Hopkins Medicine, https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/checklist-for-surgery--consent-forms--insurance-information.
- 29. "Some of the most common complications from a D&C procedure include postoperative infection, perforation in the uterus, or scarring of the uterus." Brusie, Chaunie. "D&C After Miscarriage: Should You Have One?" Parents, 5 Apr. 2018, https://www.parents.com/pregnancy/complications/miscarriage/should-i-have-a-d-and-c-dilation_and_curettage_procedure/. Risks associated with colonoscopy include perforated intestine, bleeding, post-polypectomy electrocoagulation syndrome, adverse reaction to anesthetic, and infection. https://www.healthline.com/health/colonoscopy-risks. Balloon angioplasty can cause bleeding, clotting, or bruising at the point of insertion, scar tissue or blood clots forming in the stent, irregular heartbeat, damage to a blood vessel, heart valve, or artery, or a heart attack. Whelan, Corey. "How Safe is a Colonoscopy?" reviewed by Saurabh Sethi, Healthline, 29 Oct. 2018, https://www.healthline.com/health/heart-attack/angioplasty.
- 30. Planned Parenthood of Central Mo. v. Danforth, 428 U.S. 52, 99 (1976) (White, J., concurring in part and dissenting in part); see also Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292, 2326 (2016) (Thomas, J., dissenting); Webster v. Reprod. Health Servs., 492 U.S. 490, 519 (1989) (Rehnquist, J., plurality opinion) (quoting Planned Parenthood of Central Mo. v. Danforth, 428 U.S. 52, 99 (1976) (White, J., concurring in the judgment in part and dissenting in part)); City of Akron v. Akron Ctr. For Reprod. Health, 462 U.S. 416, 456 (1983) (O'Connor, J., dissenting) (quoting Danforth, 428 U.S. at 99 (White, J., concurring in the judgment in part and dissenting in part)).
- 31. Cunningham, Paige, and Clarke Forsythe. "Is Abortion the 'First Right' for Women?" excerpted in Butler, J. Douglas, and David F. Walbert, *Abortion, Medicine, and the Law,* 4th ed., Facts on File, Inc., 1992 [hereinafter Cunningham and Forsythe, "Is Abortion the 'First Right' for Women?"].
- 32. See generally Cunningham and Forsythe, "Is Abortion the 'First Right' for Women?" p. 100, n.3. Colorado (in 1968) and New Mexico (in 1919) permitted abortion only for "serious and permanent bodily injury." Maryland (in 1867) permitted abortion for the mother's "safety." Alabama (in 1951) and the District of Columbia (in 1901) allowed abortion when necessary for the mother's "life or health." By judicial interpretation, Massachusetts allowed abortion for the mother's life and physical or mental health. *Kudish v. Bd. of Registration of Med., 248 N.E.2d. 264 (Mass. 1969) and cases cited therein. Linton, Paul Benjamin. "Enforcement of State Abortion Statutes After Roe: A State-by-State Analysis." *University of Detroit Law Review, vol. 67, no. 2, 1990, pp. 157–259. The false notion that legal abortion was available before the 19th century and at common law, perpetuated by the majority in Roe, has been laid to rest by recent scholarship. Keown, John. *Abortion, Doctors and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982. Cambridge University Press, 1988; Dellapenna, Joseph W. Dispelling the Myths of Abortion History. Carolina Academic Press, 2006 [hereinafter Dellapenna, Dispelling the Myths of Abortion History].
- 33. One legal commentator, Robert M. Byrn, made this observation:
 - The abortion controversy is assuming national proportions. The Association for the Study of Abortion, a nationwide organization dedicated to a liberalization of the law, has enlisted a cadre of speakers "to educate the public to reform." The Association seems to be politically as well as pedagogically oriented. One of its spokesmen recently hailed an abortion liberalization bill, introduced at the 1966 session of the New York State Legislature, as a "rallying point for reform forces in the state.
 - Byrn, Robert M. "Abortion in Perspective." *Duquesne Law Review*, vol. 5, no. 2, 1966–67, p. 125, quoted in Greenhouse, Linda, and Reva B. Siegel. *Before Roe v. Wade: Voices That Shaped the Abortion Debate Before the Supreme Court's Ruling.* Yale Law School, 2012, p. 86, https://documents.law.yale.edu/sites/default/files/beforeroe2nded_1.pdf [hereinafter Greenhouse and Siegel, *Before Roe v. Wade*].
- 34. Greenhouse and Siegel, Before Roe v. Wade, p. 87.

- 35. Lucas, Roy. "Federal Constitutional Limitations on the Enforcement and Administration of State Abortion Statutes." North Carolina Law Review, vol. 46, 1968, pp. 730–778.
- 36. Garrow, David J. Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade. 1st ed., University of California Press, 1994, p. 270.
- 37. Kimmey, Jimmye, "Abortion Law Reform in the United States." Quoted in Greenhouse and Siegel, Before Roe v. Wade, p. 32.
- Greenhouse and Siegel, Before Roe v. Wade, p. 37–38. Even this platform was highly contentious, and generated threats from members to resign from NOW. Minutes from the Second National Conference of NOW. National Organization for Women, 18–19 Nov. 1967, https://350fem.blogs.brynmawr.edu/1967/11/19/national-conference-of-now-minutes/.
- 39. Kimmey, Jimmye, "Abortion Law Reform in the United States." Quoted by Greenhouse and Siegel, Before Roe v. Wade, p. 32.
- 40. Greenhouse and Siegel, Before Roe v. Wade, p. 39.
- 41. Greenhouse and Siegel, Before Roe v. Wade, p. 39.
- 42. Greenhouse and Siegel, Before Roe v. Wade, p. 39.
- 43. Greenhouse and Siegel, Before Roe v. Wade, p. 44.
- 44. Greenhouse and Siegel, *Before Roe v. Wade*, p. 44. "The centrality to this agenda of the right to abortion amounted to a reframing of the abortion issue, from a question of women's health and safety to a key element in the transformation of women's role in society—and of society itself." Greenhouse and Siegel, *Before Roe v. Wade*, p. 44. See also Callahan, Daniel. "An Ethical Challenge to Prochoice Advocates: Abortion and the Pluralistic Proposition." *Commonweal*, 23 Nov. 1990, p. 683. "The most striking ideological development has been the emergence into leadership positions in the prochoice movement of some feminists who have scanted many of the original arguments for abortion reform. They have shifted the emphasis almost entirely to a woman's right to an abortion, whatever her reasons and whatever the consequences."
- 45. National Association for the Repeal of Abortion Laws. *NARAL Policy Statement*. Quoted in Greenhouse and Siegel, *Before Roe v. Wade*, pp. 40–41. (emphasis added).
- 46. Friedan, Betty. Call to Women's Strike for Equality, 26 Aug. 1970, Greenhouse and Siegel, Before Roe v. Wade, p. 42.
- 47. Greenhouse, Linda. "Constitutional Question: Is There a Right to Abortion?" New York Times, 25 Jan. 1970, excerpted in Greenhouse and Siegel, Before Roe v. Wade, pp. 131–32. (emphasis added).
- 48. Notably, the U.S. Centers for Disease Control reported that in 1972, the year before *Roe* constitutionalized abortion on demand, there were 39 deaths from illegal abortions recorded and *24 deaths from legal abortions*. U.S. Public Health Service, Centers for Disease Control, *Abortion Surveillance* vol. 61, Nov. 1980.
- 49. After Nathanson became a pro-life advocate, he was very honest about the duplicity of the organization he helped found:
 - In NARAL we generally emphasized the drama of the individual case, not the mass statistics, but when we spoke of the latter it was always "5,000 to 10,000 deaths a year." I confess that I knew the figures were totally false...But in the "morality" of our revolution, it was a "useful" figure, widely accepted, so why go out of our way to correct it with honest statistics?

Nathanson, Bernard N., and Richard N. Ostling. *Aborting America*. Pinnacle Books, 1979, p.193. Nathanson explained how the *zeitgeist* of the "Sexual Revolution" readily adopted the falsehoods he and others peddled:

We fed the public a line of deceit, dishonesty, a fabrication of statistics and figures. We succeeded [in breaking down the laws limiting abortions] because the time was right and the news media cooperated. We sensationalized the effects of illegal abortions, and fabricated polls which indicated that 85% of the public favoured unrestricted abortion when we knew it was only 5%. We unashamedly lied, and yet our statements were quoted (by the media) as though they had been written in law.

Powell, John. Abortion: *The Silent Holocaust.* Tabor, 1981. Quoted by Houghton, Mark. "Rapid Response: How the Abortion Movement Started With Deceit and Lies—Dr. Nathanson." in "Bernard Nathanson," BMJ, 2 Mar. 2011, https://www.bmj.com/rapid-response/2011/11/03/how-abortion-movement-started-deceit-and-lies-dr-nathanson.

- 50. Lucas, Roy. "Federal Constitutional Limitations on the Enforcement and Administration of State Abortion Statutes." North Carolina Law Review, vol. 46, 1968, p. 730.
- 51. Forsythe, Clarke D. Abuse of Discretion: The Inside Story of Roe v. Wade. Encounter Books, 24 Sept. 2013, pp. 63–64, Tab. 1 [hereinafter Forsythe, Abuse of Discretion]; Williams Obstetrics. Louise M. Hellman and Jack A. Pritchard, eds., 14th ed., 1971, p. 520 ("It is a common fallacy, particularly in lay publications, to exaggerate the number of maternal deaths attributable to abortion each year."). The principal reason for the dramatic decline was not legalization, but the use of penicillin and other antibiotics in abortion and other surgical procedures that became ubiquitous after the Second World War.
- 52. Forsythe, Abuse of Discretion, pp. 80–81.
- 53. Dellapenna, Dispelling the Myths of Abortion History, p. 565, n.254.
- 54. Dellapenna, Dispelling the Myths of Abortion History, p. 565, n.254.
- 55. Greenhouse and Siegel, Before Roe v. Wade, p. 123.
- 56. Griswold v. Connecticut, 381 U.S. 479 (1965).
- 57. People v. Belous, 458 P.2d 194, 199 (Cal. 1969), citing Griswold, 381 U.S. at 485, 486, 500. Belous in turn presaged Roe, which likewise relied on the U.S. Supreme Court's prior "right to privacy" cases to hold that the right to privacy "is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." Roe v. Wade, 410 U.S. 113, 153 (1973). The Supreme Court had struck down state laws against contraception in 1965 in Griswold, relying on the doctrine of "marital privacy," but extended its reasoning to unmarried partners in Eisenstadt v. Baird in 1972. 405 U.S. 438 (1972).
- 58. Clarke, Tom C. "Religion, Morality, and Abortion: A Constitutional Appraisal." *Loyola Law Review*, vol. 2, 1969, p. 1, https://digitalcommons. lmu.edu/llr/vol2/iss1/1. *See also Stanley v. Georgia*, 394 U.S. 557 (1969) (holding that a constitutional right exists to possess obscene material in one's own home).
- 59. Shaffer, Helen B., "Zero Population Growth." *Editorial Research Reports 1971*, vol. II, CQ Press, 1971, pp. 903–24, http://library.cqpress.com/cqresearcher/cqresrre1971112400.
- 60. Erlich, Paul R. *The Population Bomb*. Sierra Club, Ballentine Books, 1968, p. 131 [hereinafter Erlich, *The Population Bomb*]. One of Erlich's proposals, for a "Department of Population and Environment" to be set up "with the power to take whatever steps are necessary to establish a reasonable population size in the United States," arguably became a reality in 1970 with the establishment of the federal "Office of Population Affairs," though it advocated strictly voluntary family planning. Erlich, *The Population Bomb*, p. 138. See Family Planning Services and Population Research Act of 1970, Pub. L. No. 91-572, 84 Stat. 1504, (Dec. 24, 1970). The act created the federal family planning program, Title X of the Public Health Service Act, and provided that priority in Title X programs was to be given "to the furnishing of such [family planning] services to persons from low-income families"—a euphemism for racial minorities. *Id.*, § 1006(c)(1). Fifty years on, the Zero Population Growth's predictions and the federal agencies and policies established thereon appear to have been misquided at

best, as America and the world now face a sobering "demographic winter" owing to greatly reduced birth rates worldwide. See Bricker, Darrell, and John Ibbitson. Empty Planet: The Shock of Global Population Decline. Penguin Books, 2020; Last, Jonathan V. What to Expect When No One's Expecting: America's Coming Demographic Disaster. Encounter Books, 2014; Stout, Rick, director. Demographic Winter: The Decline of the Human Family Candlelight Media, 2008.

- 61. "Population and the American Future." *The Center for Research on Population and Security.* The Rockefeller Commission Report, 27 Mar. 1973, https://www.population-security.org/rockefeller/001_population_growth_and_the_american_future.htm. The Commission included in its recommendations the urging "that present state laws restricting abortion be liberalized along the lines of the New York statute." "Compilation of Recommendations." "Population and the American Future." *The Center for Research on Population and Security.* The Rockefeller Commission Report, 27 Mar. 1973, https://www.population-security.org/rockefeller/017_recommendations.htm.
- 62. Eisenstadt v. Baird, 405 U.S. 438 (1972).
- 63. Forsythe, Abuse of Discretion, p. 69.
- 64. Cunningham and Forsythe, "Is Abortion the 'First Right' for Women?" p. 101; See generally Lader, Lawrence. Abortion II: Making the Revolution. Beacon Press, June 1973; Ginsburg, Faye D. Contested Lives: The Abortion Debate in an American Community. University of California Press, 1998, pp. 35–37, 64–71. Even the states that adopted abortion early via legislation put significant limitations on the practice. Washington State imposed a 16-week limit and a state residency requirement, Alaska and Hawaii only allowed abortion up to the point of viability, and New York up to 24 weeks. Forsythe, Abuse of Discretion at 75.
- 65. Forsythe, Abuse of Discretion, p. 12, citing Dellapenna, Dispelling the Myths of Abortion History, pp. 600, 624–631; Forsythe, Clarke D. "The Effective Enforcement of State Abortion Statutes Before Roe v. Wade." The Silent Subject: Reflections on the Unborn in American Culture Brad Stetson, ed., Praeger, 1996, pp. 193–94.

At the time Roe was decided, thirty States allowed abortion only to save the life of the mother, two States and the District of Columbia allowed abortion to save the life or preserve the health of the mother; one State allowed abortion to save the mother's life or to terminate a pregnancy resulting from rape; thirteen States had adopted [ALI's Model Penal Code] or some variant thereof, allowing abortion under specified circumstances; and [Alaska, Hawaii, New York, and Washington] allowed abortion on demand, but set limits in terms of the age of the fetus. No State allowed unrestricted abortion throughout pregnancy, as Roe effectively does.

Linton, Paul Benjamin. "Planned Parenthood v. Casey: The Flight from Reason in the Supreme Court." Saint Louis University Public Law Review, vol. 13, no. 1, 1993, p. 24–27, http://dx.doi.org/10.2139/ssrn.3201636.

- 66. Garrow, David J. Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade. 1st ed., University of California Press, 1994, p. 482.
- 67. Forsythe, Abuse of Discretion, p. 75.
- 68. United States v. Vuitch, 305 F. Supp. 1032 (D.D.C. 1969), rev'd, 402 U.S. 62 (1971). The Supreme Court ruled in Vuitch that the District of Columbia criminal abortion law was not overbroad, but only based upon an expansive reading of the "health" exception to include "psychological as well as physical well-being," United States v. Vuitch, 402 U.S. 62, 72 (1971), presaging the result in Doe v. Bolton two years later. Vuitch was later put out of business by a personal injury lawsuit filed by an abortion victim who had a hysterectomy as a result of his substandard procedure. Vuitch v. Furr, 482 A.2d 811 (D.C. 1984).
- 69. Forsythe, Abuse of Discretion, p. 77.
- 70. Babbitz v. McCann, 310 F. Supp. 293 (E.D. Wis. 1970).
- 71. Forsythe, Abuse of Discretion, p. 78, n.79.
- 72. Several years after *Griswold*, and while in the midst of reviewing *Roe v. Wade*, the Court signaled in *Eisenstadt v. Baird*, 405 U.S. 438 (1972) that *Griswold*'s right of privacy was malleable enough to swallow abortion: "If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child." *Id.* at 453. The Court's disarticulation of "bear" and "beget" was, in hindsight, telling. The *Eisenstadt* dicta was used soon thereafter, when a Connecticut federal court struck down that state's abortion law. *Abele v. Markle*, 342 F. Supp. 800 (D. Conn. 1972). Justice Blackmun quoted the passage in *Roe*. 410 U.S. at 169–70.
- 73. Roe, 410 U.S. at 164.
- 74. Roe, 410 U.S. at 153.
- 75. Roe, 410 U.S. at 164 (emphasis added).
- 76. See Induced Abortion in the United States. Guttmacher Institute, Sept. 2019, www.guttmacher.org/fact-sheet/induced-abortion-united-states.
- 77. Roe, 410 U.S. at 164.
- 78. Roe, 410 U.S. at 164-165 (emphasis added).
- 79. Doe, 410 U.S. 179 (1973).
- 80. Doe, 410 U.S. at 201.
- 81. Doe, 410 U.S. at 192.
- 82. Roe, 410 U.S. at 166 (emphasis added; citations omitted).
- 83. Forsythe, Abuse of Discretion, pp. 3–4 (summarizing impact of Roe). See also Tribe, Laurence H. "The Supreme Court, 1972 Term." Harvard Law Review, vol. 87, no. 1, Nov. 1973, p. 2. "Roe v. Wade and Doe v. Bolton...impos[ed] limits on permissible abortion legislation so severe that no abortion law in the United States remained valid."
- 84. See In re Kermit Gosnell, County Investigating Grand Jury XXIII, MISC. No. 0009901-2008 (Pa. Ct. Com. Pl. Jan. 11 2011). Pennsylvania health officials ignored complaints about abortionist Kermit Gosnell of Philadelphia and the 46 lawsuits filed against him, making just five annual inspections, after his clinic opened in 1979. 6abc. "DA: West Philadelphia Abortion Doctor Killed 7 Babies With Scissors." 6ABC, 21 Jan. 2011, https://f6abc.com/archive/7906881/. In 2011, it was reported that none of Pennsylvania's 22 abortion clinics had been inspected by the government for more than 15 years. Associated Press. "Abortion Clinic Inspections in Pennsylvania Turn Up Some Problems." Penn Live Patriot-News, 25 Jan. 2011, https://www.pennlive.com/midstate/2011/01/abortion_clinic_inspections_in.html. Inspections (other than those triggered by complaints) were believed by health authorities to inhibit access to abortion. Wang, Marian. "Kermit Gosnell Abortion Clinic Was Not Inspected for 17 Years." HuffPost, 23 Jan. 2011, https://www.huffpost.com/entry/kermit-gosnell-abortion-c_n_812702. Gosnell was charged and convicted with first-degree murders for the deaths of three babies born alive then killed at his abortion business. Associated Press in Philadelphia. "Philadelphia Abortion Doctor Sentenced to Three Life Terms in Jaii." The Guardian, 15 May 2013, https://www.theguardian.com/world/2013/may/15/philadelphia-abortion-doctor-kermit-gosnell-sentenced-life. Richard Ragdsdale of Rockford, Illinois faced multiple malpractice lawsuits for failed abortions. Admin. "A Brief history of the Founder of Rockford's House of Horrors." Pro-Life Corner, 26 Jan. 2011, http://prolifecorner.com/a-brief-history-of-the-founder-of-rockfords-house-of-horrors/. Ragsdale and his wife were indicted in 1994 on four counts of child pornography involving their three-year-old foster daughter. Hanna,

Janan, and Rick Pearson. "Abortion doctor Faces Porn Charge." Chicago Tribune, 24 Sept. 1994, https://www.chicagotribune.com/news/ct-xpm-1994-09-24-9409240156-story.html. Ulrich Klopfer, who ran three abortion facilities in Indiana, was stripped of his license to practice law after admitting to failing to report the statutory rape of minor girls, including one ten-year-old. Mastio, David. "Abortionist Ulrich Klopfer Kept Thousands of Dead Babies but Inspires Little Curiosity." USA Today, 18 Sept. 2019, https://www.usatoday.com/story/opinion/2019/09/18/ulrich-klopfer-abortion-gosnell-buttigieg-fetal-remains-illinois-indiana-column/2355359001/?fbclid=lwAR256lkARk-Cmjk-1qZhC6gN9bk0WGvStsGgwKwCnQqlchH5-p90W3Gh7TG8&mc_cid=34a7ce6051&mc_eid=2e98a42183. After his death in 2019, thousands of medically preserved fetal bodies were found in his garage and clinics. Id.

- 85. *Time* magazine echoed the pro-abortion movement's rallying cry in its story on *Roe*: "The Sexes: Abortion on Demand." *Time Magazine*, 29 Jan. 1973, p. 46.
- 86. Garrow, David J. "Roe v. Wade Revisited." Green Bag, Balkin, Jack M., et al., editors, vol. 9, no. 1, 2005, p. 80. "Thus in one bold, cataclysmic move the Court undid about a century of legislative action. It swept away every abortion law in the country..." Friedman, Lawrence M. "The Conflict Over Constitutional Legitimacy." Gilbert Y. Steiner, ed., The Abortion Dispute and the American System, Brookings Institution, 1983, p. 16.
- 87. Cunningham and Forsythe, "Is Abortion the 'First Right' for Women?", p. 101.
- 88. Lader, Lawrence. Abortion II: Making the Revolution. Beacon Press, June 1973, p. iii.
- 89. The Supreme Court and other federal courts would repeatedly affirm in subsequent years that *Roe* and *Doe* legalized abortion through all nine months for any reason. Forsythe, *Abuse of Discretion*, intro n. 33 (citing cases).
- 90. Mich. Comp. Laws § 331.471 (1974), repealed by Pub. Acts 1978, No. 368, § 25101, by § 25211(1) eff. September 30, 1978. In spite of this, Americans United for Life worked closely with state lawmakers and policy advocates through the 1970s and into the 1980s, pioneering state legislative initiatives to protect women's lives and curtail abortion on demand. These included prohibitions on sex-selection abortion, fetal experimentation, and abortion at the gestational age when infants in the womb can feel pain. The Illinois abortion law at issue in People v. Frey, 294 N.E.2d 257 (III. 1973), and the Pennsylvania law that was litigated in Thornburgh, were advanced by AUL, and AUL attorneys successfully defended limits on taxpayer funding for abortion, Harris v. McRae, 448 U.S. 297 (1980) and Williams v. Zbaraz, 448 U.S. 358 (1980), and fought for abortion limitations in Ada v. Guam Soc'y of Obstetricians & Gynecologists, 113 S.Ct. 633 (1992) (cert. denied) (Scalia, J., dissenting with Rehnquist, C.J. and White, J.) and pro-life physician standing in Diamond v. Charles, 476 U.S. 54 (1986).
- 91. "Abortion Clinics: Crackdown or Cleanup?" *Ann Arbor Sun*, 4 Oct. 1974, https://aadl.org/node/197913. Shortly before *Roe*, Michigan had rejected a state referendum by a 61% majority that would have introduced elective abortion up to five months. Noonan, John T. *A Private Choice: Abortion in America in the Seventies*. 1979, p. 34.
- 92. "Abortion Clinics: Crackdown or Cleanup?" Ann Arbor Sun, 4 Oct. 1974, https://aadl.org/node/197913.
- 93. Abortion Coalition of Mich. Inc. v. Michigan Dep't of Pub. Health, 426 F. Supp. 471 (E.D. Mich. 1977).
- 94. Mich. Comp. Laws §§ 331.471–331.493 (repealed 1978).
- 95. "The Abortion Profiteers." Chicago Sun-Times, 1978, pp. 25–26.
- 96. Cunningham and Forsythe. "Is Abortion the 'First Right' for Women?", p. 133.
- 97. Friendship Med. Ctr., Ltd. v. Chicago Bd. of Health, 505 F.2 1141 (7th Cir. 1974).
- 98. Ragsdale v. Turnock, 841 F.2d 1358 (7th Cir. 1988); See also, "N.Y. Shuts Abortion Clinic As Unsanitary." National Catholic News Service, 31 July 1974, p. 8; "Abortionist Admits His Negligence Caused Girl's Death." National Catholic News Service, 2 Sept. 1976, p. 21; "Barnard Health Service Hit As Incompetent, Inadequate." Columbia Spectator, vol. 103, no. 21, 4 Oct. 1978, p. 1; "Investigative Reporter Carmel Cafiero Retires After 43 Years At Channel 7"." News, 30 Jun. 2016, https://wsvn.com/news/carmel-on-the-case/investigative-reporter-carmel-cafiero-retires-after-43-years-at-channel-7/. ("In one of Carmel's first big stories, she wore a wig and went undercover to expose unlicensed doctors who performed abortions and clinic workers who told women they were pregnant when they weren't. Carmel was told she was pregnant based on a urine sample from her male photographer.")
- 99. See generally Wardle, Lynn D. *The Abortion Privacy Doctrine: A Compendium and Critique of Federal Court Abortion Cases.* William S. Hein, 1980; Wasserman, Richard. "Implications of the Abortion Decisions: Post 'Roe' and 'Doe' Litigation and Legislation." *Columbia Law Review*, vol. 74, no. 2, Mar. 1974, pp. 237–68.
- 100. Connecticut v. Menillo, 423 U.S. 9, 10–11 (1975) (per curiam). Two months after the Roe decision, the Illinois Supreme Court reversed the convictions of two individuals for performing abortions, concluding that Roe invalidated the Illinois abortion law. People v. Frey, 294 N.E.2d 257 (Ill. 1973). Demonstrating the confusion around Roe at the time, the court dismissed the prosecutions of both a physician abortionist and a lay abortionist. Shortly after Roe, the Supreme Court denied review of a conviction of an individual who was not a doctor for doing abortions, on the procedural basis that he lacked standing to bring the suit. Cheaney v. Indiana, 410 U.S. 991 (1973). Justice William O. Douglas, who had voted with the Roe majority, concurred separately from the denial on the ground that Roe and Doe simply could not apply because the rule in those cases was conditioned on the understanding that "the abortion, if performed, be based on an appropriately safeguarded medical judgment." Id. His plaintive call garnered no other Justice's vote.
- 101. Menillo, 423 U.S. at 9-10.
- 102. 423 U.S. at 10-11 (emphasis added).
- 103. Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976).
- 104. Danforth, 428 U.S. at 67.
- 105. Danforth, 428 U.S. at 79, 83. See Hammond, Cassing. "Recent Advances in Second-Trimester Abortion: An Evidence-Based Review." American Journal of Obstetrics and Gynecology vol. 200, no. 4 2009, p. 350, https://doi.org/10.1016/j.ajog.2008.t1.016. "In the 1940s, physicians began injecting hypertonic agents into the amniotic cavity to 'salt out' the fetus. Hypertonic saline, the first agent commonly used for intraamniotic induction termination, became the mainstay of second-trimester medical abortion through the 1970s, although most physicians have abandoned its use because of risks such as hypernatremia, coagulopathy, and massive hemorrhage." (emphasis added.)
- 106. See e.g., Doe v. Hale Hosp., 500 F.2d 144 (1st Cir. 1974) (a hospital had to accord elective abortions "the same standing as other procedures of a similar medical nature"); Greco v. Orange Mem. Hosp. Corp., 423 U.S. 1000, 1006 (1975) (White, J., with Burger, C.J., dissenting from denial of cert.) ("The task of policing this Court's decisions in [Roe] and [Doe], is a difficult one; but having exercised its power as it did, the Court has a responsibility to resolve the problems arising in the wake of those decisions.").
- 107. Poelker v. Doe, 432 U.S. 519 (1977). Poelker was a per curiam reversal of an Eighth Circuit decision that called the city government's position "a wanton, callous disregard for the constitutional rights of indigent pregnant women continuing long after those rights had been clearly enunciated by the Supreme Court in [Roe] and [Doe]." Doe v. Poelker, 515 F.2d. 541, 547 (8th Cir. 1975).
- 108. Sendak v. Arnold, 429 U.S. 968, 969 (1976). (White, J., with Burger, C.J., and Rehnquist, J., dissenting from denial of writ of cert.).
- 109. Sendak, 429 U.S. 968.

- 110. Sendak, 429 U.S. at 969.
- 111. Sendak, 429 U.S. at 971–72.
- 112. Compare Singleton v. Wulff, 428 U.S. 106 (1976) (Blackmun, J. for the plurality) (physicians may challenge abortion-funding restrictions in the Medicaid program on behalf of their female patients seeking abortions) with *Diamond v. Charles*, 476 U.S. 54 (1986) (holding that pro-life physicians lacked standing to intervene to defend an Illinois informed consent statute).
- 113. See New, Michael J. "Hyde @ 40: Analyzing the Impact of the Hyde Amendment." Charlotte Lozier Institute, https://s27589.pcdn.co/wp-content/uploads/2016/09/Hyde-@-40-Executive-Summary-updated-1.pdf (concluding that the Hyde Amendment has resulted in a reduction in abortion amounting to at least two million lives saved). Harris v. McRae, 448 U.S. 297 (1980) upheld the constitutionality of the federal Hyde Amendment, which, beginning in 1976, limited the use of funds made available to the states under Medicaid (Title XIX of the Social Security Act) by prohibiting reimbursement for the cost of abortions. The Court had earlier decided in 1977 in Beal v. Doe, 432 U.S. 438 (1977) and Maher v. Roe, 432 U.S. 464 (1977) that there was no constitutional prohibition on providing Medicaid or other forms of state and local public funding to pay for childbirth for indigent women but not for abortions. See also Williams v. Zbaraz, 448 U.S. 358 (1980) upholding an Illinois statute prohibiting the use of state funds for abortions except where necessary to save the mother's life. Regrettably, 16 states mandate Medicaid coverage for most or all abortions, paid for out of the state's share of Medicaid costs, although 33 hold to the federal Hyde Amendment rule. See State Funding of Abortion Under Medicaid. Guttmacher Institute, Updated 1 Aug. 2020, https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid.
- 114. 439 U.S. 379 (1979).
- 115. Colautti, 439 U.S. at 394.
- 116. 410 U.S. at 164–65. ("For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother.")
- 117. Colautti, 439 U.S. at 401.
- 118. 462 U.S. 476 (1983).
- 119. Ashcroft, 462 U.S. at 488, n.12 (Powell, J., joined in part by Burger, C.J.) (citing "The Abortion Profiteers." Chicago Sun-Times, 1978, pp. 25–26 (other citations omitted).
- 120. Ashcroft, 462 U.S. at 488, n. 12, quoting Blackmun, J. (dissenting with Brennan, Marshall, and Stevens, J.J.). Ironically, as noted above, the Illinois laws passed after the Sun-Times revelations had already become a dead letter as a result of legal action enforcing the Roe standard.
- 121. 476 U.S. 747 (1986).
- 122. 492 U.S. 490 (1989).
- 123. Webster, 492 U.S. at 501.
- 124. Webster, 492 U.S. at 521.
- 125. Webster, 492 U.S. at 520-21.
- 126. 505 U.S. 833 (1992).
- 127. Casey, 505 U.S. at 879.
- 128. Casev. 505 U.S. at 878.
- 129. Casey, 505 U.S. at 878.
- 130. Casey, 505 U.S. at 887.
- 131. Casey, 505 U.S. at 887.
- 132. Casey, 505 U.S. at 899. The Court's refusal to abandon Roe was based largely on its absurd contention that "[F]or two decades of economic and social developments, people have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail." Id. at 856.
- 133. 520 U.S. 968 (1997) (per curiam) (Stevens, J., Ginsburg, J., and Breyer J. dissenting).
- 134. 546 U.S. 320 (2006)
- 135. Ayotte, 546 U.S. at 329.
- 136. 550 U.S. 124 (2007).
- 137. Gonzales, 550 U.S. at 182.
- 138. Gonzales, 550 U.S. at 159.
- 139. Gonzales, 550 U.S. at 159-160.
- 140. New, Michael J. "Analyzing the Impact of U.S. Antiabortion Legislation in the Post-Casey Era: A Reassessment." State Politics & Policy Quarterly, vol. 14, no. 3, 21 July 2014, pp. 228–268, https://doi.org/10.1177/1532440014535477; Aden, Steven H. "Driving Out Bad Medicine: How State Regulation Impacts the Supply and Demand of Abortion." University of St. Thomas Journal of Law and Public Policy, vol. 8, issue 1, 2013.
- 141. 136 S. Ct. 2292 (2016).
- 142. 140 S. Ct. 2103 (2020).
- 143. June Medical Servs. v. Russo, 140 S. Ct. 2103 (2020). See generally Americans United for Life, Disappointment and Opportunity: Americans United for Life Assesses the Supreme Court's Decision in June Medical Services and Surveys the Road Ahead. 31 Jul. 2020, https://aul.org/wp-content/uploads/2020/08/2020-07-31-AUL-on-JMS-Disapointment-and-Opportunity.pdf.
- 144. There were 35 facilities providing abortion in Texas in 2017, and 21 of those were clinics. These numbers represented a 25% decline in clinics from 2014, when there were 44 abortion-providing facilities overall, of which 28 were clinics. Lopez, Ashley. "For Supporters of Abortion Access, Troubling Trends in Texas." Morning Edition, National Public Radio, 18 Nov. 2019, https://www.npr.org/sections/health-shots/2019/11/18/741117422/for-supporters-of-abortion-access-troubling-trends-in-texas. According to the Guttmacher Institute, there were 1,587 facilities providing abortion in the United States in 2017, representing a 5% decrease from the 1,671 facilities in 2014. State Facts About Abortion: Texas. Guttmacher Institute, Mar. 2020, https://www.quttmacher.org/fact-sheet/state-facts-about-abortion-texas.
- 145. Schwartz, Madeleine. "Abortion Clinics in Blue States are Closing, Too." FiveThirtyEight, 2 May 2016, https://fivethirtyeight.com/features/abortion-clinics-in-blue-states-are-closing-too/. Quinn, Mattie. "Why Abortion Clinics Are Also Closing in Blue States." Governing, 7 Dec. 2015, https://www.governing.com/topics/health-human-services/gov-abortion-clinics-closing-blue-states.html.

- 146. Marty, Robin. Handbook for a Post-Roe America. Seven Stories Press, 2019.
- 147. Marty, Robin. Handbook for a Post-Roe America. Seven Stories Press, 2019, p. 11.
- 148. Marty, Robin. Handbook for a Post-Roe America. Seven Stories Press, 2019, p. 4 (emphasis added).
- 149. Recently, it was revealed that Planned Parenthood in Lexington, Kentucky actually did second-trimester abortions on women for two months without a license to operate—illegally. Higakit, Kyle. "Governor Bevin Sues Planned Parenthood for Performing Abortions Without License." WHAS11, 18 Feb. 2016, https://www.whas11.com/article/news/politics/gov-bevin-sues-planned-parenthood-for-performing-abortions-without-license/47274214. According to AUL's Unsafe investigation, many other abortion businesses have been cited for operating without a license, utilizing unlicensed and unqualified abortionists and staff—at least 115 abortion facilities in at least 27 states. See "Unlicensed and Unqualified Staff." infra.
- 150. Complaint, Rodriguez v. Planned Parenthood Arizona, Inc., No. CV2017-014274, (Ariz. Super. Ct. Oct. 31, 2017) [hereinafter Rodriguez Complaint].
- 151. Rodriguez Complaint ¶ 26.
- 152. Rodriguez Complaint ¶ 30.
- 153. Rodriguez Complaint ¶ 31.
- 154. Rodriguez Complaint ¶ 34.
- 155. Rodriguez Complaint ¶¶ 38-40.
- 156. Rodriguez Complaint ¶¶ 48, 61
- 157. Rodriguez Complaint ¶¶ 72-73.
- 158. Associated Press. "Jury Awards \$3M to Fired Planned Parenthood Arizona Worker." ABC News, 20 Aug. 2019, https://abcnews.go.com/Health/wireStory/jury-awards-3m-fired-planned-parenthood-arizona-worker-65086000.
- 159. Curtis, Mary C. "Nurses Describe 'Unsafe' Conditions at Delaware Abortion Clinic." The Washington Post, 30 May 2013, https://www.washingtonpost.com/blogs/she-the-people/wp/2013/05/30/nurses-describe-unsafe-conditions-at-delaware-abortion-clinic/.
- 160. Complaint, Binnington v. Lovejoy Surgicenter, Inc., No. 121013513, (Or. Cir. Ct. Oct. 26, 2012) https://abortiondocs.org/wp-content/uploads/2012/10/lovejoy_surgicenter_suit.pdf; Green, Aimee. "Northwest Portland Abortion Clinic Sued: Former Worker Claims Supervisor Touched Patients Inappropriately." The Oregonian/OregonLive, 1 Nov. 2012, https://www.oregonlive.com/portland/2012/11/northwest_portland_abortion_cl.html. Shortly after the complaint was filed, the Oregon State Board of Nursing ordered the staff member not to practice as an RN or provide patient care in any setting. In the Matter of Evett Gradwohl, RN, No. 13-00872 (Or. St Bd. of Nursing Nov. 5 2012), https://abortiondocs.org/wp-content/uploads/2012/11/Evett-Gradwohl-Interim-Order-Nov-5-2012.pdf.
- 161. According to legal statements made by Mississippi in a lawsuit defending its abortion laws, the abortionist at New Woman Medical Center in Jackson, Mississippi, Dr. Malachy DeHenre, was suspended after he was held liable for an abortion that allegedly resulted in severe hemorrhaging requiring a hysterectomy, as well as for the death of a woman in Alabama and other claims of malpractice. Another abortionist at that location, Dr. Milan Chepko, had his license revoked in 1991 due to conviction of "a felony or misdemeanor involving moral turpitude." Dr. Thomas W. Tucker, surrendered his business license and closed his practice four days after Mississippi suspended his medical license. Another, Dr. Thomas Tvedten, worked as an abortionist at New Woman Medical Center, though he had not completed an approved residency in obstetrics and gynecology. Dr. Tvedten was sued for alleged malpractice due to a purported incomplete abortion and injuries suffered during the abortion. Defendant's Response Opposition to Plaintiff's Second Motion for Preliminary Injunction at 10–11, Jackson Women's Health Org. v. Currier, 3:12-cv-00436 (S. D. Miss. Jan. 11 2013) (Tvedten had his license in Arkansas suspended on an emergency basis this year after he prescribed medical marijuana to a 12-year-old without consulting the patients' psychiatrists. Letter to Clerk of Court from Arkansas Attorney General Leslie Rutledge in Little Rock Family Planning Servs. v. Rutledge, No. 19-2690 (8th Cir. Aug. 21, 2020)
- 162. Jackson Women's Health Org. v. Currier, 760 F.3d 448 (5th Cir. 2014) (admitting privileges law passed "rational basis" test but imposed undue burden on abortion because it would have closed the only abortion facility in Mississippi).
- Booker, a doctor who performed abortions at Jackson Women's Health until July 2010, filed suit against Jackson Women's Health alleging that its owner, Diane Derzis had instituted numerous practices that jeopardized the health and safety of patients. See generally Docket No. 20-6, Complaint in Booker v. Jackson Women's Health Organization, Inc., Cause No. 251-10-973-CIV, (Miss. Cir. Ct. filed April 1, 2012), Among the unsafe practices noted by Dr. Booker were: (1) permitting untrained medical staff to perform and interpret ultrasounds, despite the fact that "accurate" ultrasounds are vital to the medical "safety of the patients" (id. at ¶¶ 29, 31); and (2) pressure from JWHO to administer the chemical abortion drug RU-486 in a manner that was "dangerous" and not approved by the Federal Food and Drug Administration (id. at ¶¶ 34, 38). Dr. Booker's lawsuit also alleged that JWHO was jeopardizing patient safety by not using a "local doctor who has hospital admitting privileges" when administering RU-486 because of the "real risk of severe hemorrhage" and "the risk of ectopic pregnancy" associated with the drug. Id. at ¶¶ 38.
- 164. Goldmacher, Shane. "Planned Parenthood Ousts President, Seeking a More Political Approach." New York Times, 16 Jul. 2019, https://www.nytimes.com/2019/07/16/us/politics/planned-parenthood-leana-wen.html; Wen, Leana S. "Leana Wen: Why I Left Planned Parenthood." New York Times, 19 Jul 2019, https://www.nytimes.com/2019/07/19/opinion/sunday/leana-wen-planned-parenthood.html.
- 165. Aden, Steven H. "Unsafe: AUL's Focus on the Public Health Crisis in America's Abortion Clinics." *Defending Life 2018 Edition*, Americans United for Life. 2018. p. 10.
- 166. Thebault, Reis, and Emily Wax-Thibodeaux. "Missouri's Last Abortion Clinic Will Stay Open after Ruling Ends Contentious Year-Long Legal Battle." The Washington Post, 29 May 2020, www.washingtonpost.com/nation/2020/05/29/ruling-saves-missouri-abortion-clinic/.
- 167. Sullenger, Cheryl. "9th Woman Hospitalized in 8 Months at Planned Parenthood's Flagship NYC Abortion Center." *LifeSite News*, 11 Sept. 2019, https://www.lifesitenews.com/news/9th-woman-hospitalized-in-8-months-at-planned-parenthoods-flagship-nyc-abortion-center.
- Sullenger, Cheryl. "Abortionist to the Stars' Botches Two Late Term Abortions During 911 Emergencies in 2017, Records Show." Operation Rescue, 11 Dec. 2017, https://www.operationrescue.org/archives/abortionist-to-the-stars-botches-two-late-term-abortions-during-911-emergencies-in-2017-records-show/; Sullenger, Cheryl. "Two More Women Suffer Abortion Injuries at Beverly Hills 'Abortionist to the Stars' Facility." Operation Rescue, 15 Nov. 2018, https://www.operationrescue.org/archives/two-more-women-suffer-abortion-injuries-at-beverly-hills-abortionist-to-the-stars-facility/; Sullenger, Cheryl. "Newly Unredacted 911 Info Shows Two Late-Term Abortion Patients Suffered Potentially Fatal Complications." 12 Dec. 2018, Operation Rescue, https://www.operationrescue.org/archives/newly-unredacted-911-info-shows-two-late-term-abortion-patients-suffered-potentially-fatal-complications/.
- 169. See Melchior, Jillian Kay. "Abortion's Underside." National Review, 8 May 2013, https://www.nationalreview.com/2013/05/abortions-underside-jillian-kay-melchior/.

"At-Home Abortion" is a Poison Pill

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Government Affairs Counsel

n 2000, the federal Food and Drug Administration (FDA) approved the new drug application for Mifeprex ("RU-486"), the first and only drug approved to terminate early pregnancy. However, it did so with important restrictions intended to protect women experiencing abortion, including that it be obtained in person directly from a clinician licensed to prescribe and administer these drugs. Over the years, and with updated information, these regulations have changed, but the core premises—appropriate treatment and administration—have stayed the same.

Abortion activists now demand abortion without limitation, delay, or oversight. Two decades after the approval of chemical abortion, and against the backdrop of the COVID-19 pandemic, abortion activists pushed for a loosening up of chemical abortion regulations so they could send abortion pills through the mail using telemedicine technology.² They claim that existing FDA regulations are antiquated and at-home abortion solves the problems of travel and utilizing scarce medical resources like personal protective equipment (PPE). Under their system, a woman would video chat with a doctor who would either mail the pills to her home (their preferred method) or call them into a pharmacy near her home to be picked up.³

Yet the vast majority of doctors, including obstetricians-gynecologists (OB-Gyns), do not want to do abortions. A nationwide study found that although 97% of OB-Gyns had encountered a patient seeking abortion at some point in their practice, just 14% do abortions.⁴

Activists have consequently turned to telemedicine abortion, calling it "self-managed" healthcare and touting it as "women's empowerment," rather than let medical standard of care practice requirements slow them down. All this receives widespread support from pro-abortion politicians, even as the leading proponent of unrestricted at-home abortion in the United States is a European doctor who is not licensed to practice medicine in this country and is under federal criminal investigation.⁵

Support for unrestricted at-home abortion is rooted in ideology, not medicine. Even the "TelAbortion Study" sponsored by Gynuity Health Projects requires at least two in-person appointments, one before and one after the abortion.⁶ Removing women from a clinical setting to make life and death decisions about their own complications—not to mention to deliver their own pre-born babies alone—is irresponsible and significantly increases the physical and psychological health risks to women.

What we colloquially call the "chemical abortion pill" (abortion activists prefer the term "medical abortion") is actually a regimen of two drugs, mifepristone and misoprostol.⁷ According to the FDA label, the woman takes mifepristone first, most often at the clinic directly from a doctor or clinician.⁸ Mifepristone blocks the hormone progesterone, resulting in a breakdown of the uterine lining, ending the pregnancy. Several hours later she then takes misoprostol at home, which causes contractions and expulsion of the deceased fetus without medical involvement or supervision.⁹

In one telemedicine version, ¹⁰ a woman goes to a clinic for an ultrasound. There she consults with a physician via video chat, and if she is determined to be a medically appropriate candidate for the drug based on the ultrasound and her medical history, the doctor remotely unlocks a drawer and sees her take the pills from it. ¹¹ One to three weeks after taking the pills, the woman returns to her provider for a follow up visit, which may or may not be in person.

Though follow up visits are increasingly done over the phone or video, Gynuity's FAQs say: "After you take the pills, you will have some additional tests as directed by the abortion provider to verify that the abortion is complete. These tests may consist of an ultrasound, pelvic exam, blood tests and/or urine pregnancy tests," suggesting that best practices would necessitate an in-person follow up appointment. The Mayo Clinic goes further, stating that: "Medical abortion isn't an option if you...can't make follow-up visits to your doctor or don't have access to emergency care." 13

According to most current protocols, for either an in-clinic or telemedicine abortion, a woman must consult with a doctor in person. Medical institutions are in agreement about this; according to the world-renowned University of California-San Francisco Health Center, "a medical abortion involves at least two visits to a doctor's office or clinic." ¹⁴ Before the abortion, a healthcare provider must first confirm she is a medically appropriate candidate for chemical abortion. ¹⁵

A number of medical conditions make a women ineligible to take the chemical abortion pill, including having a potentially dangerous ectopic pregnancy (a pregnancy outside of the uterus). ¹⁶ Chemical abortion cannot terminate an ectopic pregnancy and should not be used after the first 70 days of pregnancy due to heightened risk to the woman's health. ¹⁷

One danger of telemedicine abortion is that some abortion providers are administering Mifeprex without ruling out ectopic pregnancy. If the woman is still pregnant after taking the chemical abortion pills, then they might assume an ectopic pregnancy, but they are not actively checking for it. This is extremely dangerous for the woman because if the tissue containing the fetus (most often the Fallopian tube) ruptures, she will need emergency surgery and the blood loss can be fatal if not treated in time. Rupture is most common between 6 and 16 weeks, so if a woman with an undiagnosed ectopic pregnancy takes the chemical abortion pill and waits for a few weeks to determine whether it "worked," she has unknowingly entered the timeframe for rupture. 19

Neither gestational age nor ectopic pregnancy can be determined at home by the woman herself. An ultrasound is necessary to rule out ectopic pregnancy prior to performing a chemical abortion²⁰ and it is the most effective way to determine the gestational age of the pregnancy.²¹

At-home abortion means that the gestational age is simply the woman's best guess and the timeline extends as she waits for the pills to arrive by mail. For the 1-2% of pregnancies that are ectopic,²² telemedicine abortion is going to be both ineffective and dangerous to the mother's health, a tradeoff that activists seem to have calculated is worth access to at-home abortion on demand.

Rh negative blood type and its impact on future pregnancies is the tragically underdiscussed element of abortion and has rarely entered the conversation about at-home or telemedicine abortion. If a pregnant woman has Rh negative blood type, her doctor should ensure that she receives a RhoGAM shot to prevent her body from developing antibodies that complicate, and may even prevent, future pregnancies.²³ Blood typing and administering RhoGAM is common practice for obstetricians, but not all abortionists see this as an ethical obligation, placing the burden on the woman to independently obtain this treatment from another doctor.²⁴ They frame RhoGAM as a suggestion,²⁵ and downplay the seriousness of Rh-incompatibility in circumstances where blood-typing and administering the injection would slow down or prevent

at-home abortion.²⁶ No matter how early in pregnancy an abortion occurs, an Rh-negative woman still needs RhoGAM.²⁷ A major claim of the abortion industry is that an abortion will not impact future pregnancies,²⁸ yet by divorcing themselves from the mandates of obstetrics, abortionists risk the health, safety, and fertility of the women they claim to serve.

Another major concern is the increase in coerced at-home abortion. A doctor should not prescribe and administer drugs if the woman is being coerced by a partner, parent, or abuser. If she is a victim of child abuse or sex trafficking, most doctors are mandatory reporters and must report that to law enforcement. The doctor must verify that this woman will be taking the pills and that they are not being obtained for someone else.

Traffickers and abusers love the idea of unrestricted telemedicine abortion because it becomes easier to use chemical abortion to cover up their crimes. How candid will a woman or girl be on a video call to a doctor who is a stranger when her abuser is sitting right there?

Under the United Kingdom's at-home abortion pilot program, a woman merely speaks on the phone with a clinic staffer; there is no face-to-face or video communication before pills are mailed.²⁹ Not surprisingly this program was abused in its first weeks; police are investigating an abortion done at 28-weeks using pills obtained through the program, 4 weeks after the UK's legal limit and 18 weeks after the usage guideline for the drug.³⁰

The American College of Obstetricians and Gynecologists (ACOG), an explicitly pro-choice trade group, filed a federal lawsuit in May 2020 seeking to invalidate the FDA's mifepristone regulations, opening the door to at-home abortion. The Attorneys General of 22 states and the District of Columbia filed a brief of support, even though ACOG's preferred method of delivery (at-home abortion) would violate state law in several of the involved states.³¹ The very attorneys elected to defend the laws of their states disregard this duty in pursuit of abortion on demand. These actions demonstrate that pro-abortion activists would implement the UK program here in the United States if given the chance.³²

So just how extreme is this pilot program? It relies on women taking an at-home pregnancy test and pills being prescribed without independent verification of pregnancy, let alone of the gestational age or contraindications.³³ Such a policy in the United States would violate federal law and the laws of almost every state.³⁴

The pilot program website makes it clear that there will be no follow-up care and a woman should go to the emergency room if she experiences any complications.³⁵ In the United States, this careless patient abandonment may amount to medical malpractice.

To be clear, chemical abortion is never "safe." Even with current meager safeguards in place, around 5% of women end up at the Emergency Room with complications, and as often as 9% of the time the pills do not work, meaning the woman will still be pregnant.³⁶

Ohio is one of just a handful of states to collect and publicize records on RU-486 "adverse events," a category that ranges from "incomplete abortion/no comment" to emergency transfer for blood transfusions.³⁷ Americans United for Life received over 400 adverse events reports across an 8-year period, which speak loudly to the inherent risk in the chemical abortion procedure.³⁸

Every single report recorded a chemical abortion gone wrong. Most included zero follow up information, even whether the woman carried her pregnancy to term. Many listed "completed surgically" as the outcome (meaning the woman had to go through the emotional and physical burden of a second abortion), while others listed events that required emergency care like "severe bleeding" and "hemorrhage" and "retained products [of conception]." "Retained products of conception (POC)" is medical-speak for when some of the pre-born baby's tissue remains in the uterus and needs to be removed to prevent infection, and it occurs much more frequently after abortion than after completed birth. 40

Follow up visits and reporting are critical to ensure that if a woman has retained tissue, she gets the follow up care she needs, as reflected in the Ohio reports that specifically list treating or referring women to get immediate treatment for retained POC. Too often, as we see in the UK pilot program, abortionists abandon women once the pills are dispensed. Follow up reporting laws create a layer of accountability after the fact that should be commonsense in every state.

On October 31, 2019: "Patient took misoprostol incorrectly and failed the abortion. She was sent to Women's Med Center in Dayton, Ohio for a D&C." We only have this information because Ohio requires it be collected and made available to the public, and in-person chemical abortion protocol requires a follow up visit. How many more "failed abortions" will there be when abortionists wash their hands of responsibility and leave women to fend for themselves? How

MIFEPRISTONE ADVERSE EVENTS REPORTING

The federal Food and Drug Administration (FDA) manages a database called the FDA Adverse Events Reporting System (FAERS) which tracks adverse events of medications, including mifepristone.⁴¹ "Adverse event" means any untoward medical occurrence associated with the use of a drug in humans, whether or not considered drug related.⁴²

Unfortunately, state contributions to the FAERS database are voluntary so we know there are limitations to the information it provides. Since 2016, prescribers are only required to report deaths associated with mifepristone.⁴³ According to the most recent mifepristone reporting,⁴⁴ there have been at least 24 deaths tied to the drug.

The report lists:

- 24 deaths
- 4.195 adverse events
- 1,042 hospitalizations (excluding deaths)
- 599 incidents of blood loss requiring transfusions
- 412 infections, and
- 69 severe infections.

These are not numbers; these are real women who died or suffered serious medical harms after taking mifepristone. It is worth noting that this reporting only addresses the physical impact and does not measure the emotional, psychological, or spiritual impacts of taking this drug and having a chemical abortion. Even with the limited numbers available, it is obvious that mifepristone is not a harm-free drug as its proponents claim, and deregulation would result in more women being harmed.

many more "failed abortions" would there be if all fifty states recorded and shared this information?

At-home abortion means there is no ultrasound and no complication management. There is no follow up appointment, which is necessary to determine that the pregnancy has been terminated. Women are left alone to decide for themselves whether they need to seek emergency assistance, and there is no continuity of care. Too often, they're told to say they had a miscarriage, leaving emergency room doctors with incomplete information.

According to Dr. Donna Harrison, Executive Director of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG), a study evaluating Gynuity's at-home abortion pilot program determined that around 27,000 American women find themselves in the ER suffering from chemical abortion-related complications each year.⁴⁵

It's a safe assumption that number would increase if chemical abortion is further deregulated and allowed to take place at home without any of the basic safeguards that currently exist.

It is impossible to reach the medical certainty needed to prescribe abortion pills through a video chat. Telemedicine abortion without limitation would increase the likelihood of coerced abortion or that the pills are taken by someone who is not medically eligible for the drug regimen and will suffer complications without a doctor's supervision.

After a chemical abortion, a woman needs to visit a clinic for follow up care. The doctor must check that the pregnancy is fully terminated and assess whether the woman is suffering from any physical or psychological effects of the abortion and treat them. As we have learned from the Ohio adverse events reports, chemical abortion is not "safe" and deregulating it further would only heighten the risks, leaving post-abortive women abandoned and alone to deal with complications.

At-home abortion enriches unscrupulous doctors while endangering the physical and emotional health of women and girls. While telemedicine has many beneficial applications, abortion will never be one of them.

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UNSAFE FREQUENTLY ASKED QUESTIONS

WHAT IS UNSAFE FOR?

In recent years, the U.S. Supreme Court has twice held that health and safety standards for abortion facilities may be upheld as constitutionally permissible, if there were sufficient evidence proving the need for such protections. Americans United for Life has responded strongly, by submitting Freedom of Information Act (FOIA) requests to access documentation of the thousands of abortion facility health and safety violations across the United States. Unsafe is the product of those reports—the first-ever comprehensive examination of all abortion business inspection reports publicly available—and a sobering reminder of the continued dearth of protective laws and responsible reporting in many states.

HOW DID AUL GATHER THE RECORDS IN UNSAFE?

All the abortion business inspection reports AUL gathered for this publication are publicly available government records which any U.S. citizen can obtain pursuant to the Freedom of Information Act laws in each state. (Some states use other names like "Sunshine Laws" or "Open Records Acts.") The states have different variations of their own FOIA laws governing what records can be released, redactions, how many days they have to respond, etc. AUL corresponded with the health department or health

agency in each state that has jurisdiction over public records, asking for all inspection records and related correspondence generated by the state from January 1, 2010 to the present for facilities licensed as abortion businesses. AUL's legal team spent hundreds of hours combing through and carefully analyzing around 1,200 individual inspection reports and over 25,000 pages of documentation to produce *Unsafe*.

HOW CAN I USE *UNSAFE* TO SEARCH RECORDS FOR ABORTION BUSINESSES IN MY STATE?

Visit our website, www.AUL.org/Unsafe, and click on your state on the easy-to-use U.S. map interface to search your state for the public records we have collected.

HOW DO I READ AND EVALUATE THE REPORTS IN *UNSAFE*?

Whether they use the term "Deficiency Report," a "Notice of Violation" or something similar, these inspection reports constitute notice to an abortion business that it is not complying with an applicable regulation. Most states use a similar clinic inspection form with two distinct columns. The left column is a summary statement of deficiencies found, and each deficiency is preceded by regulatory or National Fire Protection Association Life Safety Code (LSC) identifying information. This column is where you will see whether the abortion

business has been deemed in compliance or not. Most deficiencies will usually begin with the words, "This Standard is not met as evidenced by..." explaining what the facility failed to do followed by the supporting evidence of the violation. The right column is the provider's "plan of correction," where you will see the abortion business's written plan to correct the deficiency.

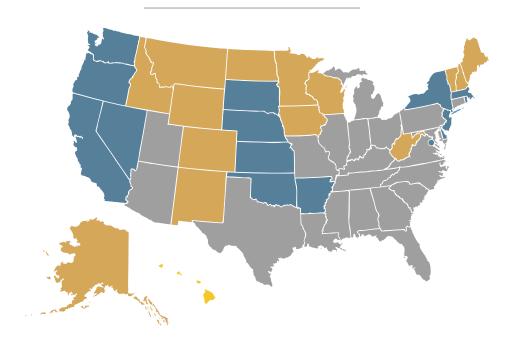
WHAT IF MY STATE HAS FEW REPORTS OR NONE AT ALL? SHOULD I ASSUME ABORTION IS SAFE THERE?

There are several states that responded to our FOIA requests by stating they do not inspect or regulate abortion businesses. This means that under the current state regulatory scheme, abortion businesses are not held to the same health and safety standards as other medical providers. These states and an explanation of the specific lack of regulations are listed on the following page. In light of the voluminous documentation of dirty and dangerous abortion operations in states that do regulate legal abortion, one should not assume that it is safe in states that do not.

WHAT CAN I DO TO ADDRESS DIRTY AND DANGEROUS ABORTION IN MY STATE?

Send this publication to your lawmakers and demand accountability. Encourage your legislators to pass expanded reporting and oversight laws and make the results publicly available. We can only fix what we know about. You can learn more about your state's laws in AUL's annual publication *Defending Life*, available for free at AUL.org/publications/defending-life/. Women deserve better than dirty, dangerous abortions.

"BACK ALLEY STATES"



This is a visual representation of the 15 states that do not inspect or license abortion businesses. Abortion businesses in these states are self-regulated and do not have any basic government health and safety regulations. The unsafe, unsanitary conditions and clinic violations that have been highlighted in deficiency reports we have gathered would almost certainly be found in these state abortion businesses.

YELLOW:

States that do not license or inspect abortion businesses are shown in yellow.

This is a visual representation of the 15 states that do not inspect or license abortion businesses. Abortion businesses in these states are self-regulated and do not have any basic government health and safety regulations. The unsafe, unsanitary conditions and business violations that have been highlighted in deficiency reports we have gathered would almost certainly be found in these state businesses.

Alaska, Colorado, Hawaii, Idaho, Iowa, Maine, Minnesota, Montana, New Hampshire, New Mexico, North Dakota, Vermont, West Virginia, Wisconsin, Wyoming

BLUE:

States where abortion business inspections lack scope and substantive regulatory framework.

Though the states (and the District of Columbia) colored in blue have authority to perform inspections on abortion businesses, these states either declined to release some or all of their inspection reports, or the inspection reports lack scope and substantive regulatory framework.

Arkansas, California, Delaware, District of Columbia, Kansas, Massachusetts, Nebraska, Nevada, New Jersey, New York, Oklahoma, Oregon, Rhode Island, South Dakota, Washington

HOW UNSAFE IS ABORTION IN YOUR STATE?

The Unsafe project began in 2016, with a survey of hundreds of abortion business health and safety inspection reports that Americans United for Life called "just the tip of the iceberg." Unsafe 2020 reveals the rest of that massive "iceberg" of dirty and dangerous abortion through the first 50-state Freedom of Information Act (FOIA) research campaign to secure and review all publicly available abortion deficiency reports in the U.S. from the last decade. Unsafe 2020 offers a far more encompassing picture of America's abortion industry, including in its research many more states and tens of thousands more pages of inspection reports. In all, AUL reviewed over 25,000 pages of public documents comprising over 1,200 inspection reports from the 39 states that perform some inspection of abortion businesses.

"Americans United for Life's historic, comprehensive survey of abortion business health and safety inspection reports confirms what we've all read in the pages of America's news sites and social media—women are being killed and injured in unspeakable numbers in a virtually unregulated regime of 'abortion on demand,'" AUL President and CEO Catherine Glenn Foster, herself an abortion survivor, states.

AUL reviewed inspection reports that appeared well-documented and complete from 20 states. These states are identified in yellow below. AUL received no state inspection reports from 15 states that do not inspect or license abortion

businesses. Abortion businesses in these states are essentially unregulated. These "Back Alley States" are identified in red below. (See AUL's review of unregulated, "Back Alley States.") In some of these states. AUL obtained federal inspection reports, typically from the Centers for Medicare and Medicaid Services (CMS); these states are identified in light blue. The medically dangerous and unsanitary conditions that AUL's extensive research has documented in the deficiency reports we have gathered would almost certainly be found in these "Back Alley States" abortion facilities. Conceivably, there may even be worse conditions, in light of what we know about the inevitable result of years of regulatory neglect that preceded such "Houses of Horror" as Kermit Gosnell's in Philadelphia and Ulrich Klopfer's in Indiana.

Fourteen other states (California, Connecticut, Kansas, Massachusetts, Nebraska, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island, South Dakota, Vermont, Washington) sent us inspection reports that were lacking information, heavily redacted, or incomplete. These states are identified in gray. Inspections in these states lack sufficient scope and a substantive regulatory framework. In some cases, not all abortion businesses located within the state fall into these lax parameters, and they therefore go uninspected.

STATE KEY:

AUL Received State Inspection Reports and Documentation

AUL Received Incomplete or Inadequate State Inspection Reports

No Known State or Federal Inspection Reports

No Known State Inspections, Only Federal Inspection Reports



ALABAMA

AUL submitted a public records request, under the Alabama Open Records Act, Code of Ala. § 36-12-40 et seq., to the Alabama Department of Public Health, Bureau of Health Provider Standards. Alabama's inspection reports are thorough. There are numerous citations for unsanitary conditions and improper practices, but also numerous gravely serious violations. At one abortion business, Beacon Women's Center, there had been no biomedical waste pickup for a period of time so "medical waste was placed in black trash bags and placed in the abortion clinic dumpster." A physician would reuse Lidocaine bottles by keeping the used needle in the bottle and switching syringes. Another abortion business, New Woman All Women Health Care, was also cited for using forms in the medical record that were pre-filled for every patient, for pre-signing forms in the medical record even when the medical staff member wasn't working that day "to make it easier on [themselves]", and not documenting whether some patients who were given the abortion pill had a pelvic exam. In one of the records from this clinic, a 17-yearold stated it wasn't her decision to have an abortion, but her mother's. The counseling record form showed: "Do you think having this abortion is in your best interest?" A: "No." "Are you sure you want to have an abortion?" A: "No." "Do you think you will most likely be able to go on with your normal activities without emotional or psychological problems because of the abortion?" A: "No." "Why do you want to have the abortion?" A: "Because my mother want[ed] me to." There was no documentation anywhere that staff followed up with the patient to discuss her concerns. Lastly, at Beacon Women's Center an administrator said she was unaware there was a mandatory statutory rape reporting law. A 14-year-old terminated a 16.5 week pregnancy. An undated progress note stated that both the patient and her mother verified the unborn child's father was 16 years old, making it rape in the second degree in Alabama, but there was no documentation this was reported even though this "should have raised a reasonable person's suspicion of abuse." One employee said she did not have a policy for when and to whom abuse was to be reported. The surveyor asked if the Medical Director followed reporting requirements for minors who come for an abortion, but the Medical Director did not know to document what the minor patient said about the age of the father and did not know how or to whom he should report. He didn't know that it needed to be reported even if a minor was the father. (Q: "So if mom is 12 and father is 15 then it will still have to be reported?") Ultimately, there was no documentation the facility ever made the mandatory report on behalf of the 14-year-old or that anyone even knew they had to do this or how to do it.

At New Woman All Women Healthcare, a Registered Nurse (RN) made an error in drawing up Vasopressin dosages. (Vasopressin is a hormone intended to combat heavy bleeding.) Instead of drawing .02 cubic centimeters, she "misread the mark on where to draw up to" and was drawing 2 cubic centimeters—100 times the normal dose. She became aware she made a mistake when a physician asked her if she was drawing up too much medication because two patients vomited after he administered the paracervical block. This resulted in two patients being transferred by ambulance to the hospital. The RN was newly graduated and did not have a job description and nursing skills checked off in her file, and did not go through a comprehensive orientation. The RN followed the RN Supervisor around a "few days to see how [the clinic] did things."

Another abortion business failed to report suspected abuse to the authorities for a 14-year-old girl with two living children from separate births who came to the same clinic for two medical abortions in the span of four months. Lastly, a Birmingham abortion business

suddenly closed in order to investigate the activity of two clinic employees who sold chemical abortion pills in the clinic's parking lot. The two employees were reported to Alabama board of nursing.

NUMBER OF REPORTS: 43

DATE RANGE: 2009-2019

PUBLIC MEDIA:

WSFA 12 News, "Montgomery abortion clinic failed to report 13-year-old patient"

Advance Local (Al.com), "Birmingham clinic closed in January after firing two employees for selling abortion medication to a person in the clinic parking lot"²



Alaska appears to lack any regulatory framework for inspecting abortion clinics. AUL submitted a public records request, under the Alaska Open Records Law, Alaska S. Code § 40-25-110 et seg., to the Alaska Department of Health. In response to AUL's request, the department and inter-agency commissions repeatedly told AUL legal staff that they "do not regulate abortion clinics." There were no state inspection reports to be reviewed. The only inspection reports came from the federal government, which conducts annual inspections on certain CLIA-certified³ pathology labs, in which Planned Parenthood of the Great Northwest was included. These reports showed a blatant disregard for sanitary and other medical standards, including the competency of staff and failures within the systems of pathology testing for patient tissue samples.

NUMBER OF REPORTS: 3

DATE RANGE: 2010-2016

PUBLIC MEDIA: None

ARIZONA

AUL submitted a public records request, under the Arizona Public Records Law, A.R.S. § 39.101 et seq., to the Arizona Department of Health Services and received numerous inspection reports in response. In 2013, the state medical board reprimanded Dr. Goodrick of Camelback Family Planning for prewriting prescriptions for the dangerous opioid Percocet and leaving bottles of Percocet and oxycodone unsecured, even telling an employee to take a full bottle of Percocet home overnight. The department found 51 pills missing from the medication log. Inspection reports cited multiple examples of missing documentation of vital signs, medication logs, sterilization of instruments, and staff training and certification. Expired and mislabeled medications were being used on patients including Demerol, fentanyl, Narcan, oxycodone, and Percocet. Recently, an Arizona court ordered Planned Parenthood of Arizona to pay \$3 million to a former Planned Parenthood director and employee of the year, Mayra Rodriguez, for wrongfully firing her after nearly 17 years of employment for reporting that the organization was endangering the health and safety of its patients.

NUMBER OF REPORTS: 59

DATE RANGE: 2010-2018

PUBLIC MEDIA:

AZ Central, "Former Planned Parenthood Arizona employee awarded \$3M over wrongful termination"⁴ Fox News, "Planned Parenthood counselor withheld

info on rape, police report reveals"5



ARKANSAS

With the help of the Arkansas Family Council, AUL submitted a public records request under the Arkansas Freedom of Information Act. A.C.A. § 25-19-101 et seg., to the Arkansas Department of Health, Health Facility Services Division. Arkansas has some regulatory limitations in effect statewide, and so their response to AUL's request for information included mostly individual physician records, the majority of which were routine documentation. Clinical inspection reports included citations for discharging patients before the 48-hour waiting period expired, failure to properly clean facilities, and failure to perform accurate drug counts of controlled substances. The record for an abortionist employed at Little Rock Family Planning Services included several citations for over prescribing opioids, including one woman who blamed her mother's death in 1994 on the abortionist's over-prescription. The abortionist's record also included a 2008 DUI which he self-reported to the Arkansas Medical Board, and a patient complaint letter following an adverse event from her 2006 abortion which left her incapable of having children.

NUMBER OF REPORTS: 22

DATE RANGE: 2014-2020

PUBLIC MEDIA: None



AUL submitted a public records request to the California Department of Public Health (CDPH) pursuant to the California Public Records Act, Cal. Gov. Code § 6250 et seq. California's response was sparse. Department authorities told AUL staff that "[a]s of October 15, 2019, there are 24 health clinics offering abortion services currently in operation in California." According to officials, state authorities have received "186 Complaints and Entity Report Incidents associated with 202 allegations from 23 abortion services health clinics." Additionally, CDPH conducted 91 surveys of 21 abortion providers. CDPH cited 53 violations associated with 38 surveys from 15 health clinics related to abortion services. Of the reports AUL actually received, many were responses to complaints and limited to investigating the complaint at hand. Most of the substantiated complaints involved violations of patient privacy. In one incident involving a patient who said she felt a "baseball-sized blood clot" in her cervix, an unlicensed "reproductive health specialist" who only had a high school diploma performed the patient's transvaginal ultrasound. The abortion business's director, assistant director, and nurse practitioner claimed they were following a "national organization's" protocols and said they thought a reproductive health specialist could perform transvaginal ultrasounds if trained by clinic staff to do so. But the California Medical Board notified them that "conducting a vaginal ultrasound is outside of the scope of a medical assistant. This is an invasive procedure, and is not authorized under the statutes and regulations applicable to medical assistants."

NUMBER OF REPORTS: 51

DATE RANGE: 2012-2019

PUBLIC MEDIA:

San Diego Reader, "Who's giving injections at Planned

Parenthood?"6



COLORADO

AUL submitted a public records request to the Colorado Department of Public Health and Environment pursuant to the Colorado Open Records Law, C.R.S. § 24-72-201 et seq., and spoke with several people in the agency and with the Colorado Department of Regulatory Agencies, but received the same answer: "Colorado does not inspect or license abortion clinics."

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA:

ADF, "Grim problems for Rocky Mtn. Planned Parenthood: New complaint about covered-up rape of 13-year-old girl"⁷



CONNECTICUT

AUL filed a public records request with the Connecticut Department of Public Health under the Connecticut Freedom of Information Act, Conn. Gen. Stats. § 1-200 et seq., and received almost three dozen inspection reports. Abortion businesses must comply with the department's regulations for outpatient clinics; inspections are held for new license applicants, once every three years for existing abortion businesses, and upon the receipt of a complaint. Several abortion clinics have been cited for failing to ensure that staff had been

properly trained. Citations also included a number of sanitization violations such as soiled laundry in the post-anesthesia care area, "numerous surgical instruments packaged for use that were heavily pitted, rust stained, or with discolorations," hand hygiene violations, failing to properly use sanitization machines, and others. The Hartford GYN abortion business was cited for failures related to a patient who underwent a two-day abortion, who was required to return to the operating room twice "secondary to increased bleeding with large clots" and was eventually transferred to the emergency department.

NUMBER OF REPORTS: 35

DATE RANGE: 2014-2019

PUBLIC MEDIA:

Journal Inquirer, "Man accused of getting Enfield girl, 14, pregnant"8

Office of Legislative Research, "Connecticut's Abortion Clinics" 9



DELAWARE

Delaware lacks a regulatory framework for inspecting abortion businesses, although the state does have the authority under 16 Del. Code, § 122(3)y to inspect any healthcare facility for unsafe and unsanitary conditions upon the occurrence of any adverse event. AUL submitted a public records request to the Delaware Department of Health and Social Services under the Delaware Freedom of Information Act, Del. Code § 100001 et seq. In response, the department told AUL legal staff that they "do not license abortion clinics." Though the facilities may be inspected in relation to a complaint, the reports that result from those complaints are not considered public records

under the Delaware Freedom of Information Act because they are "investigatory files compiled for civil or criminal law-enforcement purposes." Even after the investigation is closed, the complaints and the file must remain confidential. News-Journal Co. v. Billingsley, No. 5774, 1980 WL 3043 (Del. Ch. Nov. 20, 1980) ("[t]his right of privacy would be lost if the file ceases to be confidential as soon as the threat of a[n]...enforcement proceeding disappears."). Thus, in the name of patient privacy, patients have no way to know how dirty and dangerous their chosen abortion facility is. We did however receive a federal inspection report from the federal Occupational Safety and Health Administration (OSHA), which showed a blatant disregard by Planned Parenthood of Delaware for sanitary and other medical standards, including the competency of staff. Two former Planned Parenthood nurses have been publicly complaining about the "meat-marketstyle, assembly-line abortions" they witnessed at Planned Parenthood's Delaware clinic, and about lax regulation and a lack of government oversight of abortion businesses in Delaware. After months of going back and forth with the Delaware Department of Health and Social Services, we finally received 2 state inspections that were completed in 2013 and 2014. The 2013 inspection report cited numerous "unsafe and unsanitary" conditions, as well as over one-hundred expired supplies.

NUMBER OF REPORTS: 3

DATE RANGE: 2009-2014

PUBLIC MEDIA:

Washington Post, "Nurses describe 'unsafe' conditions at Delaware abortion clinic" 10

Lifesite News, "A slap on the wrist': Delaware fines abortionist \$1,500 for running filthy 'meat-market' clinic"



DISTRICT OF COLUMBIA (WASHINGTON, D.C.)

AUL filed a public records request with the D.C. Department of Health under the District of Columbia Freedom of Information Act. D.C. Code § 2-531 et sea., and received an acknowledgment of our request, but no documents. The District of Columbia does not inspect or license abortion businesses. The District conducts annual licensure surveys during which facilities are inspected. Two of the documents sent to AUL indicated inspections resulted in no deficiencies and three included deficiencies.

Among the deficiencies were vials "stored in the locked controlled substance box in the refrigerator without evidence of a label to identify the 'open' date" or any "use by" date. There was also evidence of "comingling of medications with biological agents" and improper equipment sterilization. Staff also failed to properly take medical histories from patients in order to properly treat them, as well as improper record keeping indicating either missing or incorrect information in multiple patient records. In the DC Planned Parenthood. neither patient bathroom contained an emergency call bell system which would allow staff to assist a patient in an emergency.

NUMBER OF REPORTS: 5 DATE RANGE: 2012-2017 **PUBLIC MEDIA:** None



The Florida Agency for Health Care Administration (AHCA), through the Division of Health Quality Assurance, posts abortion business inspection online.12 reports Inspections of Florida's abortion facilities found multiple incidents involving failures to report patient injuries during abortions, including a patient hospitalized due to bowel perforation, and a second trimester abortion that resulted in a perforated uterus. Inspectors also found hundreds of instances of expired medications and medical supplies and incomplete or improperly authenticated medical records, including physicians failing to sign off on medications and patient discharge orders. Multiple facilities were cited for having staff that lacked basic background information and training. Unsanitary conditions were noted throughout many abortion businesses. One abortion business was cited for not have emergency equipment, including a defibrillator or a cardiac monitor. Others were cited for failing to perform preventive maintenance calibration on equipment such as ultrasound machines, suction units, and sterilization machines. Another abortion business had no licensed practitioners listed on its personnel list and no nurses employed for patient recovery. In Pensacola, American Family Planning performed nearly a hundred abortions without a license (failed to renew license), and the facility was found to not have a Medical Director. Another abortion business had no licensed practitioners listed on its personnel list and no nurses employed for patient recovery.

NUMBER OF REPORTS: 127

DATE RANGE: 2009-2019

PUBLIC MEDIA:

Sun-Sentinel, "58 porno videos of 15-year-old girl lead to Davie man's arrest (FL abortion clinic involved)"13

Fox News, "Florida Clinic Botched Abortion, Threw Out Live Baby"14

Orlando Sentinel, "Judge denies Orlando-area abortion doctor new trial in \$36 million malpractice case"15

National Review, "Florida's abortion industry breaks law as a matter of course" 16



GEORGIA

AUL submitted a public records request to the Georgia Department of Community Health under the Georgia Open Records Act, O.C.G.A. § 50.18.70 et seq., and received nearly four dozen inspection reports in response. Georgia's abortion businesses have a track record of substandard care and practices. Abortion facilities were cited for several violations for unsanitary conditions and failure to establish procedures for maintaining patient care, which included failure to ensure proper sterilizing and storage of supplies and equipment. One abortion business's operating room had cervical dilators in a cabinet drawer with visible moisture inside the packages. Another facility had a procedure room that had peeling paint on the ceiling and deep gouges on the walls. Some of the abortion businesses are in buildings that were never meant to house a healthcare facility, such as one facility that was cited for not having a working elevator in the building and failing to help patients get down the stairs right after they had been on anesthesia. Emergency personnel had to use the stairs when ambulances came to the clinic. Another facility was cited for failing to protect patient privacy by grouping patients in a common room with no curtains or private stalls, and for failure to ensure that medical records contained physician orders on pre-op/post-op/ discharge orders for numerous patients. Another was cited for failing to store biohazardous waste properly in accordance with blood-borne pathogens standards and for

having many expired medications, as well as allowing untrained staff to provide patient care.

NUMBER OF REPORTS: 47

DATE RANGE: 2010-2018

PUBLIC MEDIA:

WSB-TV Atlanta, "Records: Georgia's abortion clinics face numerous inspection violations" ¹⁷

WSB-TV2, "Controversial Cobb County abortion clinic to close" 18



AUL submitted a public records request to the Hawaii Department of Health under the Hawaii Open Records Law, H.R.S. § 91-1 *et seq.*, that yielded no documents. It does not appear that Hawaii inspects or licenses abortion businesses.

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



IDAHO

AUL submitted a public records request, under the Idaho Public Records Act, Idaho Code § 74-101 *et seq.*, to the Idaho Department of Health and Welfare. In response, AUL was informed by officials with the department, the state Board of Medicine, and the Bureau of Facility Standards that Idaho exercises no oversight of abortion facilities in the state whatsoever. One official stated, "Idaho cannot even establish fire standards for abortion facilities."

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



ILLINOIS

AUL submitted a public records request to the Illinois Department of Public Health under the Illinois Freedom of Information Act, 5 ILCS 140, but received few inspection reports for the time period covered. The most common deficiencies were related to fire safety and cleanliness. At one site, an immediate jeopardy situation was identified for issues involving the sterilization process. Another abortion business was cited for performing surgical procedures beyond the scope of its license. At another, an administrator admitted that patients were encouraged to stay for an hour while licensed medical assistants examined them, and "[i]f everything is normal, the patients are discharged without seeing a nurse."

NUMBER OF REPORTS: 39

DATE RANGE: 2011-2019

PUBLIC MEDIA:

Chicago Tribune, "Chicago woman dies after having

bortion"¹⁹

Chicago Tribune, "State abortion records full of gaps: Thousands of procedures not reported to health

department"20



INDIANA

AUL's public records request to the Indiana State Department of Health (ISDH) under the Indiana Access to Public Records Act, Burns Ind. Code Ann. § 5-14-3-1 et seq., yielded only around two dozen inspection reports, but those records disclose a slew of health and safety violations that put women's health and wellbeing at risk. Planned Parenthood's

Bloomington facility has been cited for violating patient health and safety regulations for many years, including failure to ensure standards of care were followed during abortion procedures by checking vital signs in the surgerv room. Planned Parenthood's Georgetown facility located in Indianapolis, Indiana has been cited for violating patient health and safety regulations, including improper administration of medication. failure to accurately document patient records, and failure to clean a vaginal probe in accordance with infection control practices. Planned Parenthood's Lafayette facility has been cited for violating numerous patient health and safety regulations, including repeated citations for improper documentation and expired medications or medical supplies. Planned Parenthood's Merrillville facility follows the same path as the others mentioned, including substandard patient care and incomplete patient medical records.

NUMBER OF REPORTS: 23

DATE RANGE: 2014-2019

PUBLIC MEDIA:

News-Setinel, "Patient records found at shuttered Indiana abortion clinics"²¹

NWI Times, "Gary clinic closes amid abortion controversy"²²

NBC News, "More than 2,000 fetal remains found at abortion doctor's property are buried in Indiana" $^{\rm 23}$

ABC-21 Live, "Nearly 500 complaints filed against abortion doctor"²⁴

Associated Press, "13-year-old's abortion results in complaints against local clinic"²⁵

Office of the Indiana Attorney General, "A Preliminary Report on the Investigation of Dr. Ulrich Klopfer" ²⁶



AUL submitted a public records request, under the lowa Open Records Law § 22.1 et seq., to the lowa Department of Public Health and yielded no documents. lowa does not inspect or license abortion businesses.

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



KANSAS

In 2011, the Kansas legislature passed a bill (codified at K.S.A. 65-4a01 et seg.) that required KDHE to license abortion facilities. KDHE adopted regulations pursuant to K.S.A. 65-4a09, but a state district court issued an injunction against them. In response to AUL's public records request to the Kansas Department of Health and Environment (KDHE) under the Kansas Open Records Act, K.S.A. § 45-215 et seg., we were told that KDHE only keeps records back to 2015. KDHE did provide application materials for 2018 and 2019 from three facilities that were licensed as ambulatory surgical clinics under provisions of KSA 65-425 through 65-441, and only one of these reflected a violation which was failure to provide patients with a notice of patients' rights.

NUMBER OF REPORTS: 3

DATE RANGE: 2014-2019

PUBLIC MEDIA:

CBS News, "Planned Parenthood, doctor face off over 13-year-old's abortion"²⁷



AUL's public records request, under the Kentucky Open Records Act, K.R.S. § 61.872 et seq., yielded only around a dozen inspection reports from the Kentucky Office of Inspector General. Clinics have consistently failed to maintain training programs for staff and failed to keep policies and documentation on infection and disease control, hygiene, and sterilization. Clinics also failed to secure narcotics and maintain accurate medication logs. Both Kentucky abortion facilities showed a consistent failure to meet minimum state licensure requirements and failure to properly dispose of medical waste.

NUMBER OF REPORTS: 11

DATE RANGE: 2012-2019

PUBLIC MEDIA:

Courier-Journal, "Bevin Administration Sues 2nd Abortion Clinic" ²⁸



LOUISIANA

AUL submitted a public records request, under the Louisiana Public Records Act, L.S.A. § 44:1 et seq., to the Louisiana Department of Health, and received 50 inspection reports. Louisiana abortion businesses have a long history of serious health and safety violations. Abortion businesses have often been cited for immediate jeopardy situations, including failing to monitor each abortion patient's level of consciousness, respiratory status, and cardiovascular status during abortion procedures. Another immediate jeopardy situation occurred in a facility which failed to have emergency IV fluids available for a surgical abortion patient

who was experiencing heavy bleeding. That patient was transferred to the hospital where she underwent a hysterectomy. In another instance, the abortion business failed to document complications of a patient who experienced heavy vaginal bleeding eight days after her chemical abortion, was picked up by a clinic staff member and brought to the clinic, and then transported by clinic staff to the hospital. Clinics were also cited for missing facility licenses and for unlicensed or uncredentialed medical staff providing patient care. Clinics consistently failed to file Induced Termination of Pregnancy (ITOP) forms with the Louisiana Department of Health, failed to timely file the forms, or filed them absent required physician signatures. Some ITOP forms also failed to record the correct date of the abortion procedures when checked against patient records. Louisiana abortionists have been the subject of numerous professional disciplinary actions by the Louisiana State Board of Medical Examiners. These actions reveal that past and current abortionists have engaged in unprofessional and unethical behavior and substandard medical care of their patients.

NUMBER OF REPORTS: 50 DATE RANGE: 2009-2019 PUBLIC MEDIA: None



MAINE

Maine appears to lack any regulatory framework for inspecting abortion businesses. AUL's public records request to the Maine Department of Health and Human Services, under the Maine Freedom of Access Act, M.R.S. § 402 et seq., garnered the response

that, apart from abortion businesses, no other outpatient surgical facilities are exempt from licensing and inspection.

NUMBER OF REPORTS: 0 DATE RANGE: N/A PUBLIC MEDIA: None



The Maryland Department of Health, through the Office of Health Care Quality (OHCQ), makes all surgical abortion facility surveys and reports available online.²⁹ The state has a limited but relatively effective regulatory framework. Routine issues uncovered by the reports included: missing documentation of staff certification in Basic Life Support or Advanced Cardiac Life Support, failure to test autoclave machines, failure to document patient discharge diagnoses, failure to train staff in emergency patient transfers to emergency departments, and failure to screen staff for tuberculosis.

The Associates in OB/GYN Care facility in Baltimore was cited for a patient who was "not alert and oriented to person, place or time" before being left alone with unlicensed staff following a surgical abortion. Her chart notes state, "Patient, like many do, slept throughout. While writing orders, called by nurse that patient could not sit-up and had poor color... Patient not breathing and pulse faint I immediately began CPR... 911 requested as soon as I began CPR." That patient's chart was missing vital signs during and after the abortion. Emergency responder records indicated the patient continued to have CPR administered,

but ultimately "the patient died due to Severe Pulmonary Edema, Acute Respiratory Distress Syndrome, and Hypoxic Brain Injury." The clinic staff failed to retrieve and use the automated external defibrillator (AED), and the inspection found that the AED was not in working condition and in fact had a "do not use" sticker on it. Although a staff member's record indicated training in the use of the AED. an interview confirmed that the staff member was not aware how to use it. "None of the staff knew how to recharge the machine."

At another location of the same provider, a patient was provided with the abortion drug Misoprostol by a non-licensed staff member before the physician even arrived at the facility. That patient was subsequently determined to be likely 22 weeks pregnant, well beyond the recommend gestational age of 9 weeks for chemical abortion. The abortion business required her to go to another facility for another dose of medication, then another facility for a D&C operation to complete the abortion surgically, and potentially a second D&C at a fourth facility. For this abortion business, providing patients with Misoprostol "at 11 weeks gestation or beyond, even if the patient has not been evaluated by a physician, and even if no physician is available on site" is standard protocol.

NUMBER OF REPORTS: 44

DATE RANGE: 2009-2018

PUBLIC MEDIA:

Baltimore Sun, "Maryland suspends licenses of 3 abortion clinics"30

Operation Rescue, Whistleblower: 2 Women Suffered Gruesome Injuries, Retained Baby Parts, Emergency Surgery after Late-Term Abortions in Maryland"31 Operation Rescue, "In Memory of Christen Gilbert"32



MASSACHUSETTS

AUL submitted a public records request to the Massachusetts Department of Public Health under the Massachusetts Public Records Act. A.L.M. GL § 66-10 et seg., and received over a dozen inspection reports. Although the inspections lacked scope, there were violations noted.

Perhaps the oddest deficiency found was the way staff were preparing medications at Four Women clinic. Staff would remove the metal. ring from the top of the vial and remove the rubber stopper, which compromised the integrity of the multi-dose vial. Staff would remove this metal ring with a can opener or by using the door jamb; this was demonstrated to the surveyor when the nurse practitioner opened a bottle of lidocaine in the door jamb. In addition, instead of using a sterile needle and syringe, staff would pour the contents of the vial into a cup for the surgeon.

NUMBER OF REPORTS: 13

DATE RANGE: 2015-2019

PUBLIC MEDIA:

Operation Rescue, "Three-Fourths of Aborted Baby Left Inside Woman for 2 Months After Botched Abortion at Planned Parenthood"33



AUL's public records request to the Michigan Department of Licensing and Regulatory Affairs (LARA) under the Michigan Freedom of Information Act, M.C.L.S. § 15.231 et seg., yielded dozens of inspection reports involving multiple doctors with complaints, lawsuits, and medical board disciplinary actions. There have also been numerous 911 calls and emergency transfers to hospital emergency departments documented. Clinics consistently failed to sterilize instruments. secure and record medications, and train staff.

The findings of a lawsuit against Michigan abortion providers for injuries inflicted during a second trimester abortion illustrate the consistent failures of these facilities. A patient charged abortionists Dr. Sharpe and Dr. Kalo with failure to inform the patient of what to expect and risks involved with a second trimester abortion. Investigators found that on the morning of the procedure, the patient and husband did not receive counseling or discuss informed consent. There was no Registered Nurse (RN) present on the day of the procedure, and no vital signs were taken during the procedure. There was no documentation found of the medications given the patient, including IV record, time or route of administration, nor was there documentation that vital signs were monitored. When emergency responders arrived, the patient was on the treatment table with an adult diaper on, and there was blood on the treatment floor. The patient alleged she was walked downstairs to the back exit, but it could not be substantiated how she exited the building. The ER doctor

reported that the patient was pasty white, tachycardic, and hypotensive upon arrival, and had significant internal bleeding. He repaired a perforated uterus and extracted a retained fetal skull. Dr. Sharpe was found to have performed another second term abortion without an RN present on June 17, 2014. No quality review program has been implemented since this event, according to inspectors.

NUMBER OF REPORTS: 78

DATE RANGE: 2012-2019

PUBLIC MEDIA:

The Daily Wire, "Cree Erwin, 24, Died From A Botched Abortion. Now Her Brother Is Sounding The Alarm On Planned Parenthood" 34

Muskegon Chronicle, "Documents, photos detail Muskogen abortion clinics unsanitary conditions" 35



MINNESOTA

Minnesota appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request to the Minnesota Department of Health under the Minnesota Data Practices Act, Minn. Stat. § 13.01 et seq., and was informed that abortion businesses are not subject to licensing and inspection requirements. Minnesota licenses "outpatient surgical clincs," but these do not include abortion businesses.

NUMBER OF REPORTS: 0

DATE RANGE: N/A **PUBLIC MEDIA:** None



MISSISSIPPI

AUL submitted a public records request to the Mississippi State Department of Health under the Mississippi Public Records Act, Miss. Code Ann. § 25-61-1 et seq., and received just over a dozen inspection reports from the department's Facilities Licensure and Certification office. Mississippi has only one abortion business, Jackson Women's Health, which has a scheduled inspection once a year and has not had any deficiencies reported since 2016. The abortion business was cited for failure to minimize public exposure to medical waste and for not properly disposing of medical waste.

NUMBER OF REPORTS: 14

DATE RANGE: 2010-2019

PUBLIC MEDIA: None



MISSOURI

AUL submitted a public records request, under the Missouri Sunshine Law, Sec. 610.023 R.S.M. et seq., to the Missouri Department of Health and Senior Services. Missouri has an extensive regulatory framework for abortion businesses, but AUL's request for inspection reports did not yield significant results. Abortion businesses in Missouri were documented requesting exemptions from a hospital staff privileges requirement and a requirement to have 4 recovery recliners. Facilities were cited for failing to have proper disinfectants for probes and other medical equipment. Other facilities were reprimanded for failing to ensure that medications were kept outside of the sterilization room and several citations were for

improper care or use of sterilization machines. There were a few citations for hand hygiene issues as well. One facility was noted to be providing valium to patients prior to their abortions.

Recently, a state administrative court ruled that the last abortion business left in the state, a Planned Parenthood facility in St. Louis, is entitled to renewal of its abortion facility license. The commissioner found that the fact that two women experienced severe complications from their abortions at the business was not enough to reach the standard of "substantial failure to comply," which was necessary to justify the revocation of Planned Parenthood's facility license.

NUMBER OF REPORTS: 14

DATE RANGE: 2009-2019

PUBLIC MEDIA:

The Kansas City Star, "Court filing reveals inspection at heart of fight over Missouri's last abortion clinic" Operation Rescue, "St. Louis Planned Parenthood

Hospitalizes 75th Woman"37

Operation Rescue, "Prior to Today's Hearing, Bloody, Moldy Tubing Found on Filthy Abortion Machine at MO Planned Parenthood Facility"³⁸



Montana appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the Montana Public Records Act, Sec. 2-6-1001 M.C.A. *et seq.*, to the Department of Public Health & Human Services, and was informed that the state does not inspect abortion businesses and does not license clinics or practices operated by health care providers.

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



NEBRASKA

The state does appear to have a substantive regulatory framework for abortion businesses, but AUL's public records request to the Nebraska Department of Health and Human Services pursuant to the Nebraska Public Records Law, R.R.S. Neb. § 84-712 et seg., yielded only four inspection reports. Those reports included citations of two facilities for failing to submit required Report of Induced Abortion Forms to the Nebraska Department of Health and Human Services. One facility was cited for having expired medications in its emergency kits, and another had expired biologicals in both facility exam rooms. At the Bellevue Health Center, the inspector noted that tissue specimens in the freezer were inconsistently labeled, with one missing a label entirely. Upon questioning, the Director of Nursing informed the inspector that there was no policy in place for labeling tissue specimens.

NUMBER OF REPORTS: 4

DATE RANGE: 2013-2015

PUBLIC MEDIA: None



NEVADA

The Nevada Department of Health and Human Services, through Nevada Division of Public and Behavioral Health (DPBH), posts inspection reports online,³⁹ although the scope of these inspections does not include all the abortion businesses in the state. The violations included failure to sterilize instruments, failure to properly handle medications, and failure to change filters for transvaginal ultrasound probes. Facilities were also cited for failing to make follow-up phone calls to patients to identify any complications, and failure to establish guidelines and maintain policies that ensured the health, safety, and well-being of patients at facility.

NUMBER OF REPORTS: 12

DATE RANGE: 2012-2019

PUBLIC MEDIA: None



NEW HAMPSHIRE

New Hampshire appears to lack any regulatory framework for inspecting abortion businesses. Abortion facilities are not required to be licensed under RSA 151 and they are not inspected. AUL submitted a public records request under the New Hampshire Right to Know Law, R.S.A. Ch. 91-A et seq., to the New Hampshire Department of Health and Human Services. In response, the department made available five inspection reports related to the state's administration of its Title X federal family planning program.

NUMBER OF REPORTS: 5

DATE RANGE: 2010-2016

PUBLIC MEDIA:

ADF, "Planned Parenthood illegally distributing abortion-inducing drugs, other drugs in NH"⁴⁰



NEW JERSEY

New Jersey has virtually no regulatory framework overseeing abortion businesses. AUL submitted a public records request under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., to the New Jersey Department of Health. In response, the Division of Certificate of Need and Licensing sent some documentation, but only six actual reports. A number of the New Jersey citations were for cleanliness issues including proper glove use and hand hygiene, as well as facilities containing surfaces that were not cleanable. At Cherry Hill Women's center, a staff member was observed putting aborted fetal remains into a Styrofoam cup. Metropolitan Surgical Associates was cited for failing to provide verbal and written notice of patients' rights prior to procedures.

NUMBER OF REPORTS: 6

DATE RANGE: 2010-2018

PUBLIC MEDIA:

National Partnership for Women & Families, "Many New Jersey Abortion Clinics Do Not Receive Required Biennial Inspections, Report Says"⁴¹

Life News, "Planned Parenthood Abortion Biz in New Jersey Violating Laws" 42



NEW MEXICO

New Mexico appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the New Mexico Inspection of Public Records Act, 14-2-1 NMSA 1978 *et seq.*, to the New Mexico Department of Health, the New Mexico Human Services Department, the New Mexico Medical Board, and the New Mexico

Regulation and Licensing Department. The responses AUL legal staff received confirmed that New Mexico does not license abortion businesses or healthcare professionals that provide abortion services. There were no state inspection reports to be reviewed. The only inspection reports were CLIA-certification inspection reports from the federal government, which conducts annual inspections on certain CLIA-certified pathology labs, including Curtis Boyd's Southwestern Women's Options. In these reports, the Laboratory Director was cited for failure to ensure that policies were established for monitoring the competency of testing personnel or to provide overall direction to the laboratory, as well as failure to review 9 of 10 laboratory policies or procedures.

NUMBER OF REPORTS: 3

DATE RANGE: 2009-2019

PUBLIC MEDIA:

Keisha Atkins family's lawsuit against Curtis Boyd, Southwestern Women's Options⁴³

KRQE, "Family sues clinic, UNM for botched abortion⁴⁴ 2016 Congressional Select Investigative Panel Report



New York has only minimal regulation of abortion and does not appear to inspect facilities regularly. AUL submitted a public records request, under the New York Freedom of Information Law, N.Y. Pub. Off. Law sec. 84 et seq., to the New York Department of Health. The documents provided to AUL from New York were carefully redacted, eliminating all facility names or potential identifying information and appearing to redact information that could prove detrimental to abortion facilities. An example of the excessive redaction is a report from August 2012 (the specific date in

August was redacted), which states:

Based on findings from document review and interviews, the care provided to Patient A in connection with a [redacted] abortion performed at the [redacted] did not meet generally accepted standards of professional practice for patient safety. Up to date patient information and necessary equipment / supplies were not immediately available for the procedure and management of any complications that might occur. Also, during the emergency that did occur in this case, [redacted] staff did not [redacted] and [redacted] per the facility's patient emergency procedures.

NUMBER OF REPORTS: 8

DATE RANGE: 2012-2018

PUBLIC MEDIA:

Vice, "A Woman Died From a Botched Abortion After Other Providers Couldn't Help Her" 45

National Review, "A New York Abortionist's Road to Prison" 46

New York Post, "NY health boss resigning after agency failed to inspect abortion clinics" ⁴⁷

Operation Rescue, "Botched Abortion Emergency Takes Place at Clinic Caught in Dumping Scandal" 48



The North Carolina Department of Health and Humans Services, through the N.C. Division of Health Service Regulation, Acute and Home Care Licensure and Certification Section, makes inspection reports by DHSR available online.⁴⁹ North Carolina inspection reports reflect several serious violations of health and safety, including one immediate jeopardy situation which resulted in the Baker Clinic being shut down. (It has now opened under another

name in Durham.) The report states, "[I]t is the finding of this agency that the facility has neglected to provide the services to assure the health and safety and welfare of the clients. Emergency action is required to protect the clients." The business owner. Dr. Baker. was interviewed by a local newspaper and said, "This was on me, so my bad. It's like trying to do vour own taxes. This is a lot of stuff." Other violations include expired medicine and supplies, and failure to properly handle medicine. There are also a host of citations for disregarding patient privacy and care, as well as for failure to ensure the physician preforming the surgical procedure signed and witnessed the voluntary consent form for treatment of patients. In another inspection report, Planned Parenthood's regional director at its Winston Salem Clinic stated. "I thought we only had to provide PPE [Personal Protective Equipment, i.e., masksl and it's up to the employee to wear it or not." "A lot of our docs don't use masks during procedures. We do not monitor the use of PPE." The inspections seem to have dropped in scope and consistency since 2017 when a new administration took office.

NUMBER OF REPORTS: 62

DATE RANGE: 2012-2019

PUBLIC MEDIA:

WRAL. "State orders Durham abortion clinic closed"50



NORTH DAKOTA

North Dakota appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the North Dakota Open Records Statute, N.D.C.C. §44-04-18 *et seq.*, to the North Dakota Department of Health and the North

Dakota Board of Medicine. AUL legal staff were told that North Dakota does not require licensure for abortion businesses or inspect them. All physicians are regulated and controlled under the North Dakota Board of Medicine. There were no state inspection reports to be reviewed. The only inspection reports came from the federal government, which conducts annual inspections on certain CLIA-certified pathology labs, in which Red River Women's Clinic was included. One report cited the laboratory's failure to evaluate testing personnel, which limits the laboratory's ability to ensure testing personnel perform patient testing accurately.

NUMBER OF REPORTS: 5

DATE RANGE: 2011–2019

PUBLIC MEDIA: None



OHIO

Ohio has a substantial regulatory framework in place for the inspection and monitoring of abortion businesses. AUL submitted a public records request, under the Ohio Open Records Law, O.R.C. Ann. § 149.43 et seq., to the Ohio Department of Health and the State Medical Board of Ohio. The inspection reports provided to AUL reflect a number of businesses cited for unsanitary conditions, including multiple locations with stained carpets, dusty and dirty air vents, wall smears and similar cleanliness issues. Facilities were also cited for having improperly labeled predrawn syringes and unsecured oxygen tanks.

An incident at an Akron facility involved a patient having a panic attack at the facility, but

the staff referred to the patient as "throwing a fit." At another facility, staff failed to ensure the patient's medical record accompanied her to the hospital. Another hospitalized patient's medical record was missing key information including the reason for sending the patient to the hospital, method of transportation, and whether her medical record went to the hospital with her. At Capital Care Network, a patient was driven to the hospital by a staff member in lieu of an ambulance after a suction abortion failed to empty her uterus.

As in other states, Ohio's facilities contained a number of expired medications and medical supplies. At the Akron facility, two staff members were likely obtaining Fentanyl and Demerol. The discrepancies in the medication supply records ceased after the suspected staff members' departures. In another incident, Planned Parenthood Southwest Ohio Regional had no emergency call system in the recovery room, leaving patients unable to call for help if alone in the recovery room and an emergency arose.

NUMBER OF REPORTS: 87

DATE RANGE: 2011-2019

PUBLIC MEDIA:

The Columbus Dispatch, "Violations found during inspections at Ohio abortion clinics"⁵¹

Operation Rescue, "Autopsy Report: Woman Bleeds to Death the Day After an Abortion at Dangerous Ohio Facility"⁵²

Cleveland 19 News, "Woman dies after being rushed to hospital following an abortion"⁵³

Operation Rescue, "Still-Hemorrhaging Abortion Patient Calls 911 for Help After Being Kicked Out of Ohio Abortion Facility at Closing Time"⁵⁴

The Toledo Blade, "State closes abortion clinic with area ties, Agency failed February inspection" 55

OKLAHOMA

Oklahoma appears to either lack any regulatory framework for inspecting abortion businesses, or at least declines to make inspection reports public. AUL submitted a public records request, under the Oklahoma Open Records Act, 51 Okla. Stat. § 24A.1 et seg., to the Oklahoma State Department of Health, but received the response that all abortion facility records in the state of Oklahoma are confidential pursuant to § 63-1-709. That section provides that "Information received by the State Commissioner of Health through inspection or otherwise, authorized under the foregoing sections of this article, shall be confidential and shall not be disclosed publicly except in a proceeding involving the question of licensure or revocation or suspension of license."

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



Oregon appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the Oregon Public Records Law, §192.410 et seq., to the Oregon Health Authority and received only a few state inspection reports. However, AUL did receive over a dozen federal CLIA certification inspection reports relating to Lovejoy Surgicenter that showed clear disregard for standard medical practices, as well as health and safety violations. Inspection reports reflected a lack of regard for facility standards

too, including holes in the walls and ceilings and failure to properly maintain electrical systems. At one facility, the director was not an RN, and the director disclosed that several clinical positions were directed/managed by an employee who was not an RN.

In 2012, the state nursing board issued an order banning a clinic nurse from "practicing as a Registered Nurse in any capacity or functioning as a caregiver in any setting" until further order. The order came in response to a lawsuit. filed by a former clinic worker, that alleged that the nurse sexually molested abortion patients while they were under anesthesia and drew the figure of a bird on one sleeping woman. The nurse was also accused of exposing herself to other employees and engaging in other harassing behavior. The nurse also allegedly told other employees to lie to state inspectors about the fact than an unlicensed and unqualoverseeing ified worker was abortion surgeries.

NUMBER OF REPORTS: 19

DATE RANGE: 2009-2019

PUBLIC MEDIA:

Oregon Live, "Northwest Portland abortion clinic sued: Former worker claims supervisor touched patients inappropriately" 56



PENNSYLVANIA

Pennsylvania has a regulatory framework in place by which the Pennsylvania Department of Health, through the Health Care Facilities Division, posts inspection reports online.⁵⁷ Facilities in the state were cited for failing to notify patients after incidents, issues with cleanliness, failing to inform the state after incidents involving patients being sent to the

hospital, failing to monitor temperature and humidity levels in procedure rooms, improper dosages of medication, and failing to ensure medical records were properly authenticated. The Philadelphia Women's Center failed to report three serious event occurrences to the Department. One patient was transferred to a hospital for "cervical [sic] laceration." A second patient was transferred to the hospital for "suspected perforation [sic]." The third patient was hospitalized for an overdose of Cyototec, an abortion drug, and diagnosed with disseminated intravascular coagulation. In addition. two Planned Parenthood facilities (PPSP Far Northeast Health Center and PPSP Surgical Locust Street Health Center) were cited for failing to make mandatory reports of minor patients under the age of 16, some as young as 13 years old. Both facilities' internal policies stated that such incidents are "a crime, however it is NOT a mandated reportable incident." One of the 13-year-old patients reported their age of first intercourse as 11 and another reported their age of first intercourse as 12.

NUMBER OF REPORTS: 135

DATE RANGE: 2011–2019

PUBLIC MEDIA:

Seattle Times, "Pennsylvania Finds More Abortion

Clinic Violations; Doctor Quits"58

The Morning Call, "State inspectors cite Allentown abortion clinic for violations" ⁵⁹



RHODE ISLAND

AUL's public records request, under the Rhode Island Access to Public Records Act, Rhode Island Gen. Laws §38-2-1 et seq., to the Rhode Island Department of Health revealed that the department has only visited abortion

businesses four times in the past 10 years, each time in order to investigate a public complaint or because a facility moved locations. There is no scope mentioned, just a quick sentence on each that states, "No deficiencies were identified." Abortion businesses in Rhode Island lack oversight.

NUMBER OF REPORTS: 4

DATE RANGE: 2012-2017

PUBLIC MEDIA:

Operation Rescue, "Woman with Perforated Uterus Rushed from Planned Parenthood Abortion Facility" 60



SOUTH CAROLINA

South Carolina has a working regulatory framework that has been upheld by federal courts. AUL submitted a public records request, under the South Carolina Freedom of Information Act, S.C. Code Ann. § 30-4-10 et seg., to the South Carolina Department of Health and Environmental Control (DHEC), and the state responded with over a hundred inspection reports and related correspondence. Several reports show abortion businesses with health and safety violations, year after year, including failure to disinfect any material surface that came in contact with infectious waste. Many of their reports focus on how abortion businesses process pathogenic (i.e., bacterial diseasecausing) waste, and most abortion businesses in the state have been fined thousands of dollars for these types of violations. One facility was fined \$19,000 for taking pathogenic waste to a gas station down the street and handing it off to a disposal company. The reports also show that inspectors constantly found expired medications and staff who were not properly handling medicines. Other reports

showed physical plant standards lacking. Several reports showed state abortion businesses failed to have a designated infection control committee and in-service training for infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as had washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members.

NUMBER OF REPORTS: 132 DATE RANGE: 2010-2019

PUBLIC MEDIA:

WACH FOX 57, "SC DHEC files orders to shut down Planned Parenthood, Greenville Women's Clinic"61 FOX Carolina, "DHEC fines Greenville abortion clinic accused of transferring infectious waste at QuikTrip"62 World Magazine, "Notorious late-term abortionist arrested in South Carolina"63



SOUTH DAKOTA

The South Dakota Department of Health posts abortion business inspection reports online,64 although most reports were only to confirm accuracy of the state's statistical data survey of abortion providers. South Dakota licenses abortion businesses pursuant to the Administrative Rules of South Dakota, Article 44:67, but the oversight and scope of inspections is very limited. Only 3 of 16 reports included citations involving statistical data issues, and one 2014 report reflected unsanitary conditions. Under S.D.C.L. § 34-23A-43, the health department conducts annual inspections of abortion facilities to ensure compliance with state statute (Sec. 34-23A -Performance of Abortion). The purpose of the

statistical inspections is to ensure the accuracy of the statistical information reported to the Department of Health. Abortion facility inspections are conducted annually to ensure compliance with all applicable licensing and regulatory standards. Licensed hospitals that perform abortions are exempt from abortion facility licensure requirements and are regulated and inspected pursuant to hospital regulatory standards, though hospitals do self-report as seen on some of the inspection reports.

NUMBER OF REPORTS: 16

DATE RANGE: 2014–2019

PUBLIC MEDIA: None



AUL submitted a public records request, under the Tennessee Open Records Act, Tenn. Code Ann. § 10-7-503 et seg., to the Tennessee Department of Health and received numerous reports. Although Tennessee licenses and inspects abortion businesses, the scope of the inspections in the reports we received mostly focus on building and facility codes. Clinics failed to maintain the condition of their buildings and failed to maintain the overall environment. Building standards citations show how abortion facilities cut corners to pad their bottom line, at the expense of the health and safety of their patients. One abortion business was noted to have a dozen penetrations in the ceilings. There were several health and safety citations noted at clinics, including failure to maintain a sanitary environment in procedure and sterilization rooms, as well as a surgical scrub being used for multiple patients. At several facilities, staff also failed to properly

handle medication and expired medicine was available for patient use. Another facility failed to maintain current privilege information for 4 of 5 physicians on staff. It was noted that they had no current DEA number (meaning no authority to dispense controlled substances), no current privileges, and no current background check.

NUMBER OF REPORTS: 90

DATE RANGE: 2010-2019

PUBLIC MEDIA: None



AUL submitted a public records request, under the Texas Public Information Act, Tex. Gov't Code §552.001 et sea., to the Texas Department of State Health Services, and received numerous reports. Although there were many redactions on the inspection reports, they do show severe health and safety violations at several of the abortion businesses. that were inspected. Numerous abortion businesses also failed to abide by informed consent rules, such as failure to ensure proper signage advising patients about help for human trafficking or to implement written discharge instructions. Several facilities were also cited for failure to ensure that patient care personnel were properly trained for duties and certified in CPR and Basic Life Support. Another facility failed to ensure that a physician administered mifepristone medication to patients, contrary to FDA rules. AUL also included findings of the Congressional Panel on Infant Lives, which included documented gross violations of clinic practices in Texas. Employees of one abortion business stated the doctor would

regularly fail to observe proper sterilization procedures and the vast majority of the doctor's assistants in the sterilization room were uninformed on proper methods of sterilization. In order to reduce the doctor's costs, he habitually disposed of biohazardous waste in standard garbage bags instead of sterile bags required for such waste.

NUMBER OF REPORTS: 40

DATE RANGE: 2008–2019

PUBLIC MEDIA:

The Houston Chronicle, "Houston doctor accused of illegal abortions" 65

Texas Right to Life, "Lax Abortion Standards Put Women At Risk of Infection, Death," 66

"Complaint to Texas Medical Board against Dr. Paul Fine by Abby Johnson, former employee"⁶⁷



UTAH

Utah has a regulatory framework in place for inspecting abortion businesses, although the scope of these regulations appears to be lacking. AUL's records request to the Utah Department of Health, under the Utah Government Records Access and Management Act, Utah Code Ann. § 63-2-101 et seq., yielded 31 reports, but only about 13 of those contained actual citations, mostly focusing on building and facility codes. A few inspections revealed health and safety violations and lax practices such as failing to include job descriptions in employees' records, failing to test employees for tuberculosis, improper authentication of patient files, running extension cords through the ceiling tiles, failing to monitor water temperature, and failing to appoint an alternate administrator in the event the administrator is not on site. At Wasatch Women's Center, the facility was cited for performing a

second trimester abortion despite only being licensed to perform first trimester abortions.

NUMBER OF REPORTS: 31

DATE RANGE: 2012-2019

DATE RANGE: None



VERMONT

Vermont appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the Vermont Public Records Law, 1 V.S.A. § 315 et seq., to the Department of Health, and the department responded that it does not regulate abortion businesses. There were no state inspection reports to be reviewed.

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None



VIDCINIA

AUL submitted a public records request, under the Virginia Freedom of Information Act, Va. Code Ann. § 2.2-3704 et seq., to the Virginia Department of Health, and through the Office of Licensure & Certification received over several reports. Virginia's reports are inconsistent, and the state does not appear to have a substantial regulatory framework in effect for monitoring abortion businesses. Cleanliness issues include peeling paint, stained pillow cases in use, dirty machines, medication spatters on the walls, improperly secured cabinet doors, dried blood on the exam light, torn surfaces, and indeterminable stains on surfaces patients would come in contact with. At the Virginia Health Group facility, one staff

member (identified as "Staff #7") could not produce any employee records. Asked whether he/she had a license to practice in the state of Virginia, Staff #7 confirmed he/she had no license, in spite of the fact that Staff #7 was training staff and self-represented as a doctor. Staff at the same facility were observed rehanging a blood-spattered gown for reuse. At Alexandria Women's Clinic, a doctor was seen performing a vaginal ultrasound without washing his hands. This was a recurring problem at the abortion business, with repeated citations in March 2013 and March 2015.

NUMBER OF REPORTS: 29

DATE RANGE: 2012-2019

PUBLIC MEDIA:

Richmond Times-Dispatch, "NOVA abortion clinic remains suspended; Blacksburg clinic has closed"⁶⁸ National Review, "Virginia Puts Abortion Access above Women's Health"⁶⁹



WASHINGTON

The State of Washington does not exercise real oversight over abortion businesses. AUL submitted a public records request to the Department of Health under the Washington Public Records Act, Rev. Code Washington (ACRW) § 42.56 et seq., and the documents produced in response revealed that the state has only inspected one location, a Planned Parenthood clinic (on the basis that it is a "Medical Test Site License") 3 times since 2010 (2011, 2013, 2015). The inspection at Planned Parenthood of Greater Washington and Northern Idaho revealed lack of competence among staff and safety issues. There are other abortion facilities in the state, but these are not subject to inspection or oversight.

NUMBER OF REPORTS: 3

DATE RANGE: 2011–2015

PUBLIC MEDIA: None



West Virginia appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request to the Department of Health and Human Resources under the West Virginia Freedom of Information Act, W. Va. Code § 29-B-1-1 et seq., and the department informed AUL legal staff that they do not regulate abortion businesses. There were no state inspection reports to be reviewed.

NUMBER OF REPORTS: 0
DATE RANGE: N/A
PUBLIC MEDIA: None



Wisconsin appears to lack any regulatory framework for inspecting abortion businesses. AUL submitted a public records request, under the Wisconsin Open Records Law, Wisc. Stat.

§ 19.31 et seq., to the Department of Health Services, and the department informed AUL legal staff that it does not regulate abortion businesses. There were no state inspection reports to be reviewed. The only inspection reports came from the federal government, which conducts annual inspections on certain CLIA-certified pathology labs, including Planned Parenthood of Wisconsin. These inspections revealed a lack of competence among staff and safety issues.

NUMBER OF REPORTS: 3

DATE RANGE: 2011–2017

PUBLIC MEDIA: None



WYOMING

Wyoming appears to lack any regulatory framework for inspecting abortion businesses. AUL's public records request to the Wyoming Department of Health, under the Wyoming Sunshine Law, Wyo. Stat. Ann. §16-4-201 et seq., yielded no state or federal inspection reports to be reviewed.

NUMBER OF REPORTS: 0

DATE RANGE: N/A

PUBLIC MEDIA: None

 [&]quot;Montgomery Abortion Clinic Failed to Report 13-Year-Old-Patient." WSFA 12 News, 20 Apr. 2018, https://www.wsfa.com/story/38006923/montgomery-abortion-clinic-failed-to-report-13-year-old-patient/.

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^{3.} Pursuant to the Clinical Laboratory Improvement Act (CLIA), CMS certifies all laboratory testing performed on human beings, including pathology. See Clinical Laboratory Improvement Amendments (CLIA). Centers for Medicare & Medicaid Services, 20 Aug. 2020, https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA.

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^{5.} Miller, Joshua Rhett. "Planned Parenthood Counselor Withheld Info on Rape, Police Report Reveals." Fox News, 23 Nov. 2015, https://www.foxnews.com/us/planned-parenthood-counselor-withheld-info-on-rape-police-report-reveals.

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Abortion Clinics and Their Frequent and Substantiated Lapses in Patient Care

JEFFREY BARROWS, DO, MA (Ethics)

hile many within the United States have adopted a morally neutral stance toward abortion, few would argue that abortion shouldn't be safe. The myth that legal abortion causes little to no harm to women is one of the pillars supporting moral neutrality regarding abortion. Abortion advocates have even made the false claim that elective abortion is safer than childbirth. As this report documents, nothing could be further from the truth.

As a physician and obstetrician/gynecologist, I am well aware of the dangers and potential complications of abortion, especially as the pregnancy progresses beyond the first trimester. These risks exist even in the best of circumstances, such as an experienced surgeon operating in a clean, accredited hospital surgical suite. When the person performing the abortion is not qualified due to inadequate training or experience, the hazard to the patient rises significantly. If, in addition to an unqualified operator, you introduce the combination of outdated medications, poor hygienic conditions and improper dosing of medicines, the additional risk to the woman rises exponentially.

Unfortunately, these dangerous lapses in patient care are frequent and are substantiated in the pages that follow. These hazardous conditions exist because abortion clinics undergo less inspection and regulation than standard outpatient surgical center. The following reports document that 16 states do not license or even inspect abortion clinics. Standard medical protocol would dictate that the regulation of an abortion clinic be consistent with its status as an outpatient surgical center. Regrettably, abortion clinics are treated not as a medical entity, but as an unassailable clinic that is above the law and outside the protections provided by medical accreditation.

This lamentable situation results in states failing to adequately inspect and regulate abortion clinics, deserting their duty to protect the citizens of their state. When state officials allow the owners of these clinics to operate freely

without adequate oversight, they are, in essence, committing medical negligence. The reasons for this modus operandi are solely political because no other sector within the healthcare industry is allowed to operate in such an unprofessional manner.

As a gynecologic surgeon, I recognize that the following litany of deplorable conditions within abortion clinices across the country represents preventable infections, complications and even deaths that must not continue.

I hope and pray that after you read these pages, you will agree.

UNSAFE AND UNSANITARY ABORTION BUSINESSES

Abortion businesses repeatedly have failed to ensure a safe and sanitary environment. In other words, abortion businesses have not met. minimum infection control standards. The CDC states: "[i]nfection prevention must be made a priority in any setting where healthcare is delivered...the outpatient facility must ensure that sufficient fiscal and human resources are available to develop and maintain infection prevention and occupational health programs." 1 Yet abortion businesses consistently have refused to establish infectious disease protocols. Each year, millions of people acquire an infection while receiving healthcare treatment or services.² Ensuring a safe and sanitary environment minimizes these risks of infection and is a basic standard of care in medical facilities.

Infection prevention can occur through basic precautions, such as proper hand hygiene, environmental cleaning, and disinfecting or sterilizing medical devices.³ However, abortion businesses frequently fail to follow even these minimal precautions.

Notably, infection raises the risk of sepsis, a potentially life-threatening condition caused by the body's response to an infection.⁴ As sepsis worsens into septic shock, blood flow to vital organs becomes impaired.⁵ Septic shock can cause blood clots in organs and lead to organ failure and tissue death.⁶ Septic shock also has an average mortality rate at about forty percent.⁷ Notably, a study of low- and

middle- income countries showed sepsis is a common complication of unsafe abortion and may be responsible for up to 88% of complications from unsafe abortions.⁸ For these reasons, a safe and sanitary environment is critical in preventing infection and sepsis complications.

According to AUL's investigation, 184 abortion facilities in 32 states (and the District of Columbia) have been cited for failure to ensure a safe and sanitary environment for their patients. The implicated states include Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin.

Common violations included failure to follow handwashing protocols, failure to follow established infection control protocols, and refusal to develop infectious disease protocols.

Other violations documented by state officials included:

 Equipment exam rooms, pre/post operation rooms and patient seating areas had torn, broken or makeshift repairs, preventing the surfaces from being properly sanitized;

- Staff wearing used scrubs over and over again;
- Staff performing procedures and examinations, and/or handling dirty objects without washing hands;
- Blood and bodily fluid stained and/or splattered on floor, wall, lights and other equipment;
- Medicine, blood testing, and fetal remains kept in the same refrigerators as food;
- Autoclaves (sterilizers) that were not being properly monitored, not used to manufacturers' standards, and/or not working;
- Soiled and clean equipment stored in the same room:
- Contaminated syringe containers being stored incorrectly;
- Improper water temperatures for laundry and sterilization:
- Single-use vials being used multiple times and on different patients;
- Vaginal probes, surfaces, and other equipment not being disinfected between uses;
- Infectious waste not being stored or disposed of properly.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives⁹ 10 11
- Beacon Women's Center, Montgomery¹²
- New Woman All Women Health Care¹⁴
- Planned Parenthood of Alabama, Birmingham¹⁶ ¹⁷
- Planned Parenthood of Alabama, Mobile¹⁸ ¹⁹ ²⁰ ²¹
- Reproductive Health Services, Montgomery²² ²³ ²⁴
- West Alabama Women's Center²⁵ ²⁶ ²⁷ ²⁸

ARIZONA

- Camelback Family Planning, Phoenix^{29 30 31 32}
- Desert Star Family Planning, Phoenix³³
- Family Planning Associates Medical Group, Phoenix³⁴
- Planned Parenthood Flagstaff³⁵
- Planned Parenthood Glendale³⁶

ARKANSAS

Little Rock Family Planning Services³⁷

CONNECTICUT

- Hartford GYN Center³⁹
- Planned Parenthood of Connecticut Inc
 Norwich⁴¹
- Planned Parenthood of Connecticut Inc
 Stamford⁴²
- Planned Parenthood of Southern New England – West Hartford⁴³

DELAWARE

Planned Parenthood of Delaware⁴⁴

DISTRICT OF COLUMBIA

Washington Surgery Center⁴⁶

FLORIDA

- A Jacksonville Women's Health Center⁴⁸
- A Medical Office for Women, North Miami Beach⁴⁹ ⁵⁰ ⁵¹
- A Woman's World Medical Center⁵²
- A-1 Women's Health Care, Inc., Miami⁵³
- All Women's Clinic. Fort Lauderdale⁵⁴ 55
- All Women's Health Center of North Tampa⁵⁶

- All Women's Health Center of Orlando, Altamonte Springs^{57 58}
- All Women's Health Center, Saint Petersburg⁵⁹
- Blue Coral Women's Care⁶⁰
- Florida Women's Center. Inc.⁶¹
- Planned Parenthood of Greater Orlando, Inc., South Tampa⁶² 63
- Planned Parenthood of Southwest and Central Florida⁶⁴
- Southwest Florida Women's Clinic, Fort Myers⁶⁵
- Todav's Women Medical Center⁶⁶

GEORGIA

- Atlanta Women's Clinic⁶⁷
- Atlanta Women's Medical Center⁶⁸
- Cliff Valley Clinic^{70 71 72}
- Savannah Medical Clinic⁷³
- Summit Medical Associates⁷⁴

ILLINOIS

- Access Health Care Center^{77 78 79}
- ACU Health Center⁸⁰
- Advantage Health Care⁸¹
- Hope Clinic for Women⁸²
- Michigan Avenue Medical Center⁸³
- Northern Illinois Women's Center⁸⁴
- Whole Woman's Health of Peoria⁸⁵
- Women's Aid Clinic (Now operating as Women's Aid Center)⁸⁷

INDIANA

- Clinic for Women⁸⁸
- Planned Parenthood of Indiana and Kentucky, Bloomington^{90 91 92}

- Planned Parenthood of Indiana and Kentucky, Georgetown⁹³ 94 95
- Planned Parenthood of Indiana and Kentucky, Lafayette⁹⁶
- Planned Parenthood of Indiana and Kentucky, Merrillville⁹⁸
- Women's Med Group Professional Corporation⁹⁹ 100 101 102

KENTUCKY

EMW Women's Surgical Center¹⁰³ ¹⁰⁴

LOUISIANA

- Bossier City Medical Suite¹⁰⁵
- Causeway Medical Clinic¹⁰⁶ ¹⁰⁷ ¹⁰⁸
- Delta Clinic of Baton Rouge¹⁰⁹ 110 111 112
- Hope Medical Group for Women¹¹³ ¹¹⁴
- Women's Health Center¹¹⁵ ¹¹⁶ ¹¹⁷

MARYLAND

- Annapolis Health Center (Planned Parenthood)¹¹⁸
- Associates in OB/GYN Care, Baltimore¹¹⁹
- Associates in OB/GYN Care, Cheverly¹²⁰
- Associates in OB/ GYN Care, Frederick¹²¹
- Germantown Reproductive Health Services¹²²
- Gynemed Surgical Center¹²³
- Hagerstown Reproductive Health¹²⁴ ¹²⁵ ¹²⁶
- Hillcrest Clinic of Baltimore¹²⁷ 128
- Metropolitan Family Planning Clinic, College Park¹²⁹ 130
- Metropolitan Family Planning Clinic, Suitland¹³¹ ¹³²
- Planned Parenthood of Maryland, Annapolis¹³³
- Planned Parenthood of Metropolitan Washington, Silver Spring¹³⁴

- Potomac Family Planning Center¹³⁵ ¹³⁶
- Prince George's Reproductive Health Services¹³⁷
- Silver Spring Family Planning (American Women's Center)¹³⁸
- Whole Woman's Health of Baltimore¹³⁹ ¹⁴⁰ ¹⁴¹

MASSACHUSETTS

- Planned Parenthood/Preterm Health Services, Greater Boston (Boston)¹⁴² ¹⁴³
- Planned Parenthood/Preterm Health Services, Greater Boston (Fitchburg)¹⁴⁴
- Planned Parenthood/Preterm Health Services, Greater Boston (Springfield)¹⁴⁵
- Planned Parenthood/Preterm Health Services, Greater Boston (Worcester)¹⁴⁶

MICHIGAN

- Heritage Clinic for Women¹⁴⁷
- Northland Family Planning Centers¹⁴⁸
- Planned Parenthood of Mid-Michigan, Ann Arbor¹⁴⁹
- Planned Parenthood of Mid and South Michigan, Flint¹⁵⁰
- Scotsdale Women's Center and interview with Franklyn Seabrooks¹⁵¹
- Summit Women's Center¹⁵²
- Woman Care of Southfield¹⁵³
- Women's Center of Flint¹⁵⁴ 155
- Women's Center of Saginaw¹⁵⁶ 157
- Women's Center of Southfield¹⁵⁸ ¹⁵⁹ ¹⁶⁰
- Women's Medical Services, Muskegon¹⁶¹

MISSISSIPPI

 Jackson Women's Health Organization¹⁶² ¹⁶³ ¹⁶⁴ ¹⁶⁵ ¹⁶⁶

MISSOURI

- Comprehensive Planned Parenthood¹⁶⁷ ¹⁶⁸ ¹⁶⁹
- Reproductive Health Services of Planned Parenthood, Springfield¹⁷⁰
- Reproductive Health Services of Planned Parenthood, St. Louis¹⁷¹ ¹⁷² ¹⁷³ ¹⁷⁴ ¹⁷⁵

NEVADA

- All Women Care¹⁷⁶
- Birth Control Care Center¹⁷⁷ ¹⁷⁸ ¹⁷⁹
- Safe and Sound for Women¹⁸⁰

NEW JERSEY

- Cherry Hill Women's Center¹⁸¹ ¹⁸²
- Metropolitan Surgical Associates¹⁸³ 184
- Pilgrim Medical Center¹⁸⁵

NEW MEXICO

Southwestern Women's Options¹⁸⁶

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹⁸⁷ ¹⁸⁸ ¹⁸⁹ ¹⁹⁰

NORTH CAROLINA

- A Preferred Women's Health Center, Charlotte¹⁹¹
- A Preferred Women's Health Center, Raleigh¹⁹²
- A Woman's Choice of Greensboro¹⁹³
- A Woman's Choice of Raleigh¹⁹⁴ ¹⁹⁵ ¹⁹⁶
- Baker Clinic for Women¹⁹⁷
- Carolina Women's Clinic¹⁹⁸
- Hallmark Women's Clinic 199 200
- Planned Parenthood South Atlantic of Central North, Chapel Hill²⁰¹

- Planned Parenthood of Winston-Salem²⁰²
- Women's Health Alliance/Chapel Hill Obstetrics and Gynecology²⁰³

OHIO

- Akron Women's Medical Group²⁰⁴ ²⁰⁵ ²⁰⁶
 207 208 209 210 211
- Capital Care Network²¹²
- East Health Central Ohio (Planned Parenthood)²¹³ ²¹⁴
- Founder's Women's Health Center²¹⁵ ²¹⁶
- Northeast Ohio Women's Center²¹⁷ ²¹⁸ ²¹⁹
- Planned Parenthood, Bedford Heights²²⁰
 221 222 223 224
- Planned Parenthood East Health Center²²⁵ ²²⁶
- Planned Parenthood Southwest Ohio Regional²²⁷ ²²⁸ ²²⁹

OREGON

Lovejoy Surgicenter²³⁰ ²³¹ ²³² ²³³ ²³⁴ ²³⁵ ²³⁶ ²³⁷ ²³⁸

PENNSYLVANIA

- Allegheny Reproductive Health Center²³⁹ ²⁴⁰
- Allentown Health Center (Planned Parenthood)²⁴¹ ²⁴² ²⁴³
- Allentown Medical Services²⁴⁴
- Allentown Women's Center²⁴⁵ ²⁴⁶ ²⁴⁷ ²⁴⁸ ²⁴⁹
- Berger and Benjamin²⁵⁰ ²⁵¹ ²⁵²
- Drexel OB/GYN Associates, Philadelphia²⁵³
- Hillcrest Women's Medical Center²⁵⁴
- Philadelphia Women's Center²⁵⁵ ²⁵⁶ ²⁵⁷ ²⁵⁸ ²⁵⁹
- Planned Parenthood of Central Pennsylvania, York²⁶⁰ ²⁶¹
- Planned Parenthood of Keystone, Allentown²⁶² ²⁶³

- Planned Parenthood of Keystone, Harrisburg²⁶⁴
- Planned Parenthood of Keystone, Reading²⁶⁵ ²⁶⁶ ²⁶⁷
- Planned Parenthood of Keystone, Warminster²⁶⁸
- Planned Parenthood of Keystone, York²⁶⁹
- Planned Parenthood of Southeastern Pennsylvania, Far Northeast Health Center²⁷⁰ ²⁷¹ ²⁷² ²⁷³ ²⁷⁴ ²⁷⁵ ²⁷⁶ ²⁷⁷
- Planned Parenthood of Southeastern Pennsylvania, Locust Street Health Center²⁷⁸ ²⁷⁹ ²⁸⁰
- Planned Parenthood of Southeastern Pennsylvania, Norristown²⁸¹
- Planned Parenthood of Southeastern Pennsylvania, West Chester Health Center²⁸² ²⁸³
- Planned Parenthood of Western Pennsylvania²⁸⁴ ²⁸⁵ ²⁸⁶
- Planned Parenthood Warminster Medical Center²⁸⁷ ²⁸⁸
- Women's Medical Society²⁸⁹

SOUTH CAROLINA

- Charleston Women's Medical Center²⁹⁰
 291 292 293 294 295
- Columbia Health Center (Planned Parenthood)²⁹⁶ ²⁹⁷ ²⁹⁸ ²⁹⁹ ³⁰⁰ ³⁰¹
- Greenville Women's Clinic³⁰² 303 304 305

SOUTH DAKOTA

Planned Parenthood Sioux Falls³⁰⁶

TENNESSEE

- Knoxville Center for Reproductive Health³⁰⁷ ³⁰⁸ ³⁰⁹
- Memphis Center for Reproductive Health³¹⁰
- Planned Parenthood Memphis³¹¹ ³¹² ³¹³ ³¹⁴ ³¹⁵

TEXAS

- Aaron's Women's Center³¹⁶
- Alamo Women's Reproductive Services Clinic, San Antonio³¹⁷
- Hilltop Women's Reproductive Clinic³¹⁸
- Houston Women's Clinic 319 320
- Planned Parenthood Babcock Sexual Healthcare, San Antonio³²¹
- Planned Parenthood Center for Choice Stafford³²²
- Planned Parenthood of Greater Texas El Paso³²³
- Planned Parenthood Gulf Coast (Aaron Women's Clinic ("Aaron")), Texas
 Ambulatory Surgery Center, Women's Pavilion and Northpark Medical Group³²⁴
- Reproductive Services El Paso³²⁵ 326
- Reproductive Services San Antonio³²⁷
- Suburban Women's Clinic Houston³²⁸
- Whole Woman's Health, Austin, Beaumont, Fort Worth, and McAllen³²⁹ 330 331
- Whole Woman's Health Austin³³²
- Whole Woman's Health Fort Worth³³³
- Whole Woman's Health, San Antonio³³⁴

UTAH

Wasatch Women's Center Inc. 335

VIRGINIA

- A Capitol Women's Health Clinic³³⁶ ³³⁷ ³³⁸
- A Tidewater Women's Health Clinic³³⁹ ³⁴⁰
- Alexandria Women's Health Clinic³⁴¹ ³⁴²
 343 344 345 346
- Amethyst Health Center for Women³⁴⁷ ³⁴⁸ ³⁴⁹
- Annandale Women and Family Center³⁵⁰
- Charlottesville Medical Center for

- Women³⁵¹ 352 353 354
- Charlottesville Planned Parenthood³⁵⁵
- Falls Church Healthcare Center³⁵⁶ ³⁵⁷ ³⁵⁸
 359 ³⁶⁰
- Hillcrest Clinic³⁶¹
- NOVA Women's Healthcare³⁶² 363
- Peninsula Medical Center for Women³⁶⁴ ³⁶⁵
- Planned Parenthood, Blacksburg³⁶⁶
- Planned Parenthood of Metropolitan Washington, Falls Church³⁶⁷
- Planned Parenthood, Roanoke³⁶⁹
- Planned Parenthood of Southeastern Virginia³⁷⁰ ³⁷¹ ³⁷²
- Richmond Medical Center for Women³⁷³ ³⁷⁴ ³⁷⁵ ³⁷⁶
- Roanoke Medical Center for Women^{377 378 379}
- Virginia Health Group³⁸⁰ ³⁸¹
- Virginia League for Planned Parenthood³⁸² ³⁸³
- Virginia Women's Wellness³⁸⁴
- Whole Woman's Health of Charlottesville³⁸⁶

WASHINGTON

Planned Parenthood of Greater
 Washington and Northern Idaho³⁸⁷

WISCONSIN

Planned Parenthood of Wisconsin³⁸⁸

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EXPOSING PATIENTS

The Abortion Industry's Utter Disregard for Women's Privacy

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n May of 2016, Planned Parenthood of the Heartland in Iowa vacated and sold an abortion facility.¹ During a final walk through, the new buyer alerted Planned Parenthood to a closet full of patient records that it had left behind.² But Planned Parenthood didn't materialize to pick up its patients' private medical records for ten days, leaving them wide open to privacy violations.³ Nor did it alert patients to the privacy breach until two months later.⁴ A photograph of the Planned Parenthood staff member picking up the boxes shows at least eight boxes of patient records were left behind.⁵

This is far from the first-time abortion facilities have failed to protect their patient's medical privacy. In 2015, an abortion business in Flint, Michigan that had been closed for years was found to contain "[t]ens of thousands of patients records" left unsecured and on floors in the shuttered clinic.⁶ More recently, in three closed abortion businesses in Gary, South Bend, and Fort Wayne, Indiana operated by the notorious Ulrich Klopfer, police searching for preserved fetal remains Klopfer left behind also discovered thousands of patient medical files he'd simply abandoned.⁷

The federal HIPAA law, or the Health Insurance Portability and Accountability Act of 1996, is enforced by the Department of Health and Human Services through a Privacy Rule that protects "individually identifiable health information" held by health care providers. A health care provider includes any doctor, clinic, or other health care facility that transmits information electronically for purposes like billing services, claims, and referral authorization requests. They are required to "put in place safeguards to protect your health information and ensure they do not use or disclose your health information improperly" and "must have procedures in place to limit who can view and access your health information." Health care providers are also required to "implement reasonable safeguards" in order to prevent unauthorized access both in the facility

and when disposing of protected health information.¹¹ In keeping with this rule, several Planned Parenthood affiliates have HIPAA notifications for patients online, which assert that the affiliate is "committed to protecting health information about you."¹² These pages also assure patients of their "right to request that we communicate with you about health matters in a certain manner or at a certain location" and the requirement to notify patients of a breach in a timely manner.¹³

The *Unsafe* inspection reports suggest that the abortion industry falls far short of this promise. Failure to safeguard patient privacy takes many forms. On September 29, 2015, inspectors cited a Planned Parenthood in Lafayette, Indiana for missing medical forms at another facility.¹⁴ When the other facility was contacted, the inspector was informed that the patient forms had been shredded and that there were no backups.¹⁵

And at two separate facilities in California, patients' STD results were accidentally sent to another patient, resulting in the inadvertent disclosure of intensely private medical information to the wrong individual. Another California facility sent a patient's private medical information to the wrong hospital. Other facilities in California sent patient medications to the wrong individual, informed a significant other of the reason for his girlfriend's visit without her permission, and gave one patient another patient's health card. At Planned Parenthood Riverside a staff member obtained a patient's cell phone number from her confidential medical records and sent her a text asking if he could "text her." Worse yet, at Planned Parenthood Orange & San Bernardino, a staff member texted a screenshot of 19 patient records including names and reasons for visiting to her boyfriend.

Other abortion businesses had no policies to safeguard patient records from damage caused by fire or water.²³ In one instance, a Pennsylvania facility kept the medical records in a room that contained only a single smoke detector, no fire extinguisher, and flammable materials.²⁴ That same facility kept patient records in an unlocked sump-pump closet before they were to be shredded.²⁵ And several other facilities in Pennsylvania had no plan in place for medical record ownership, preservation, access permissions, and removal conditions.²⁶ One of those facilities also failed to have a method for notifying patients to pick up their confidential records in the event of a facility closure.²⁷

At times, abortion facility staff couldn't even tell inspectors where patient medical records were kept.²⁸ Medical records were left on the floor²⁹ or in

common access rooms,³⁰ in unlocked cabinets in facility hallways,³¹ or in unlocked locations accessible to patients.³² The *Unsafe* reports also reveal breaches of the security of electronic files.³³ In one instance, 10,700 patient files were potentially compromised by a Planned Parenthood facility's email error.³⁴

Two other abortion facilities were cited for failing to ensure that patients could discuss their confidential health information with their physician in privacy. In one instance, a North Carolina abortion business reviewed the medical and health history of patients seated in the hallway.³⁵ The clinic's hallway was lined with 5 chairs, and a staff member discussed very personal information within earshot of other patients.³⁶ At an Oregon facility, two patients occupied adjoining pre-op and post-op bays with a curtain.³⁷ Each patient was visible to each other, as well as other staff, the inspector, and potential patients or vendors.³⁸ One woman was observed to be crying and the other woman was discussing confidential health information, in full view of others.³⁹

Some incidents involved deliberate violations of patient privacy. In one, an employee accessed a patient's records 22 times and disclosed patient information to an unauthorized individual.⁴⁰ Another Planned Parenthood employee used a patient record to access the patient's driver's license and health information for a job application.⁴¹

Patient privacy is an integral and critical component of medicine, one that safeguards and facilitates the trust that must exist between a physician and a patient in order for treatment to be effective. That relationship simply cannot exist if the patient cannot trust that those they are entrusting with personal, private information will safeguard it.

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LACK OF PRIVACY, LACK OF RESPECT FOR PATIENTS

Patient privacy, including confidentiality during the personal consultation, and records privacy, is a well-recognized critical component of real patient care, but regard for it is sadly lacking in the abortion industry. Standards promulgated by The Joint Commission (Standard DSCT.1), a leading accreditor of healthcare organizations, require accredited organizations to maintain the privacy and confidentiality of patient records.

When an organization's staff is not present to monitor medical records storage areas, alternative approaches may be employed to protect privacy and confidentiality. Examples of such approaches may include ensuring that any individuals who are authorized to perform their duties in areas where medical records are stored, including contracted staff, understand their role in maintaining security and confidentiality, having such individuals sign a confidentiality statement, and ensuring that all medical records are closed and stored appropriately so that patient information would not be visible to unauthorized individuals.¹

Respect for privacy demonstrates a respect for personal dignity. According to the National Academy of Sciences, "[P]rivacy is valuable because it facilitates or promotes other fundamental values, including ideals of personhood such as personal autonomy, individuality, respect, and dignity and worth as human beings. The bioethics principle

of 'nonmaleficence' requires safeguarding personal privacy. Breaches of privacy and confidentiality not only may affect a person's dignity, but can cause harm.... Ensuring privacy can promote more effective communication between physician and patient, which is essential for quality of care, enhanced autonomy, and preventing economic harm, embarrassment, and discrimination."²

According to AUL's investigation, 182 abortion facilities in 25 states have been cited for failure to appropriately document or handle patient medical records. The implicated states include Alabama, Alaska, Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, Nevada, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia.

Common violations included 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

Other violations documented by state officials included:

- Failure to keep patient records and information confidential, including violations of the federal medical records privacy statute;
- Failure to keep patient records safe;
- Failure to properly dispose of patient medical records:
- Staff failing to give patient doctors' orders for discharge;
- Staff leaving dates and times off of patient records:
- Clinic staff and abortionists not signing patient records.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives³
- Beacon Women's Center, Montgomery^{4 5}
- New Woman All Women Health Care⁶
- Planned Parenthood of Alabama, Birmingham^{7 8 9}
- Planned Parenthood of Alabama, Mobile¹⁰
- Planned Parenthood of Mobile¹¹
- Reproductive Health Services, Montgomery¹² ¹³ ¹⁴
- West Alabama Women's Center¹⁵

ALASKA

 Planned Parenthood of the Great Northwest¹⁷

ARIZONA

- Camelback Family Planning, Phoenix¹⁸ ¹⁹
- Desert Star Family Planning, Phoenix²⁰
- Planned Parenthood Glendale²¹

CALIFORNIA

- Family First Health Care²²
- Lars Erik Hanson²³
- Planned Parenthood Association of San Diego²⁴ ²⁵
- Planned Parenthood Chula Vista²⁶ ²⁷
- Planned Parenthood Coachella Valley²⁸
- Planned Parenthood Contra Costa²⁹
- Planned Parenthood El Cajon^{30 31 32}
- Planned Parenthood Escondido^{33 34}
- Planned Parenthood Gilroy³⁵
- Planned Parenthood Isabella³⁶ ³⁷
- Planned Parenthood Mission Bay³⁸
- Planned Parenthood Modesto³⁹
- Planned Parenthood Moreno Valley⁴⁰
- Planned Parenthood Orange & San Bernardino – Anaheim⁴¹
- Planned Parenthood Orange & San Bernardino – Costa Mesa⁴² ⁴³ ⁴⁴
- Planned Parenthood Orange & San Bernardino – Mission Viejo⁴⁵
- Planned Parenthood Orange & San Bernardino – Orange⁴⁷ ⁴⁸ ⁴⁹ ⁵⁰
- Planned Parenthood Orange & San Bernardino – San Bernardino⁵¹
- Planned Parenthood Orange & San Bernardino – Santa Ana⁵⁴
- Planned Parenthood Orange & San Bernardino – Westminster^{56 57}
- Planned Parenthood Riverside^{58 59}
- Planned Parenthood San Jose⁶⁰
- Planned Parenthood Santa Barbara⁶¹
- Planned Parenthood Seaside⁶³
- Planned Parenthood Watsonville⁶⁴ 65
- Vahe T. Azizian⁶⁶

CONNECTICUT

- Hartford GYN Center⁶⁷ ⁶⁸
- Planned Parenthood New England Inc.
 New Haven⁶⁹
- Planned Parenthood of Greater Connecticut Inc. – Hilda Stan⁷⁰
- Planned Parenthood of Southern New England – New Haven⁷¹
- Summit Women's Center⁷²

FLORIDA

- A Hialeah Women Center⁷³
- A Medical Office for Women, North Miami Beach 74
- A Woman's Center of Hollywood⁷⁵
- A Woman's Choice, Hialeah⁷⁶
- A Woman's World Medical Center^{77 78}
- A-1 Women's Health Care, Inc., Miami^{79 80}
- AASTRA Women's Center⁸²
- All Women's Health Center of Gainesville⁸³
- All Women's Health Center of Jacksonville⁸⁴ 85
- All Women's Health Center of Orlando⁸⁶
- All Women's Health Center, St. Petersburg⁸⁷
- Blue Coral Women's Care⁸⁸
- Bread and Roses Well Woman Care⁸⁹
- Eve's Clinic & Referral Service⁹¹
- Fort Lauderdale Women's Center⁹³
- Gynecology and More, Inc.⁹⁴
- Hialeah Women's Center⁹⁶
- Orlando Women's Center⁹⁷
- Planned Parenthood of Collier County (Naples Health Center)⁹⁸

- Planned Parenthood of Southwest and Central Florida⁹⁹ 100
- Women's OB-GYN Center of Countryside, Inc.¹⁰¹

GEORGIA

- Atlanta Women's Medical Center¹⁰²
- Atlanta Women's Clinic¹⁰³ ¹⁰⁴
- Savannah Medical Clinic¹⁰⁵ ¹⁰⁶
- Summit Medical Associates 107 108

ILLINOIS

- Aanchor Health¹⁰⁹
- Access Health Care Center¹¹⁰
- ACU Health Center¹¹¹
- Advantage Health Care¹¹²
- American Women's Health¹¹³
- Forest View Medical Center¹¹⁴
- Hope Clinic for Women¹¹⁵
- Michigan Avenue Medical Center¹¹⁶
- Northern Illinois Women's Center¹¹⁷
- Whole Woman's Health of Peoria¹¹⁸
- Women's Aid Clinic (Now operating as Women's Aid Center)¹¹⁹

INDIANA

- Clinic for Women¹²⁰ 121
- Planned Parenthood of Indiana and Kentucky, Bloomington¹²² 123 124 125
- Planned Parenthood of Indiana and Kentucky, Georgetown¹²⁶
- Planned Parenthood of Indiana and Kentucky, Lafayette¹²⁷ 128
- Planned Parenthood of Indiana and Kentucky, Merrillville¹²⁹ ¹³⁰

- Women's Med Group Professional Corporation¹³¹ ¹³² ¹³³
- Women's Pavilion¹³⁴

LOUISIANA

- Causeway Medical Clinic¹³⁵
- Delta Clinic of Baton Rouge¹³⁶ 137 138 139
- Hope Medical Group for Women¹⁴⁰ ¹⁴¹ ¹⁴²
- Women's Health Center¹⁴³ ¹⁴⁴ ¹⁴⁵ ¹⁴⁶

MARYLAND

- Associates in OB/GYN Care. Baltimore¹⁴⁷
- Associates in OB/GYN Care, Cheverly¹⁴⁸
- Germantown Reproductive Health Services¹⁴⁹
- Hillcrest Clinic of Baltimore¹⁵⁰ ¹⁵¹ ¹⁵²
- Metropolitan Family Planning Clinic, College Park¹⁵³
- Metropolitan Family Planning Clinic, Suitland¹⁵⁴
- Planned Parenthood of Baltimore¹⁵⁵
- Planned Parenthood of Metropolitan Washington, Silver Spring¹⁵⁶
- Potomac Family Planning Center¹⁵⁷
- Prince George's Reproductive Health Services¹⁵⁹
- Silver Spring Family Planning (American Women's Center)¹⁶⁰

MICHIGAN

- Eastland Women's Clinic¹⁶¹
- Scotsdale Women's Center¹⁶²
- Sharpe Family Planning¹⁶³ ¹⁶⁴
- Summit Women's Center¹⁶⁵ ¹⁶⁶ ¹⁶⁷
- Women's Center of Southfield¹⁶⁸ ¹⁶⁹ ¹⁷⁰ ¹⁷¹
- Women's Medical Services, Muskegon¹⁷²

MISSOURI

- Comprehensive Planned Parenthood¹⁷³
- Reproductive Health Services of Planned Parenthood – St. Louis¹⁷⁴ ¹⁷⁵ ¹⁷⁶

NEVADA

Birth Control Care Center¹⁷⁷

NEW JERSEY

- Cherry Hill Women's Center¹⁷⁸ ¹⁷⁹
- Metropolitan Surgical Associates¹⁸⁰ ¹⁸¹

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹⁸² ¹⁸³ ¹⁸⁴

NORTH CAROLINA

- A Preferred Women's Health Center, Charlotte¹⁸⁵
- A Preferred Women's Health Center, Raleigh¹⁸⁶ ¹⁸⁷
- A Woman's Choice of Greenshoro¹⁸⁸ ¹⁸⁹
- A Woman's Choice of Raleigh¹⁹⁰ ¹⁹¹
- Crist Clinic for Women¹⁹² ¹⁹³
- Family Reproductive Health 194
- Hallmark Women's Clinic¹⁹⁵ ¹⁹⁶
- Planned Parenthood of South Atlantic of Central North, Chapel Hill¹⁹⁷
- Planned Parenthood of Wilmington¹⁹⁸
- Planned Parenthood of Winston-Salem^{199 200}
- Women's Health Alliance/Chapel Hill Obstetrics and Gynecology²⁰¹

OHIO

 Akron Women's Medical Group^{202 203 204} 205 206

- Capital Care Network²⁰⁷ ²⁰⁸ ²⁰⁹
- East Health Central Ohio (Planned Parenthood)²¹⁰
- Founder's Women's Health Center²¹¹ ²¹²
 213 214
- Northeast Ohio Women's Center²¹⁵
- Planned Parenthood, Bedford Heights²¹⁶ ²¹⁷ ²¹⁸ ²¹⁹ ²²⁰ ²²¹
- Planned Parenthood East Health Center²²² ²²³
- Planned Parenthood Southwest Ohio Regional²²⁴
- Preterm Abortion Clinic²²⁵ ²²⁶
- Women's Med Center of Dayton²²⁷

OREGON

Lovejoy Surgicenter²²⁸ ²²⁹ ²³⁰

PENNSYLVANIA

- Allegheny Reproductive Health Center²³¹
- Allentown Health Center (Planned Parenthood)²³² ²³³
- Allentown Medical Services²³⁴
- Allentown Women's Center²³⁵
- Berger and Benjamin²³⁶ ²³⁷
- Drexel OB/GYN Associates, Philadelphia²³⁸
- Hillcrest Women's Medical Center²³⁹ ²⁴⁰
- Mazzoni Center Family and Community Medicine²⁴¹
- Philadelphia Women's Center²⁴² ²⁴³ ²⁴⁴ ²⁴⁵ ²⁴⁶ ²⁴⁷ ²⁴⁸ ²⁴⁹ ²⁵⁰
- Planned Parenthood of Central Pennsylvania, York²⁵¹ ²⁵²
- Planned Parenthood of Keystone, Reading²⁵³

- Planned Parenthood of Keystone, Warminster²⁵⁴
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center²⁵⁵ ²⁵⁶ ²⁵⁷ ²⁵⁸
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center²⁵⁹ ²⁶⁰ ²⁶¹ ²⁶²
- Planned Parenthood Southeastern Pennsylvania, West Chester Health Center²⁶³
- Planned Parenthood, Warminster Medical Center²⁶⁴ ²⁶⁵

SOUTH CAROLINA

- Charleston Women's Medical Center²⁶⁶ ²⁶⁷ ²⁶⁸
- Columbia Health Center (Planned Parenthood)²⁶⁹
- Greenville Women's Clinic²⁷⁰

TENNESSEE

- Knoxville Center for Reproductive Health²⁷¹
- Planned Parenthood Memphis²⁷²
- Planned Parenthood Nashville²⁷³ ²⁷⁴ ²⁷⁵

TEXAS

- Austin Women's Health Center²⁷⁶
- Hilltop Women's Reproductive Clinic²⁷⁷ ²⁷⁸
- Houston Women's Clinic²⁷⁹
- Planned Parenthood Center for Choice Stafford²⁸⁰
- Whole Woman's Health. Beaumont²⁸¹

UTAH

Wasatch Women's Center Inc.²⁸² ²⁸³

VIRGINIA

- A Capitol Women's Health Clinic²⁸⁴
- A Tidewater Women's Health Clinic²⁸⁵ ²⁸⁶ ²⁸⁷ ²⁸⁸
- Alexandria Women's Health Clinic²⁸⁹ ²⁹⁰
- Amethyst Health Center for Women²⁹¹
- Annandale Women and Family Center²⁹² ²⁹³
- Charlottesville Medical Center for Women²⁹⁴ ²⁹⁵
- Charlottesville Planned Parenthood²⁹⁶
- Falls Church Healthcare Center²⁹⁷ ²⁹⁸ ²⁹⁹
- NOVA Women's Healthcare³⁰⁰

- Peninsula Medical Center for Women³⁰¹ 302
- Planned Parenthood Blacksburg³⁰³
- Planned Parenthood of Metropolitan Washington, Falls Church³⁰⁴
- Planned Parenthood of Southeastern Virginia³⁰⁶
- Richmond Medical Center for Women^{307 308}
- Roanoke Medical Center for Women³⁰⁹
- Virginia Health Group³¹⁰
- Virginia League for Planned Parenthood³¹¹
- Virginia Women's Wellness³¹² ³¹³
- Whole Woman's Health of Charlottesville³¹⁴

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^{27.} Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Chula Vista (Dec. 10, 2013).

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- 36. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Isabella (Mar. 4, 2013).
- 37. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Isabella (Aug. 13, 2014).
- 38. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Mission Bay (Mar. 18, 2015).
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- 40. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Moreno Valley (Feb. 19, 2015).
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- 42. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Orange & San Bernardino (Sept. 9, 2014).
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- 51. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Orange & San Bernardino (Jan. 12, 2015).
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- 61. Cal. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Santa Barbara (July 24, 2018).
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IMPROPERLY TRAINED AND SCREENED STAFF

Properly trained staff promote a safe environment and protect patients' rights. Staff orientation and annual trainings instill the knowledge and skills necessary for patient's safety. Orientation "provide[s] initial training and information while assessing the competence of clinical staff relative to job responsibilities and the organization's mission and goals." Orientation educates staff on infection prevention and control, emergency response, medical equipment failure, and patient rights among other topics. Too often, abortion facilities have failed to provide staff orientations or conduct annual trainings.

Background checks on clinic staff and National Practitioners Data Bank (NPDB) reports also promote health care quality. The NPBD is a database of medical malpractice payments and adverse actions related to health care practitioners, providers, and suppliers, whose mission is "[t]o improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S."4 Abortion providers can request NPBD reports on prospective employees. State documentation shows many abortion facilities have failed to request NPDB reports or perform background checks on prospective employees, which means these abortion businesses have not verified that their staff are minimally qualified, or even safe, for health care work.

According to AUL's investigation, at least 133

abortion facilities in 28 states have been cited for failure to properly train staff and/or failure to document staff training. States implicated include Alabama, Arkansas, Arizona, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Missouri, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Utah, and Virginia.

Common violations included failure to ensure the medical staff maintained certifications and failure to conduct annual training.

Other violations documented by state officials included:

- Failure to conduct orientation programs for new employees;
- Failure to collect information from the National Practitioners Data Bank on prospective employees;
- Failure to perform background checks;
- Staff missing documents from their folders, having no job description and/or being untrained in their hired role.

ALABAMA

- Beacon Women's Center, Montgomery⁵
- New Woman All Women Health Care⁶
- Planned Parenthood of Alabama, Birmingham⁸
- Planned Parenthood of Alabama, Mobile⁹

ALASKA

 Planned Parenthood of the Great Northwest¹⁰

ARIZONA

- Camelback Family Planning, Phoenix¹¹ ¹² ¹³ ¹⁴
- Desert Star Family Planning, Phoenix¹⁵
- Planned Parenthood, Glendale¹⁶

CONNECTICUT

- Planned Parenthood of Connecticut Inc., Norwich¹⁷
- Planned Parenthood New England Inc., New Haven¹⁸
- Summit Women's Center¹⁹

DELAWARE

Planned Parenthood of Delaware²⁰

FLORIDA

- A Medical Office for Women, North Miami Beach²¹
- A Woman's Care22
- A Woman's World Medical Center²³ ²⁴ ²⁵ ²⁶ ²⁷
- Advance Woman's Care Center^{28 29 30}
- Alba Medical Center, Hialeah³¹
- All Women's Health Center of Orlando^{33 34}
- All Women's Health Center of Jacksonville³⁵
- Blue Coral Women's Care³⁶
- Eve of Kendall, Inc.³⁸ ³⁹
- EPOC Clinic, Orlando⁴⁰
- Gynecology and More, Inc.⁴¹
- Hialeah Women's Center⁴²
- Lakeland Women's Health Center, Inc.⁴⁵
- Miramar Woman Center⁴⁶

- Planned Parenthood of Greater Orlando, Inc., South Tampa⁴⁷ 48
- Planned Parenthood of South Florida and the Treasure Coast⁴⁹
- Planned Parenthood of Southwest and Central Florida. Sarasota⁵⁰ ⁵¹
- Presidential Women's Center⁵²
- Tampa Woman's Health Center, Inc.⁵³
- Todav's Women Medical Center⁵⁴

GEORGIA

- Cliff Valley Clinic⁵⁷ ⁵⁸
- Summit Medical Associates⁵⁹

ILLINOIS

- Forest View Medical Center⁶⁰
- Hope Clinic for Women⁶¹
- Northern Illinois Women's Center⁶²
- Whole Woman's Health of Peoria⁶³

INDIANA

- Planned Parenthood of Indiana and Kentucky, Bloomington⁶⁵
- Planned Parenthood of Indiana and Kentucky, Georgetown⁶⁶ 67
- Planned Parenthood of Indiana and Kentucky, Lafayette⁶⁸
- Planned Parenthood of Indiana and Kentucky, Merrillville⁷⁰
- Women's Med Group Professional Corporation⁷¹

KENTUCKY

• EMW Women's Surgical Center⁷²

LOUISIANA

- Causeway Medical Clinic⁷⁴
- Delta Clinic of Baton Rouge⁷⁵ 76
- Hope Medical Group for Women^{77 78 79}
- Women's Health Center⁸⁰

MARYLAND

- Associates in OB/GYN Care, Baltimore⁸¹
- Associates in OB/GYN Care, Cheverly⁸²
- Associates in OB/GYN Care. Frederick⁸³
- Associates in OB/GYN Care, Silver Spring⁸⁴
- Germantown Reproductive Health Services⁸⁵ ⁸⁶ ⁸⁷
- Gynemed Surgical Center⁸⁸
- Hagerstown Reproductive Health⁸⁹ 90
- Hillcrest Clinic of Baltimore⁹¹ 92 93
- Metropolitan Family Planning Clinic, College Park⁹⁴
- Metropolitan Family Planning Clinic, Suitland^{96 97}
- Planned Parenthood of Baltimore⁹⁸
- Planned Parenthood of Metropolitan Washington, Silver Spring⁹⁹ 100
- Potomac Family Planning Center¹⁰¹
- Prince Georges Reproductive Health Services¹⁰²
- Silver Spring Family Planning (American Women's Center)¹⁰⁴
- Whole Woman's Health of Baltimore¹⁰⁶ 107

MICHIGAN

- Summit Women's Center¹⁰⁸
- Women's Center of Southfield¹⁰⁹

MISSISSIPPI

 Jackson Women's Health Organization¹¹¹ 112 113

MISSOURI

- Comprehensive Planned Parenthood¹¹⁴
- Reproductive Health Services of Planned Parenthood, Springfield¹¹⁵
- Reproductive Health Services of Planned Parenthood, St. Louis¹¹⁶ ¹¹⁷ ¹¹⁸

NEVADA

- All Women Care¹¹⁹
- Safe and Sound for Women¹²⁰

NEW JERSEY

• Cherry Hill Women's Center¹²¹ 122

NEW MEXICO

Curtis Boyd, M.D., P.C.¹²³

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹²⁴ ¹²⁵

NORTH CAROLINA

- A Woman's Choice of Greensboro¹²⁶ 127
- A Woman's Choice of Raleigh¹²⁸
- Crist Clinic for Women¹²⁹
- Family Reproductive Health¹³⁰
- Planned Parenthood of Winston-Salem¹³¹

NORTH DAKOTA

Red River Women's Clinic¹³²

OHIO

- Akron Women's Medical Group¹³³ ¹³⁴ ¹³⁵
- Capital Care Network¹³⁶ ¹³⁷
- East Health Central Ohio (Planned Parenthood)¹³⁸
- Founder's Women's Health Center¹³⁹ ¹⁴⁰ ¹⁴¹
- Northeast Ohio Women's Center¹⁴² ¹⁴³ ¹⁴⁴
- Planned Parenthood, Bedford Heights¹⁴⁵
- Planned Parenthood Southwest Ohio Regional¹⁴⁶ ¹⁴⁷
- Preterm Abortion Clinic¹⁴⁸

OREGON

Lovejoy Surgicenter¹⁴⁹ ¹⁵⁰ ¹⁵¹ ¹⁵² ¹⁵³ ¹⁵⁴

PENNSYLVANIA

- Allegheny Reproductive Health Center¹⁵⁵
- Allentown Health Center (Planned Parenthood)¹⁵⁶ ¹⁵⁷ ¹⁵⁸
- Allentown Women's Center¹⁵⁹
- Berger and Benjamin¹⁶⁰
- Hillcrest Women's Medical Center¹⁶¹
- Philadelphia Women's Center¹⁶²
- Planned Parenthood of Central Pennsylvania, York¹⁶⁴
- Planned Parenthood of Keystone, Reading¹⁶⁵
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center¹⁶⁶ ¹⁶⁷
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center¹⁶⁸
- Planned Parenthood Southeastern Pennsylvania, Norristown¹⁶⁹

- Planned Parenthood Southeastern
 Pennsylvania, West Chester Health
 Center¹⁷⁰
- Planned Parenthood, Warminster Medical Center¹⁷¹
- Planned Parenthood of Western Pennsylvania¹⁷²

SOUTH CAROLINA

- Charleston Women's Medical Center¹⁷³ ¹⁷⁴
 175 176 177
- Columbia Health Center (Planned Parenthood)¹⁷⁸ ¹⁷⁹ ¹⁸⁰

TEXAS

- Alamo Women's Reproductive Services Clinic, San Antonio¹⁸¹
- Houston Women's Clinic¹⁸² ¹⁸³
- Planned Parenthood Center for Choice Stafford¹⁸⁴
- Planned Parenthood of Greater Texas Austin¹⁸⁵
- Reproductive Services San Antonio¹⁸⁶
- Suburban Women's Clinic Houston¹⁸⁷
- Whole Woman's Health Austin¹⁸⁸
- Whole Woman's Health Fort Worth¹⁸⁹

UTAH

Wasatch Women's Center Inc. 190 191

- A Capitol Women's Health Clinic¹⁹²
- A Tidewater Women's Health Clinic 193
- Alexandria Women's Health Clinic¹⁹⁴ ¹⁹⁵ ¹⁹⁶

- Amethyst Health Center for Women¹⁹⁸ ¹⁹⁹
- Annandale Women and Family Center²⁰⁰ ²⁰¹
- Charlottesville Medical Center for Women²⁰² ²⁰³ ²⁰⁴
- Charlottesville Planned Parenthood²⁰⁵
- Falls Church Healthcare Center²⁰⁶ ²⁰⁷ ²⁰⁸
 209 ²¹⁰ ²¹¹
- Hillcrest Clinic²¹²
- NOVA Women's Healthcare²¹³ ²¹⁴
- Peninsula Medical Center for Women²¹⁵

- Planned Parenthood, Blacksburg²¹⁶
- Planned Parenthood, Roanoke²¹⁷
- Planned Parenthood of Southeastern Virginia²¹⁸ ²¹⁹
- Richmond Medical Center for Women²²⁰
 221 222
- Roanoke Medical Center for Women²²³ ²²⁴
- Virginia Health Group²²⁵ ²²⁶
- Virginia Women's Wellness²²⁷

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UNLICENSED AND UNQUALIFIED STAFF

Licensing, credentialing, and privileging ensure healthcare providers maintain a certain standard of care in their medical services. Simply put, "[the purpose [of credentialing and privileging] is to ensure to [the] organization's patients that the individuals who are providing care or services are qualified and competent to do so." Conversely, an unlicensed person who diagnoses and treats a patient with medical activities covered by licensing is practicing illegally. The *Unsafe* reports show abortion providers repeatedly fail to ensure their medical staff are licensed to assist in or perform abortions.

The American College of Obstetricians and Gynecologists (ACOG) recognizes the importance of health care provider competency. ACOG "reaffirms that current certification by ABOG (American Board of Obstetrics and Gynecology) and maintenance of certification of obstetrician-gynecologists is validation of the medical, surgical, imaging and laboratory knowledge and patient care skills relevant to the practice of the specialty." In other words, credentialing ensures health care providers are qualified and able to provide medical services in a safe manner.

The *Unsafe* reports also show instances where unlicensed medical staff obtained informed consent from women seeking abortions. ACOG notes that informed "[c]onsent is based on the disclosure of information and a sharing of interpretations of its meanings by a medical

professional. The accuracy of disclosure, insofar as it is possible, is governed by the ethical requirement of truth-telling."⁴ In this manner, medical professionals disclose and counsel women about their medical decision. Yet, without a license, medical staff cannot competently, or legally, provide medical information or counsel women about their abortion decisions. In this regard, licensing is a basic safeguard in ensuring informed consent and safety in abortion facilities.

According to AUL's investigation, at least 115 abortion facilities in at least 26 states were cited for allowing unlicensed, unqualified, and/ or untrained staff to provide patient care. The states implicated are Alabama, Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia.

Common violations included failure to ensure staff providing direct patient care were licensed and/or failure to provide proof of required professional licenses, training, or qualifications.

Other violations documented by state officials included:

 Unlicensed staff or staff whose licenses had lapsed assisting in or performing abortions;

- Unlicensed staff obtaining informed consents from patients;
- Medical staff employee records missing records of licenses and privileges;
- Clinics and/or abortionists failing to obtain or possess admitting privileges or transfer agreements with local hospitals;
- Clinics failing to have enough licensed staff members, such as registered nurses, to meet minimum requirements.

ALABAMA

- Beacon Women's Center, Montgomery⁵
- New Woman All Women Health Care⁶

ARIZONA

- Camelback Family Planning, Phoenix^{7 8 9}
- Desert Star Family Planning, Phoenix¹⁰
- Planned Parenthood Glendale¹¹

CALIFORNIA

- Planned Parenthood Antioch¹³
- Clinica Para La Mujer and Lars Erik Hanson¹⁴

CONNECTICUT

- Hartford GYN Center¹⁵
- Planned Parenthood of Connecticut Inc., Danielson¹⁷
- Planned Parenthood of Connecticut Inc., Hartford¹⁸
- Planned Parenthood of Connecticut Inc., Waterbury¹⁹

FLORIDA

 A Medical Office for Women, North Miami Beach^{20 21}

- A Woman's Care, Miami²² ²³
- A Woman's Choice, Hialeah²⁴ ²⁵
- A Woman's Option Inc., Hialeah²⁶ ²⁷ ²⁸
- A Woman's World Medical Center^{29 30}
- A-1 Woman's Health Care, Inc., Miami³¹
- Advance Woman's Care Center³³ ³⁴
- Alba Medical Center, Inc. 35
- All Women's Health Center³⁶
- All Women's Health Center of Gainesville, Inc.^{37 38}
- All Women's Health Center of Jacksonville, Inc.³⁹
- American Family Planning⁴⁰ ⁴¹
- Blue Coral Women's Care⁴²
- Florida Women's Center. Jacksonville⁴³ 44
- Gynecology and More, Inc. 45 46
- Hialeah Women's Center⁴⁷
- Orlando Women's Center⁴⁸
- Planned Parenthood of Greater Orlando, South Tampa⁴⁹
- Women's OB-GYN Center of Countryside, Inc.⁵⁰

GEORGIA

- Cliff Valley Clinic⁵¹ 52
- Summit Medical Associates⁵³

ILLINOIS

- Access Health Care Center⁵⁴
- Albany Medical Surgical Center⁵⁵
- American Women's Health⁵⁶
- Northern Illinois Women's Center⁵⁷
- Whole Woman's Health of Peoria⁵⁸
- Women's Aid Clinic (Now operating as Women's Aid Center)⁶⁰

INDIANA

 Planned Parenthood of Indiana and Kentucky, Georgetown⁶¹

KENTUCKY

- EMW Women's Surgical Center⁶²
- Planned Parenthood of Indiana and Kentucky⁶³

LOUISIANA

- Causeway Medical Clinic⁶⁴
- Hope Medical Group for Women⁶⁶ 67 68
- The Women's Health Center^{69 70}
- Women's Health Center^{71 72 73}

MARYLAND

- Associates in OB/GYN Care, Baltimore^{74,75}
- Associates in OB/GYN Care, Cheverly⁷⁶
- Associates in OB/GYN Care, Silver Spring⁷⁷
- Germantown Reproductive Health Services^{78 79}
- Hillcrest Clinic, Baltimore⁸⁰
- Metropolitan Family Planning Clinic, College Park⁸¹
- Metropolitan Family Planning Clinic, Suitland⁸²
- Planned Parenthood of Metropolitan Washington, Silver Spring⁸³
- Silver Spring Family Planning (American Women's Center)⁸⁴
- Michael Basco⁸⁵
- Iris Dominy⁸⁶
- Abolghassem Gohari⁸⁷
- George Shepard, Jr.⁸⁸

MASSACHUSETTS

Four Women⁸⁹

MICHIGAN

- Eastland Women's Clinic 90 91
- Summit Women's Center, Detroit⁹² 93 94
- Women's Center of Southfield⁹⁵

MISSISSIPPI

Jackson Women's Health Organization⁹⁶ 97
 98 99 100

MISSOURI

- Reproductive Health Services of Planned Parenthood, Springfield¹⁰¹
- Reproductive Health Services of Planned Parenthood, St. Louis¹⁰² 103

NEVADA

Safe and Sound for Women¹⁰⁴

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹⁰⁵ ¹⁰⁶ ¹⁰⁷

NORTH CAROLINA

- A Preferred Women's Health Center¹⁰⁸
- A Woman's Choice of Greensboro¹⁰⁹
- Planned Parenthood of Winston-Salem¹¹⁰

OHIO

- Akron Women's Medical Group¹¹¹ ¹¹²
- Capital Care Network¹¹³ 114
- Founder's Women's Health Center¹¹⁵ ¹¹⁶
 117 118

- Northeast Ohio Women's Center¹¹⁹ 120 121
- Planned Parenthood Bedford Heights ¹²²
- Planned Parenthood Southwest Ohio Regional¹²³ ¹²⁴
- Women's Med Center of Dayton¹²⁵ 126

OREGON

• Lovejoy Surgicenter¹²⁷ ¹²⁸ ¹²⁹ ¹³⁰

PENNSYLVANIA

- Allentown Health Center (Planned Parenthood)¹³¹
- Allentown Women's Center¹³²
- Drexel OB/GYN Associates, Philadelphia¹³³
- Mazzoni Center Family and Community Medicine¹³⁴
- Philadelphia Women's Center¹³⁵ ¹³⁶
- Planned Parenthood of Central Pennsylvania, York¹³⁷
- Planned Parenthood of Keystone, Allentown¹³⁸ ¹³⁹
- Planned Parenthood of Keystone, Harrisburg¹⁴⁰
- Planned Parenthood of Keystone, Reading¹⁴¹
- Planned Parenthood of Keystone, Warminster¹⁴²
- Planned Parenthood of Keystone, York¹⁴³
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center¹⁴⁴ ¹⁴⁵
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center¹⁴⁶
- Planned Parenthood of Southeastern Pennsylvania, Norristown¹⁴⁷

- Planned Parenthood of Southeastern Pennsylvania, West Chester Health Center¹⁴⁸
- Planned Parenthood, Warminster Medical Center¹⁴⁹
- Steven Brigham¹⁵⁰
- Women's Medical Society and Kermit Gosnell¹⁵¹

SOUTH CAROLINA

• Columbia Health Center (Planned Parenthood)¹⁵²

TENNESSEE

- Memphis Center for Reproductive Health¹⁵³
- Planned Parenthood Memphis¹⁵⁴ ¹⁵⁵
- Planned Parenthood Nashville¹⁵⁶ 157 158

TEXAS

- A Affordable Women's Medical Center¹⁵⁹
- Aaron Women's Center¹⁶⁰
- Hilltop Women's Reproductive Clinic¹⁶¹
- Houston Women's Clinic¹⁶²
- Planned Parenthood of Greater Texas Austin¹⁶³
- Planned Parenthood Gulf Coast (Aaron Women's Clinic ("Aaron")), Texas
 Ambulatory Surgery Center, Women's
 Pavilion and Northpark Medical Group¹⁶⁴
- Suburban Women's Clinic Houston¹⁶⁵
- Whole Woman's Health Fort Worth¹⁶⁶
- Alan Howard Molson¹⁶⁷

UTAH

• Wasatch Women's Center Inc. 168

- Alexandria Women's Health Clinic 169 170 171
- Amethyst Health Center for Women¹⁷²
- Annandale Women and Family Center¹⁷³
- Charlottesville Medical Center for Women¹⁷⁴
- Falls Church Healthcare Center¹⁷⁵

- Peninsula Medical Center for Women¹⁷⁶
- Planned Parenthood of Metropolitan Washington, Falls Church¹⁷⁷
- Planned Parenthood of Southeastern Virginia¹⁷⁸
- Richmond Medical Center for Women¹⁷⁹
- Virginia Health Group¹⁸⁰
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EXPIRED MEDICATIONS AND MEDICAL SUPPLIES

Abortion providers have not met minimal healthcare standards in medication management. The Joint Commission, a leading accreditor of healthcare organizations, promulgates a basic checklist for medication management. Among the checkpoints are: medical staff should remove expired medication from the medication storage area, label it appropriately, and segregate it from the storage area until it can be disposed; medical staff should inspect the medication storage area on a daily or weekly basis to remove expired medications: and medical staff must routinely inspect the emergency drug bag to check for expired medications.1 Abortion facilities have repeatedly violated these basic standards in medication management, and in so doing, have put women's health at risk.

Expired medications and medical supplies pose a grave health hazard to patients. As the FDA notes, "[e]xpired medical products can be less effective or risky due to a change in chemical composition or a decrease in strength. Certain expired medications are at risk of bacterial growth and sub-potent antibiotics can fail to treat infections, leading to more serious illnesses and antibiotic resistance." 2 Yet the *Unsafe* reports reveal repeated violations by abortion businesses that have retained expired medications and even used them on patients.

According to AUL's investigation, at least 119 abortion facilities in at least 27 states (and the

District of Columbia) were cited for expired medications and medical supplies, risking serious harm to their patients. States implicated include Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Missouri, Nebraska, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia.

Common violations included:

- Using expired medications on patients;
- Keeping expired medications in emergency carts or kits;
- Using expired medical supplies like curettes or syringes on patients;
- Failing to track medications and supplies' expiration dates.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives^{3 4}
- Beacon Women's Center, Montgomery⁵
- New Woman All Women Health Care^{6 7}
- Planned Parenthood of Alabama, Birmingham^{8 9}
- Planned Parenthood of Mobile¹⁰
- Reproductive Health Services, Montgomery¹² ¹³
- West Alabama Women's Center¹⁴

ARIZONA

- Camelback Family Planning, Phoenix¹⁶
- Planned Parenthood, Glendale¹⁸

ARKANSAS

Little Rock Family Planning Services¹⁹

CALIFORNIA

Lars Erik Hanson²⁰

CONNECTICUT

- Planned Parenthood New England Inc., New Haven²¹
- Planned Parenthood of Connecticut Inc., Stamford²²
- Planned Parenthood of Connecticut Inc., Torrington²³
- Planned Parenthood of Connecticut Inc., Waterbury²⁴ ²⁵
- Planned Parenthood of Greater Connecticut Inc., Hilda Stan²⁶
- Planned Parenthood of Southern New England Old Saybrook²⁷

DELAWARE

Planned Parenthood of Delaware²⁸

DISTRICT OF COLUMBIA

Washington Surgery Center²⁹

FLORIDA

- A Medical Office for Women, North Miami Beach^{30 31 32 33 34 35}
- A Woman's Care, Miami³⁶
- A Woman's Center of Hollywood³⁷
- A Women's Choice, Inc.³⁸

- A Woman's Choice. Hialeah³⁹
- A Woman's Option, Hialeah⁴¹
- A-1 Women's Health Care, Inc., Miami⁴³
- All Women's Health Center⁴⁴
- All Women's Health Center of Gainesville⁴⁵
- All Women's Health Center of Jacksonville⁴⁷
- All Women's Health Center of Orlando, Altamonte Springs⁴⁸
- Blue Coral Women's Care⁵⁰
- Bread and Roses Women's Health Center⁵²
- Eve of Kendall, Inc.⁵³
- Eve's Clinic & Referral Service⁵⁶
- Florida Women's Center, Inc., Jacksonville⁵⁷
- Hialeah Women's Center⁵⁸
- Planned Parenthood of Greater Orlando, Inc., South Tampa⁵⁹
- Planned Parenthood of Southwest and Central Florida⁶⁰
- Today's Women Medical Center⁶¹
- Women's OB-GYN Center of Countryside, Inc.⁶²

GEORGIA

- Cliff Valley Clinic⁶³ 64 65
- Summit Medical Associates⁶⁶

ILLINOIS

- Access Health Care Center⁶⁷ ⁶⁸
- Hope Clinic for Women⁶⁹
- Michigan Avenue Medical Center⁷⁰
- Whole Woman's Health of Peoria⁷¹
- Women's Aid Clinic (Now operating as Women's Aid Center)⁷²

INDIANA

- Clinic for Women⁷³
- Planned Parenthood of Indiana and Kentucky, Georgetown^{74 75}
- Women's Med Group Professional Corporation^{76 77}

KENTUCKY

EMW Women's Surgical Center⁷⁸

LOUISIANA

- Causeway Medical Clinic⁸⁰ 81
- Delta Clinic of Baton Rouge^{82 83 84}

MARYLAND

- Associates in OB/GYN Care, Baltimore⁸⁵
- Hillcrest Clinic of Baltimore⁸⁶
- Metropolitan Family Planning Clinic, Suitland^{88 89}
- Planned Parenthood of Maryland, Baltimore⁹⁰
- Potomac Family Planning Center^{91 92 93}

MASSACHUSETTS

Four Women⁹⁴

MICHIGAN

- Eastland Women's Clinic⁹⁶
- Summit Women's Center⁹⁷
- Women's Center of Saginaw⁹⁸
- Women's Center of Southfield¹⁰⁰

MISSOURI

 Reproductive Health Services of Planned Parenthood, St. Louis¹⁰¹ 102 103

NEBRASKA

- Bellevue Health Center¹⁰⁴
- Planned Parenthood of the Heartland, Lincoln¹⁰⁵

NEW MEXICO

• Curtis Boyd, M.D., P.C.¹⁰⁷

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹⁰⁸

NORTH CAROLINA

- A Preferred Women's Health Center, Charlotte¹⁰⁹
- A Preferred Women's Health Center, Raleigh¹¹⁰
- A Woman's Choice of Greensboro¹¹¹ 112
- Hallmark Women's Clinic¹¹³
- Planned Parenthood of Fayetteville¹¹⁴

OHIO

- Akron Women's Medical Group¹¹⁵ ¹¹⁶
- Capital Care Network¹¹⁷
- East Health Center (Planned Parenthood)¹¹⁸
- Northeast Ohio Women's Center¹¹⁹
- Planned Parenthood, Bedford Heights¹²⁰ ¹²¹
- Planned Parenthood Southwest Ohio Regional¹²²
- Preterm Abortion Clinic¹²³
- Women's Med Center of Dayton¹²⁴

OREGON

Lovejoy Surgicenter¹²⁵ 126

PENNSYLVANIA

- Allegheny Reproductive Health Center¹²⁷
- Allentown Health Services (Planned Parenthood)¹²⁸ ¹²⁹ ¹³⁰ ¹³¹
- Allentown Medical Services¹³²
- Allentown Women's Center¹³³
- Berger and Benjamin¹³⁴
- Drexel OB/GYN Associates, Philadelphia¹³⁵
- Hillcrest Women's Medical Center¹³⁶ ¹³⁷
- Philadelphia Women's Center¹³⁸
- Planned Parenthood of Central Pennsylvania, York¹³⁹
- Planned Parenthood of Keystone, Allentown¹⁴⁰
- Planned Parenthood of Keystone, Harrisburg¹⁴¹
- Planned Parenthood of Keystone, Reading¹⁴² ¹⁴³
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center¹⁴⁴
- Planned Parenthood Southeastern Pennsylvania, West Chester Health Center¹⁴⁵
- Planned Parenthood of Western Pennsylvania¹⁴⁶
- Planned Parenthood, Warminster Medical Center¹⁴⁷ ¹⁴⁸

SOUTH CAROLINA

- Charleston Women's Medical Center¹⁴⁹ ¹⁵⁰ ¹⁵¹
- Columbia Health Center (Planned Parenthood)¹⁵² ¹⁵³
- Greenville Women's Clinic¹⁵⁴ ¹⁵⁵
- Planned Parenthood South Atlantic Charleston¹⁵⁶

TENNESSEE

 Knoxville Center for Reproductive Health¹⁵⁷

TEXAS

- Whole Woman's Health, Beaumont¹⁵⁹
- Whole Woman's Health, Fort Worth¹⁶⁰

- Alexandria Women's Health Clinic¹⁶¹ 162 163
- Amethyst Health Center for Women¹⁶⁴ ¹⁶⁵
- Annandale Women and Family Center¹⁶⁶
- Charlottesville Medical Center for Women¹⁶⁷ ¹⁶⁸
- Charlottesville Planned Parenthood¹⁶⁹
- Falls Church Healthcare Center¹⁷⁰ ¹⁷¹ ¹⁷² ¹⁷³
- Hillcrest Clinic¹⁷⁴
- NOVA Women's Healthcare¹⁷⁵ ¹⁷⁶
- Peninsula Medical Center for Women¹⁷⁷
- Planned Parenthood of Metropolitan Washington, Falls Church¹⁷⁸
- Planned Parenthood of Southeastern Virginia¹⁷⁹
- Richmond Medical Center for Women¹⁸⁰ ¹⁸¹
- Roanoke Medical Center for Women¹⁸² 183
- Virginia Health Group¹⁸⁴ 185
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IMPROPER OR POORLY MAINTAINED EQUIPMENT

Properly maintained medical equipment is essential for safe healthcare. Notably, abortion facilities have used faulty sterilizers (autoclaves) and failed to properly maintain and clean medical equipment. As the CDC notes, "[d]isinfection and sterilization are essential for ensuring that medical and surgical instruments do not transmit infectious pathogens to patients." A medical "procedure involves the contact by a medical device or surgical instrument with a patient's sterile tissue or mucous membranes. A major risk of all such procedures is the introduction of pathogens that can lead to infection." Improperly maintained equipment raises the risk of infection.

Equipment calibration and maintenance also ensure the equipment works correctly. Issues surrounding ultrasound equipment highlight the problem of improper equipment maintenance. An ultrasound determines gestational age of the fetus, confirms the number of fetuses, and determines whether the pregnancy is ectopic.³ These factors can affect what type of abortion is performed on a patient. For example, abortion providers should not prescribe chemical abortion drugs if a woman has an ectopic pregnancy or her pregnancy is more than 10 weeks in gestation.4 If an ultrasound machine is not working properly, the doctor may be relying on faulty information or may be unable to make important medical determinations at all. The FDA recommends that, "[a]ny health care facility employing ultrasound should conduct regular quality control tests to ensure that equipment is functioning properly,"⁵ and manufacturers provide guidelines for cleaning and maintaining medical equipment. But the *Unsafe* reports show that abortion providers have often not calibrated or maintained essential medical equipment including ultrasound machines, risking the health of women seeking abortion.

According to AUL's investigation, at least 140 abortion facilities in at least 29 states have been cited for not purchasing and/or failing to maintain required medical equipment. States implicated include Alabama, Arizona, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia.

Common violations included medical machines and equipment not being inspected/calibrated on a regular basis.

Other violations documented by state officials included:

- Equipment, such as defibrillators, ultrasound machines and autoclaves (sterilizers), missing necessary supplies.
- Clinics failing to have required emergency medical equipment.

- Clinics had the required medical machines, but machines were broken or not working.
- Staff failing to maintain and/or clean medical equipment.
- Failing to secure oxygen tanks, posing a fire risk.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives⁶
- Beacon Women's Center, Montgomery^{7 8}
- New Woman All Women Health Care⁹
- Planned Parenthood of Alabama, Birmingham¹¹
- Planned Parenthood of Mobile¹²
- Reproductive Health Services, Montgomery¹⁴

ARIZONA

- Camelback Family Planning, Phoenix¹⁶
- Desert Star Family Planning, Phoenix¹⁸
- Planned Parenthood, Glendale¹⁹

CALIFORNIA

 Clinica Para La Mujer and Lars Erik Hanson²⁰

CONNECTICUT

- Planned Parenthood of Connecticut Inc., Hartford²¹
- Planned Parenthood of Southern New England, West Hartford²²

DELAWARE

• Planned Parenthood of Delaware²³

FLORIDA

- A Choice for Women. Miami²⁴
- A Medical Office for Women, North Miami Beach^{25 26}
- A Woman's Care^{27 28}
- A Woman's Choice, Inc.²⁹
- A Woman's Choice, LLC, Hialeah³⁰
- A Woman's Option, Hialeah³¹
- A Woman's World Medical Center³³ ³⁴ ³⁵ ³⁶
- A-1 Woman's Health Care^{37 38}
- Alba Medical Center^{39 40}
- All Women's Clinic. Fort Lauderdale⁴¹
- All Women's Health Center⁴²
- All Women's Health Center of Orlando, Altamonte Springs⁴³
- All Women's Health Center of Tampa, Inc. 44
- Bread and Roses Women's Health Center⁴⁵
- Blue Coral Women's Care⁴⁶ ⁴⁷ ⁴⁸ ⁴⁹
- Eve of Kendall, Inc.⁵⁰
- Eve's Clinic & Referral Service⁵¹
- Florida Women's Center⁵²
- Hialeah Women's Center⁵³ 54
- Miramar Woman Center⁵⁵
- Planned Parenthood of Greater Orlando, Inc., South Tampa⁵⁶
- Planned Parenthood of Greater Orlando, Inc., University Blvd⁵⁷
- Planned Parenthood of South Florida⁵⁸
- Planned Parenthood of Southwest and Central Florida⁵⁹ 60
- Southwest Florida Women's Clinic, Fort Myers⁶¹
- Today's Women Medical Center⁶² 63 64
- Women's OB-GYN Center of Countryside, Inc.⁶⁵

GEORGIA

- Atlanta Women's Clinic⁶⁶
- Cliff Valley Clinic⁶⁸
- Savannah Medical Clinic^{69 70}
- Summit Medical Associates^{71 72 73}

ILLINOIS

- Access Health Care Center⁷⁴
- Hope Clinic for Women⁷⁶
- Northern Illinois Women's Center⁷⁷
- Whole Woman's Health of Peoria⁷⁸ 79 80

INDIANA

- Clinic for Women⁸¹
- Planned Parenthood of Indiana and Kentucky, Bloomington⁸² 83 84
- Planned Parenthood of Indiana and Kentucky, Georgetown⁸⁵
- Planned Parenthood of Indiana and Kentucky, Lafayette⁸⁶ 87
- Planned Parenthood of Indiana and Kentucky, Merrillville⁸⁸
- Women's Med Group Professional Corporation^{89 90 91}

KENTUCKY

EMW Women's Surgical Center92 93

LOUISIANA

- Causeway Medical Clinic⁹⁴
- Delta Clinic of Baton Rouge⁹⁵
- Women's Health Center⁹⁶

MARYLAND

Associates in OB/GYN Care, Baltimore⁹⁷

- Associates in OB/GYN Care, Cheverly⁹⁸
- Associates in OB/ GYN Care. Frederick⁹⁹
- Associates in OB/GYN Care, Silver Spring¹⁰⁰
- Metropolitan Family Planning Clinic, College Park¹⁰¹
- Metropolitan Family Planning Clinic, Suitland¹⁰²
- Potomac Family Planning¹⁰³
- Prince George's Reproductive Health Services¹⁰⁴
- Silver Spring Family Planning (American Women's Center)¹⁰⁵

MASSACHUSETTS

 Planned Parenthood/Preterm Health Services, Greater Boston (Boston)¹⁰⁷

MICHIGAN

- Scotsdale Women's Center, Detroit¹⁰⁸
- Women's Center of Southfield¹⁰⁹

MISSISSIPPI

• Jackson Women's Health Organization¹¹⁰ ¹¹¹ ¹¹²

MISSOURI

- Comprehensive Planned Parenthood¹¹³
- Reproductive Health Services of Planned Parenthood, Springfield¹¹⁴
- Reproductive Health Services of Planned Parenthood, St. Louis¹¹⁵ ¹¹⁶ ¹¹⁷

NEBRASKA

Bellevue Health Center¹¹⁸

NEVADA

Birth Control Care Center¹¹⁹

NEW JERSEY

- Cherry Hill Women's Center¹²⁰ ¹²¹
- Metropolitan Surgical Associates¹²² 123
- Pilgrim Medical Center¹²⁴

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹²⁵

NORTH CAROLINA

- A Woman's Choice of Greensboro 126
- A Woman's Choice of Raleigh¹²⁷ ¹²⁸
- Carolina Women's Clinic¹²⁹
- Crist Clinic for Women¹³⁰
- Planned Parenthood of Winston-Salem¹³¹

OHIO

- Akron Women's Medical Group¹³² ¹³³ ¹³⁴ ¹³⁵ ¹³⁶
- Founder's Women's Health Center¹³⁷
- Northeast Ohio Women's Center¹³⁸
- Planned Parenthood Southwest Ohio Regional¹³⁹
- Women's Med Center of Dayton¹⁴⁰

OREGON

Lovejoy Surgicenter¹⁴¹ ¹⁴² ¹⁴³ ¹⁴⁴ ¹⁴⁵ ¹⁴⁶ ¹⁴⁷ ¹⁴⁸ ¹⁴⁹

PENNSYLVANIA

- Allegheny Reproductive Health Center¹⁵⁰ 151
- Allentown Health Services (Planned Parenthood)¹⁵² ¹⁵³ ¹⁵⁴
- Allentown Medical Services¹⁵⁵
- Allentown Women's Center¹⁵⁶
- Berger & Benjamin¹⁵⁸

- Drexel OB/GYN Associates, Philadelphia¹⁵⁹
- Hillcrest Women's Medical Center¹⁶⁰ ¹⁶¹
- Philadelphia Women's Center¹⁶² ¹⁶³ ¹⁶⁴ ¹⁶⁵
 ¹⁶⁶ ¹⁶⁷
- Planned Parenthood of Keystone, Allentown¹⁶⁸
- Planned Parenthood of Keystone, Warminster¹⁶⁹
- Planned Parenthood of Keystone, York¹⁷⁰ ¹⁷¹
- Planned Parenthood of Reading¹⁷²
- Planned Parenthood of Southeastern Pennsylvania, Far Northeast Health Center¹⁷³ ¹⁷⁴ ¹⁷⁵
- Planned Parenthood of Southeastern
 Pennsylvania, Locust Street Health Center¹⁷⁶
 177 178 179
- Planned Parenthood of Southeastern Pennsylvania, Norristown¹⁸⁰ ¹⁸¹
- Planned Parenthood of Southeastern Pennsylvania, West Chester Health Center¹⁸²
- Planned Parenthood of Western Pennsylvania¹⁸³
- Planned Parenthood, Warminster Medical Center¹⁸⁴
- Women's Medical Society¹⁸⁵

SOUTH CAROLINA

- Charleston Women's Medical Center¹⁸⁶ 187
- Greenville Women's Clinic¹⁸⁸
- Planned Parenthood South Atlantic Charleston¹⁸⁹
- Planned Parenthood South Atlantic Columbia¹⁹⁰

TENNESSEE

 Knoxville Center for Reproductive Health¹⁹¹

- Memphis Center for Reproductive Health¹⁹³
- Planned Parenthood Memphis¹⁹⁴ ¹⁹⁵ ¹⁹⁶ ¹⁹⁷
- Planned Parenthood Nashville¹⁹⁸ ¹⁹⁹ ²⁰⁰ ²⁰¹
 202 203 204 205

TEXAS

- Hilltop Women's Reproductive Clinic, El Paso²⁰⁶
- Houston Women's Clinic²⁰⁷
- Suburban Women's Clinic Houston²⁰⁸ ²⁰⁹
- Whole Woman's Health, Beaumont²¹⁰

UTAH

Wasatch Women's Center Inc.²¹¹

- A Capitol Women's Health Clinic²¹²
- A Tidewater Women's Health Clinic²¹³ ²¹⁴

- Alexandria Women's Health Clinic²¹⁷ ²¹⁸
- Amethyst Health Center for Women²¹⁹
- Annandale Women and Family Center²²⁰
- Charlottesville Medical Center for Women²²¹
- Falls Church Healthcare Center²²² ²²³ ²²⁴
- Hillcrest Clinic²²⁵
- NOVA Women's Healthcare²²⁶ ²²⁷
- Peninsula Medical Center for Women²²⁸ ²²⁹
- Planned Parenthood, Blacksburg²³⁰
- Planned Parenthood of Metropolitan Washington, Falls Church²³¹ ²³²
- Planned Parenthood of Southeastern Virginia²³³ ²³⁴
- Richmond Medical Center for Women²³⁵ ²³⁶
- Virginia Health Group²³⁷
- Virginia Women's Wellness²³⁸ ²³⁹
- Whole Woman's Health of Charlottesville²⁴⁰

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FAILED HEALTH AND SAFETY POLICIES

Accountability is key in healthcare environments and is essential for facilitating an effective patient safety program, achieving patient safety goals, and promoting the principles of patient safety. Putting patient safety first helps to establish an atmosphere where staff feel safe in reporting errors, near misses, and at-risk behaviors by themselves and others. Making accountability a priority helps identify potentially hidden problems, helps staff find system problems, and encourages collaboration to resolve system failures.¹ For these reasons, the Centers for Medicare and Medicaid Services agency requires outpatient surgery centers to develop and maintain emergency preparedness plans, perform risk assessment, develop policies, procedures and a communication plan, and complete trainings and testing of their final plan. Such policies must be reviewed and updated at least annually.²

Many of the violations uncovered by Unsafe stated that the abortion business's governing body had failed to ensure accountability within the clinic. The Joint Commission states that while the medical staff oversees the quality of patient care, the governing body "is ultimately accountable for the safety and quality of care, treatment, and services," and thus it must work collaboratively with the medical staff leaders toward that goal.³

According to AUL's investigation, at least 158 abortion facilities in at least 33 states were

cited for failure 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. Alaska, Arizona, California, Connecticut. Delaware. Florida. Georgia. Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin.

Common violations included failure by the governing body of the clinic to establish effective mechanisms for quality assurance, and to ensure accountability of the clinic's professional personnel.

Other violations documented by state officials included:

- Failure to ensure proper safety, disaster, fire, or emergency policies and procedures were in place;
- Failure by the Governing Body to be responsible for the overall conduct of the clinic;
- Failure to have fire inspections conducted at the facility and/or not conducting proper fire/safety drills;

Failure by the Governing Body to implement its own credentialing policy and procedure.

ALABAMA

- Beacon Women's Center, Montgomery^{4 5}
- New Woman All Women Health Care^{6 7 8}
- Planned Parenthood of Alabama, Birmingham⁹
- Planned Parenthood of Alabama, Mobile¹⁰ ¹¹ ¹²
- Reproductive Health Services, Montgomery¹³
- West Alabama Women's Center¹⁴

ALASKA

 Planned Parenthood of the Great Northwest¹⁵ ¹⁶

ARIZONA

- Camelback Family Planning, Phoenix¹⁷ ¹⁸ ¹⁹ ²⁰
- Desert Star Family Planning, Phoenix²¹
- Planned Parenthood, Flagstaff²³
- Planned Parenthood, Glendale²⁴ ²⁵
- Planned Parenthood, Mesa²⁶
- Planned Parenthood of Southern Arizona, Tucson²⁷

CALIFORNIA

Planned Parenthood Thousand Oaks²⁸

CONNECTICUT

- Planned Parenthood of Connecticut, Inc., Hartford²⁹
- Planned Parenthood of Southern New England, New Haven³⁰

- Planned Parenthood of Southern New England, West Hartford³¹
- Summit Women's Center³²

DELAWARE

• Planned Parenthood of Delaware³³

FLORIDA

- A Jacksonville Women's Health Center³⁴
- A Medical Office for Women, North Miami Beach³⁵
- A Women's Choice. Inc.³⁶
- A Woman's Choice, LLC, Hialeah³⁷
- A Woman's Choice of Jacksonville³⁸
- A Woman's Option. Hialeah³⁹
- A Woman's World Medical Center⁴⁰
- A-1 Woman's Health Care⁴²
- All Women's Clinic⁴⁴
- All Women's Health Center⁴⁵
- All Women's Health Center of Gainesville, Inc.⁴⁶
- All Women's Health Center of Orlando, Altamonte Springs⁴⁷
- All Women's Health Center of Tampa, Inc.⁴⁸
- Blue Coral Women's Care⁴⁹
- Bread and Roses Women's Health Center⁵⁰
- Eve's Clinic & Referral Service⁵¹
- Gynecology and More, Inc.⁵²
- Planned Parenthood of Greater Orlando, Inc., South Tampa⁵³
- Planned Parenthood of South, East and North Florida, Inc. (formerly named Planned Parenthood of South Florida and Treasure Coast)⁵⁴
- Planned Parenthood of Southwest and Central Florida⁵⁵

- Tampa Woman's Health Center, Inc.⁵⁶
- Today's Women Medical Center⁵⁷ 58
- Women's OB-GYN Center of Countryside, Inc.⁵⁹ 60

GEORGIA

- Atlanta Women's Clinic⁶¹
- Cliff Valley Clinic⁶²
- Savannah Medical Center⁶⁴
- Summit Medical Associates 65 66 67

ILLINOIS

- Advantage Health Care⁶⁸
- Albany Medical Surgical Center⁶⁹
- American Women's Health⁷⁰
- Whole Woman's Health of Peoria⁷¹ 72 73
- Women's Aid Clinic (Now operating as Women's Aid Center)⁷⁴

INDIANA

- Clinic for Women⁷⁵
- Planned Parenthood of Indiana and Kentucky, Bloomington^{77 78 79}
- Planned Parenthood of Indiana and Kentucky, Georgetown⁸⁰ 81 82
- Planned Parenthood of Indiana and Kentucky, Lafayette⁸³ 84
- Planned Parenthood of Indiana and Kentucky, Merrillville⁸⁵
- Women's Med Group Professional Corporation⁸⁷ 88 89
- Women's Pavilion⁹⁰

KENTUCKY

• EMW Women's Surgical Center⁹¹

LOUISIANA

- Delta Clinic of Baton Rouge^{92 93 94}
- Hope Medical Group for Women^{95 96 97}
- Women's Health Care Center⁹⁸

MARYLAND

- Associates in OB/GYN Care, Baltimore¹⁰⁰
- Associates in OB/GYN Care, Silver Spring¹⁰¹
- Germantown Reproductive Health Services¹⁰²
- Hagerstown Reproductive Health¹⁰³
- Hillcrest Clinic of Baltimore¹⁰⁴ 105 106
- Metropolitan Family Planning Clinic, College Park¹⁰⁷
- Metropolitan Family Planning Clinic, Suitland¹⁰⁸
- Planned Parenthood of Maryland Baltimore¹⁰⁹ ¹¹⁰
- Potomac Family Planning Center¹¹¹ ¹¹²
- Prince George's Reproductive Health Services¹¹³ 114
- Silver Spring Family Planning (American Women's Center)¹¹⁵
- Whole Woman's Health, Baltimore¹¹⁷

MASSACHUSETTS

- Four Women¹¹⁸ ¹¹⁹ ¹²⁰
- Healthquarters, Inc.¹²¹
- Planned Parenthood/Preterm Health Services, Greater Boston (Fitchburg)¹²²

MICHIGAN

- Eastland Women's Clinic 123 124 125
- Heritage Clinic for Women, Grand Rapids¹²⁶
- Planned Parenthood of Mid-Michigan 127

- Scotsdale Women's Center. Detroit¹²⁸
- Woman Center of Southfield¹²⁹ ¹³⁰ ¹³¹ ¹³²

MISSISSIPPI

Jackson Women's Health Organization¹³³ 134 135

MISSOURI

- Comprehensive Planned Parenthood¹³⁶ ¹³⁷
 138 ¹³⁹
- Reproductive Health Services of Planned Parenthood, Springfield¹⁴⁰
- Reproductive Health Services of Planned Parenthood, St. Louis¹⁴¹ ¹⁴² ¹⁴³ ¹⁴⁴ ¹⁴⁵

NEBRASKA

Bellevue Health Center¹⁴⁶

NEVADA

Birth Control Care Center¹⁴⁷

NEW JERSEY

- Cherry Hill Women's Center¹⁴⁸ ¹⁴⁹
- Metropolitan Surgical Associates¹⁵⁰ ¹⁵¹

NEW MEXICO

Curtis Boyd, M.D., P.C.¹⁵² 153

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹⁵⁴ ¹⁵⁵ ¹⁵⁶ ¹⁵⁷ ¹⁵⁸

NORTH CAROLINA

- A Woman's Choice of Greensboro¹⁵⁹
- A Woman's Choice of Raleigh¹⁶⁰ ¹⁶¹
- Baker Clinic for Women¹⁶²

- Carolina Women's Clinic¹⁶³
- Planned Parenthood South Atlantic of Central North, Chapel Hill¹⁶⁴
- Women's Health Alliance/Chapel Hill Obstetrics and Gynecology¹⁶⁵

OHIO

- Akron Women's Medical Group¹⁶⁶ ¹⁶⁷ ¹⁶⁸
- Capital Care Network¹⁶⁹ 170
- Founder's Women's Health Center¹⁷¹ ¹⁷²
 173 174 175
- Northeast Ohio Women's Center¹⁷⁶ ¹⁷⁷ ¹⁷⁸
- Planned Parenthood, Bedford Heights¹⁷⁹
- Planned Parenthood East Health Center¹⁸³
- Planned Parenthood Southwest Ohio Regional¹⁸⁴
- Preterm Abortion Clinic¹⁸⁵

OREGON

Lovejoy Surgicenter¹⁸⁶ ¹⁸⁷ ¹⁸⁸ ¹⁸⁹ ¹⁹⁰ ¹⁹¹ ¹⁹²
 ¹⁹³ ¹⁹⁴ ¹⁹⁵

PENNSYLVANIA

- Allegheny Reproductive Health Center¹⁹⁶
- Allentown Health Center (Planned Parenthood)¹⁹⁷ 198
- Allentown Women's Center^{199 200 201}
- Berger and Benjamin²⁰²
- Mazzoni Center Family and Community Medicine²⁰³
- Philadelphia Women's Center²⁰⁴ ²⁰⁵ ²⁰⁶ ²⁰⁷ ²⁰⁸
- Planned Parenthood of Central Pennsylvania, York²⁰⁹
- Planned Parenthood of Keystone, Allentown²¹⁰

- Planned Parenthood of Keystone Reading²¹¹ ²¹²
- Planned Parenthood of Keystone York²¹³ ²¹⁴
- Planned Parenthood of Western Pennsylvania²¹⁵
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center²¹⁶ ²¹⁷ ²¹⁸ ²¹⁹ ²²⁰
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center²²¹ ²²² ²²³ ²²⁴ ²²⁵ ²²⁶ ²²⁷
- Planned Parenthood Southeastern Pennsylvania, Norristown²²⁸
- Planned Parenthood Southeastern Pennsylvania, West Chester Health Center²²⁹
- Planned Parenthood, Warminster Medical Center²³⁰

SOUTH CAROLINA

- Charleston Women's Medical Center²³¹ 232 233 234 235
- Columbia Health Center (Planned Parenthood)²³⁶ ²³⁷ ²³⁸ ²³⁹
- Greenville Women's Clinic²⁴⁰ ²⁴¹ ²⁴²
- Planned Parenthood South Atlantic Charleston²⁴³

TENNESSEE

- Knoxville Center for Reproductive Health²⁴⁴
- Memphis Center for Reproductive Health²⁴⁵
- Planned Parenthood Memphis²⁴⁶
- Planned Parenthood Nashville²⁴⁷ ²⁴⁸

TEXAS

- A Affordable Women's Medical Center²⁴⁹
- Alamo Women's Reproductive Services
 Clinic San Antonio²⁵⁰

- Reproductive Services El Paso²⁵¹
- West Side Clinic, Fort Worth²⁵²
- Whole Woman's Health. Beaumont²⁵³
- Whole Woman's Health. Fort Worth²⁵⁴

UTAH

- Metro Health Center²⁵⁵
- Wasatch Women's Center Inc. 256 257

VIRGINIA

- A Capitol Women's Health Clinic²⁵⁸
- A Tidewater Women's Health Clinic²⁵⁹
- Alexandria Women's Health Clinic²⁶⁰ ²⁶¹ ²⁶²
- Amethyst Health Center for Women²⁶³
- Annandale Women and Family Center²⁶⁴ ²⁶⁵
- Charlottesville Medical Center for Women²⁶⁶ ²⁶⁷ ²⁶⁸
- Charlottesville Planned Parenthood²⁶⁹
- Falls Church Healthcare Center²⁷⁰ ²⁷¹ ²⁷²
- Hillcrest Clinic²⁷³
- NOVA Women's Healthcare²⁷⁴ ²⁷⁵
- Peninsula Medical Center for Women²⁷⁶ ²⁷⁷
- Planned Parenthood, Blacksburg²⁷⁸
- Planned Parenthood, Roanoke²⁷⁹ ²⁸⁰
- Richmond Medical Center for Women²⁸¹ 282 283
- Roanoke Medical Center for Women²⁸⁴ ²⁸⁵
- Virginia Health Group²⁸⁶ ²⁸⁷
- Virginia Women's Wellness²⁸⁸ ²⁸⁹

WASHINGTON

Planned Parenthood of Greater
 Washington and Northern Idaho²⁹⁰

WISCONSIN

• Planned Parenthood of Wisconsin²⁹¹ ²⁹² ²⁹³

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UNSAFE HANDLING OF MEDICATIONS AND TESTING

Proper handling of medications ensures patient safety. Careless handling of medication can lead to medication error, which is "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer."1 Medication errors can lead to disability, hospitalization, life-threatening situations, and even death.² Notably, the Joint Commission, an independent accrediting and advising organization for healthcare institutions, names improving medication safety in ambulatory clinics as one of its national patient safety goals.³ Yet the Unsafe reports document that abortion facilities have been cited for incorrectly and even carelessly handling medications numerous times.

In some instances, abortion businesses have provided narcotics in amounts that exceed the recommended dosages. Although opioids provide pain control, they also come with significant risks of harm, including the potential for abuse or overdose.⁴ Opioids raise serious concerns for patient safety.⁵

Abortion providers also have violated basic medication safeguards as outlined by the Joint Commission. For example, abortion providers have failed to store medication behind a locked cabinet or door to prevent unauthorized individuals from obtaining it.⁶ Abortion providers have failed to record the medication

dosage given to patients.⁷ These violations are preventable errors which needlessly risk women's health.

According to AUL's investigation, at least 118 abortion facilities in 31 states (and the District of Columbia) have been cited for failing to properly handle medications, properly test and/or correctly document the administration of medications, including controlled substances and narcotics, in patient medical records. The states implicated include Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, and Washington.

Common violations included:

- Staff failing to record the amount of medications given to patients, including controlled substances and narcotics;
- Unsupervised, untrained staff handling medication for patient use;
- Keeping the medication storage room and crash cart unlocked:
- Failure to ensure proper security policy for crash cart, medications, needles, narcotics, and controlled substances:
- Failing to document the correct number of controlled substances and narcotics at the facility;

 Providing patients with controlled substances or narcotics in amounts that exceeded the recommended dosages.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives⁸
- Beacon Women's Center, Montgomery⁹
- New Woman All Women Health Care¹¹
- Reproductive Health Services, Montgomery¹³

ALASKA

 Planned Parenthood of the Great Northwest¹⁴

ARIZONA

- Camelback Family Planning, Phoenix¹⁵ ¹⁶ ¹⁷
- Planned Parenthood, Flagstaff¹⁸
- Planned Parenthood, Glendale¹⁹

ARKANSAS

Little Rock Family Planning Services, P.A.²⁰

CALIFORNIA

Planned Parenthood Antioch²²

CONNECTICUT

- Hartford GYN Center²³
- Planned Parenthood, New Haven²⁴ ²⁵
- Planned Parenthood of Connecticut, Inc., Danielson²⁶
- Summit Women's Center²⁷

DISTRICT OF COLUMBIA

• Washington Surgery Center²⁸

FLORIDA

- All Women's Health Center of Gainesville²⁹
- All Women's Health Center of North Tampa³⁰
- All Women's Health Center of Orlando³¹
- Orlando Women's Center³²
- Planned Parenthood of Greater Orlando, South Tampa³³
- Women's OB-GYN Center of Countryside, Inc.³⁴

GEORGIA

- Cliff Valley Clinic³⁵
- Savannah Medical Clinic³⁷
- Summit Medical Associates^{38 39 40}

ILLINOIS

- Access Health Care Center⁴¹
- Advantage Health Care⁴³
- Forest View Medical Center⁴⁴
- Hope Clinic for Women⁴⁵
- Whole Woman's Health of Peoria⁴⁶
- Women's Aid Clinic (Now operating as Women's Aid Center)⁴⁸

INDIANA

- Planned Parenthood of Indiana and Kentucky, Bloomington⁴⁹ 50 51
- Planned Parenthood of Indiana and Kentucky, Georgetown⁵² 53 54
- Planned Parenthood of Indiana and Kentucky, Lafayette⁵⁵
- Women's Med Group, Professional Corporation⁵⁷
- Women's Pavilion⁵⁹

KENTUCKY

EMW Women's Surgical Center⁶⁰

LOUISIANA

- Bossier City Medical Suite⁶¹
- Delta Clinic of Baton Rouge^{62 63 64}
- Hope Medical Group for Women⁶⁵ 66 67

MARYLAND

- Associates in OB/GYN Care, Baltimore⁶⁸
- Germantown Reproductive Health Services⁶⁹
- Gynemed Surgical Center⁷⁰
- Hagerstown Reproductive Health⁷¹
- Hillcrest Clinic, Baltimore⁷²
- Planned Parenthood of Baltimore^{74 75}
- Potomac Family Planning⁷⁶
- Prince George's Reproductive Health Services⁷⁸
- Silver Spring Family Planning (American Women's Center)^{79 80}

MASSACHUSETTS

Four Women⁸¹

MICHIGAN

- Heritage Clinic for Women, Grand Rapids⁸²
- Northland Family Planning Center, East⁸⁴
- Northland Family Planning Center, West⁸⁵
- Planned Parenthood Mid and South Michigan, Kalamazoo⁸⁶ 87
- Scotsdale Women's Center, Detroit⁸⁸
- Summit Women's Center, Detroit 90 91 92
- Woman Care of Southfield⁹³ ⁹⁴ ⁹⁵
- Women's Center of Flint⁹⁶ 97 98 99

- Women's Center of Saginaw¹⁰⁰ ¹⁰¹ ¹⁰² ¹⁰³
- Women's Center of Southfield¹⁰⁴ ¹⁰⁵ ¹⁰⁶
- Women's Medical Services, Muskegon¹⁰⁷

MISSISSIPPI

Jackson Women's Health Organization¹⁰⁸

MISSOURI

- Comprehensive Planned Parenthood¹⁰⁹
- Reproductive Health Services of Planned Parenthood, St. Louis¹¹⁰ ¹¹¹

NEVADA

- Birth Control Care Center¹¹²
- Safe and Sound for Women¹¹³ ¹¹⁴

NEW JERSEY

- Cherry Hill Women's Center¹¹⁵
- Metropolitan Surgical Associates¹¹⁶
- Pilgrim Medical Center¹¹⁷

NEW MEXICO

Curtis Bovd, M.D., P.C.¹¹⁸

NEW YORK

 Unnamed (Redacted) (Redacted) New York Abortion Clinic¹¹⁹ ¹²⁰

NORTH CAROLINA

- A Preferred Women's Health Center, Charlotte¹²¹
- A Preferred Women's Health Center, Raleigh¹²²
- A Woman's Choice of Greensboro 123 124
- A Woman's Choice of Raleigh¹²⁵
- Planned Parenthood of Wilmington¹²⁶

- Planned Parenthood of Winston-Salem¹²⁷
- Women's Health Alliance/Chapel Hill Obstetrics and Gynecology¹²⁸

OHIO

- East Health Central Ohio (Planned Parenthood)¹²⁹ 130
- Planned Parenthood, Bedford Heights¹³¹ ¹³²

OREGON

Lovejoy Surgicenter¹³³ ¹³⁴

PENNSYLVANIA

- Allegheny Reproductive Health Center¹³⁵
- Allentown Health Services (Planned Parenthood)¹³⁶ ¹³⁷ ¹³⁸
- Allentown Medical Services¹³⁹
- Allentown Women's Center¹⁴⁰
- Berger and Benjamin¹⁴¹
- Philadelphia Women's Center¹⁴² ¹⁴³
- Planned Parenthood of Keystone, Reading¹⁴⁴
- Planned Parenthood of Western Pennsylvania¹⁴⁵ ¹⁴⁶
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center¹⁴⁷ 148 149
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center¹⁵⁰ ¹⁵¹
- Planned Parenthood Southeastern Pennsylvania, West Chester Health Center¹⁵² 153
- Women's Medical Society¹⁵⁴

SOUTH CAROLINA

• Charleston Women's Clinic¹⁵⁵ ¹⁵⁶ ¹⁵⁷

- Columbia Health Center (Planned Parenthood)¹⁵⁸ ¹⁵⁹
- Greenville Women's Clinic¹⁶⁰

TENNESSEE

- Knoxville Center for Reproductive Health¹⁶¹ ¹⁶² ¹⁶³
- Planned Parenthood Memphis¹⁶⁴
- Planned Parenthood Nashville¹⁶⁵

TEXAS

- Houston Women's Clinic¹⁶⁶ ¹⁶⁷
- Planned Parenthood Gulf Coast (Aaron Women's Clinic ("Aaron"), Texas Ambulatory Surgery Center, Women's Pavilion and Northpark Medical Group¹⁶⁸
- Whole Woman's Health Fort Worth¹⁶⁹
- Women's Health Center Houston¹⁷⁰

UTAH

Wasatch Women's Center, Inc.¹⁷¹

VIRGINIA

- A Capitol Women's Health Clinic¹⁷²
- A Tidewater Women's Health Clinic¹⁷³
- Alexandria Women's Health Clinic¹⁷⁴ ¹⁷⁵
- Amethyst Health Center for Women¹⁷⁶ ¹⁷⁷ ¹⁷⁸
- Annandale Women and Family Center¹⁷⁹
- Charlottesville Medical Center for Women¹⁸⁰ ¹⁸¹
- Falls Church Healthcare Center¹⁸² ¹⁸³
- NOVA Women's Healthcare¹⁸⁴
- Peninsula Medical Center for Women¹⁸⁵
- Planned Parenthood of Metropolitan Washington, Falls Church¹⁸⁶
- Planned Parenthood of Southeastern Virginia¹⁸⁷ ¹⁸⁸ ¹⁸⁹

- Virginia Health Group¹⁹⁰
- Virginia Women's Wellness¹⁹¹ ¹⁹² ¹⁹³
- Whole Woman's Health of Charlottesville¹⁹⁴

WASHINGTON

Planned Parenthood of Greater
 Washington and Northern Idaho¹⁹⁵

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FAULTY BUILDINGS

The physical environment of a medical clinic has a significant impact on patient health and safety. A growing body of research shows that there is a strong link between the design of health care settings and outcomes experienced by patients. There is wide recognition that risks and hazards of healthcare-associated injury and harm are the result of problems with clinic cleanliness. There is also substantial evidence that the design of the hospital contributes to medical errors and increased rates of infection.¹

It is imperative that a clinic establishes and maintains a safe, functional environment. Interior spaces must be safe and suitable for all treatment and services provided, and furnishings must be kept in good and safe repair. This means that a small tear in the carpet or a major section of flooring peeling can be a potential trip hazard and cause a patient to become injured.²

The heating, ventilation, and air-conditioning (HVAC) mechanical system serves a crucial role as well. *Unsafe* found many violations involving faulty or inadequate HVAC systems in abortion businesses, which puts patients at a severe health risk by failing to ensure the air is free of airborne contaminants like viruses, bacteria, and spores. Although healthcareacquired infections primarily come from contaminants found on surfaces, humans, and devices, the HVAC system still plays an

essential role in minimizing the spread of contaminants and infection.³

AUL's investigation found at least 83 abortion facilities in at least 20 states were not in compliance with physical plant standards. One common violation was the failure to maintain the condition of the physical plant, including holes in the walls of operating rooms, firewalls, and ceilings. Also among the violations were: failure 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. Violations related to faulty or inadequate HVAC systems included no humidity devices in the operating room, not having negative air pressure in soiled areas and operating rooms, and vents covered or placed in inoperable locations. Other violations documented by state officials included:

- Failure to ensure firewalls are installed or maintained to protect patients;
- Failure to place vents in proper location, preventing firewalls from being effective;
- Emergency call systems missing or ineffective, preventing patients from calling for help in an emergency situation;
- Medical waste rooms located in common areas or other easily accessible places.

The states implicated include Alabama, Arizona, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, Utah, and Virginia.

ALABAMA

- Planned Parenthood of Alabama, Birmingham⁴
- Reproductive Health Services, Montgomery⁶

ARIZONA

- Planned Parenthood, Glendale⁷
- Planned Parenthood of Southern Arizona, Tucson⁸

CONNECTICUT

 Planned Parenthood of Connecticut Inc., Norwich⁹

FLORIDA

- A Medical Office for Women, North Miami Beach¹⁰
- A Woman's Choice. Hialeah¹¹
- A Woman's World Medical Center¹² ¹³
- A-1 Women's Health Care, Inc., Miami¹⁴
- Blue Coral Women's Care¹⁵ 16
- Gynecology and More, Inc.¹⁷

GEORGIA

- Atlanta Women's Clinic^{19 20 21}
- Cliff Valley Clinic²² ²³
- Summit Medical Associates²⁴ ²⁵

ILLINOIS

Aanchor Health²⁶

- Access Health Care Center²⁷ ²⁸ ²⁹
- Advantage Health Care³⁰
- Albany Medical Surgical Center³¹
- Hope Clinic for Women³²
- Michigan Avenue Center for Health³³
- Whole Woman's Health of Peoria³⁴

INDIANA

- Clinic for Women³⁵
- Planned Parenthood of Indiana and Kentucky, Bloomington^{36 37}
- Planned Parenthood of Indiana and Kentucky, Georgetown³⁸
- Women's Med Group Professional Corporation^{39 40}

LOUISIANA

- Delta Clinic of Baton Rouge⁴¹
- Women's Health Center⁴²

MASSACHUSETTS

- Four Women⁴⁴
- Planned Parenthood/Preterm Health Services, Greater Boston (Boston)⁴⁵
- Planned Parenthood/Preterm Health Services, Greater Boston (Fitchburg)⁴⁷
- Planned Parenthood/Preterm Health Services, Greater Boston (Marlborough)⁴⁸
- Planned Parenthood/Preterm Health Services, Greater Boston (Springfield)⁵⁰
- Planned Parenthood/Preterm Health Services, Greater Boston (Worcester)⁵¹

MICHIGAN

- Summit Women's Center⁵²
- Women's Center of Southfield⁵³

• Women's Medical Services, Muskegon⁵⁵

MISSISSIPPI

Jackson Women's Health Organization^{56 57}

MISSOURI

 Reproductive Health Services of Planned Parenthood, Springfield⁶⁰

NEW JERSEY

- Cherry Hill Women's Center⁶¹
- Metropolitan Surgical Associates⁶²
- Pilgrim Medical Center⁶⁴

NORTH CAROLINA

A Woman's Choice of Raleigh⁶⁵

OHIO

 Planned Parenthood Southwest Ohio Regional⁶⁶

OREGON

Lovejoy Surgicenter⁶⁷ 68 69 70 71 72 73 74

PENNSYLVANIA

- Allegheny Reproductive Health Center⁷⁵ ⁷⁶ ⁷⁷
- Allentown Health Center (Planned Parenthood)⁷⁸
- Allentown Women's Center⁷⁹
- Berger and Benjamin⁸⁰
- Hillcrest Women's Medical Center⁸¹
- Philadelphia Women's Center⁸² 83 84 85 86
- Planned Parenthood of Central Pennsylvania, York⁸⁷

- Planned Parenthood of Keystone, Reading⁸⁸
- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center⁸⁹ 90
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center^{91 92 93 94}
- Planned Parenthood of Southeastern Pennsylvania, Norristown⁹⁵
- Planned Parenthood Southeastern Pennsylvania, West Chester Health Center⁹⁶
- Planned Parenthood of Western Pennsylvania⁹⁷ 98 99 100 101 102
- Planned Parenthood of Keystone, Warminster¹⁰³
- Women's Medical Society¹⁰⁴

TENNESSEE

- Knoxville Center for Reproductive Health¹⁰⁵ ¹⁰⁶ ¹⁰⁷
- Memphis Center for Reproductive Health¹⁰⁸
- Planned Parenthood Memphis¹⁰⁹ ¹¹⁰ ¹¹¹ ¹¹²
 ¹¹³ ¹¹⁴ ¹¹⁵ ¹¹⁶ ¹¹⁷
- Planned Parenthood Nashville¹¹⁸ ¹¹⁹ ¹²⁰ ¹²¹
 122 123 124 125

UTAH

- Wasatch Women's Center Inc.¹²⁶
- Metro Health Center¹²⁷ ¹²⁸ ¹²⁹ ¹³⁰ ¹³¹ ¹³²

VIRGINIA

- A Capitol Women's Health Clinic¹³³
- A Tidewater Women's Health Clinic¹³⁴ ¹³⁵
- Alexandria Women's Health Clinic¹³⁶
- Amethyst Health Center for Women¹³⁷

- Annandale Women and Family Center¹³⁸
- Charlottesville Medical Center for Women¹³⁹
- Charlottesville Planned Parenthood¹⁴⁰
- Falls Church Healthcare Center¹⁴¹
- Hillcrest Clinic 142
- NOVA Women's Healthcare¹⁴³
- Peninsula Medical Center for Women¹⁴⁴

- Planned Parenthood, Blacksburg¹⁴⁵
- Planned Parenthood of Metro Washington, Falls Church 146
- Planned Parenthood, Roanoke¹⁴⁷
- Richmond Medical Center for Women¹⁴⁸ ¹⁴⁹
- Virginia Health Group¹⁵⁰
- Virginia League for Planned Parenthood¹⁵¹
- Virginia Women's Wellness¹⁵² 153

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PATIENT NEGLECT

The Unsafe reports are replete with citations for failure to monitor patients' vital signs. Vital signs are an important tool in assessing a patient's ongoing health status, measuring temperature, respiratory rate, pulse, blood pressure, and, where appropriate, blood oxygen saturation.¹ They reveal important information about patients, including the existence of an acute medical problem, a quantification of the body's reaction to physiologic stress, and a marker of chronic disease states.² In fact, vital signs are "essential in identifying clinical deterioration, and...[should] be measured consistently and recorded accurately" in healthcare settings.3 When vital signs are not consistently assessed, recorded, or interpreted, those medical lapses hinder timely interventions for deteriorating patients.4 Monitoring patient vital signs is a basic healthcare standard.

Notably, the World Health Organization (WHO) has discussed the importance of monitoring vital signs during abortions. The WHO directs that abortion providers should take women's vital signs during pre-abortion consultations because they are "useful baseline measurements." After a surgical abortion, WHO indicates women should not leave the abortion facility until their vital signs are normal. Yet abortion facilities have failed to record patient vital signs or even have the necessary equipment to record patient vital signs.

AUL's investigation found that at least 38

abortion facilities in at least 12 states (and the District of Columbia) were cited for not having qualified medical professionals monitoring the vital signs of patients during their abortion procedure and/or during the recovery period. States implicated include Arizona, Florida, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, North Carolina, Ohio, Pennsylvania, and Texas.

Violations documented by state officials included:

- Staff failing to record patient vital signs before, during, or after abortions.
- Failing to have the necessary equipment to record patient vital signs.
- Failure to provide vital signs records to emergency medical personnel while patient was being transferred to the hospital for emergency care

ARIZONA

- Camelback Family Planning, Phoenix⁷
- Desert Star Family Planning, Phoenix⁸
- Planned Parenthood, Glendale⁹

DISTRICT OF COLUMBIA

Washington Surgery Center¹⁰

FLORIDA

- A Woman's Choice. Hialeah¹¹
- A Woman's World Medical Center¹²

- A-1 Women's Health Care, Inc., Miami¹⁴ ¹⁵ ¹⁶
- All Women's Health Center of Jacksonville, Inc.¹⁷
- Blue Coral Women's Care¹⁸
- EPOC Clinic, Orlando²⁰
- Orlando Women's Center²¹

ILLINOIS

Access Health Care Center²²

INDIANA

- Planned Parenthood of Indiana and Kentucky, Bloomington²³ ²⁴
- Planned Parenthood of Indiana and Kentucky, Georgetown²⁵
- Planned Parenthood of Indiana and Kentucky. Merrillville²⁶

LOUISIANA

- Bossier City Medical Suite²⁷
- Causeway Medical Clinic²⁸
- Delta Clinic of Baton Rouge²⁹
- Gentilly Medical Clinic for Women³⁰
- Hope Medical Group for Women³¹

MARYLAND

- Associates in OB/GYN Care, Silver Spring³³
- Hagerstown Reproductive Health³⁴

MICHIGAN

- Sharpe Family Planning, Detroit³⁵
- Summit Women's Center³⁶
- Women's Center of Flint³⁷
- Women's Center of Southfield³⁸ ³⁹ ⁴⁰ ⁴¹

MISSOURI

 Reproductive Health Services of Planned Parenthood, St. Louis⁴²

NORTH CAROLINA

- Crist Clinic for Women⁴³
- Hallmark Women's Clinic⁴⁴
- Planned Parenthood, Fayetteville⁴⁵

OHIO

• Capital Care Network⁴⁶

PENNSYLVANIA

- Allegheny Reproductive Health Center⁴⁷
- Philadelphia Women's Center⁴⁸
- Planned Parenthood of Central Pennsylvania, York⁴⁹
- Planned Parenthood of Keystone, Reading⁵⁰
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center⁵¹ 52
- Planned Parenthood, Warminster Medical Center⁵³
- Women's Medical Society and Kermit Gosnell⁵⁴

TEXAS

• West Side Clinic, Fort Worth⁵⁵

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ENABLING ABUSERS

The Abortion Industry Fails to Protect Young Girls

JESSE SOUTHERLAND

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ews broke in late 2019 that a missing 15-year-old girl had been found.¹ The South Florida Sun Sentinel reported that the girl's mother found images of her daughter on Periscope, Pornhub, Modelhub, Snapchat, and other websites months after she went missing. Her kidnapper, Christopher Johnson, posted almost 60 pornographic videos of himself having sex with the young girl. Johnson was arrested and charged with lewd and lascivious battery of a child. A search warrant executed at Johnson's apartment produced paperwork from an abortion clinic. The detective documented in the arrest report that the "victim stated that she got pregnant from the defendant and he took her to the clinic to have an abortion."²

We know this tragic story is not an isolated incident. AUL's *Unsafe* reports uncovered over a dozen occasions when abortion businesses, in seven different states, failed to report suspected sexual abuse or implement policies to protect minors.

PENNSYLVANIA:

In November 2013, two of Planned Parenthood Southeastern Pennsylvania's clinics, Far Northeast Health Center and Locust Street Health Center, were cited for failing to have a statutory rape reporting policy that complied with Pennsylvania law. Both clinics claimed that while it was "a crime, it was not a mandated reportable incident" to go into the details of the patients' ages. During the inspection of the Far Northeast Health Center, a review of medical records indicated that there were two unmarried pregnant children under the age of 16 who obtained abortions at the facility. The facility failed to ascertain if the child had sexual intercourse with an individual who was four or more years older than the child, which would be criminal rape under state law. During the inspection of the Locust Street Health Center, a review of medical records indicated that

there were six unmarried pregnant children under the age of 16 who obtained abortions at the facility. The facility didn't bother to find out if any had sexual intercourse with an individual who was four or more years older than her. Four of those patients were 13 years old and two of those patients were 14 years old. One of the patients reported her age of first intercourse as 11 and another reported her age of first intercourse as 12.4

ALABAMA:

An abortion clinic in Mobile failed to report suspected abuse of a 14-year-old girl with two living children from separate births who obtained two abortions at the same clinic in the span of four months.⁵ State law requires abortion businesses to report the pregnancy of a child under the age of 14 to the Alabama Department of Human Resources.

At a Birmingham clinic, the inspector discovered evidence of a 17-year-old being coerced into the abortion by her mother. The counseling record form showed:

"Do you think having this abortion is in your best interest?"

"No."

"Are you sure you want to have an abortion?"

"No."

"Do you think you will most likely be able to go on with your normal activities without emotional or psychological problems because of the abortion?"

"No."

"Why do you want to have the abortion?"

"Because my mother want[s] me to." (emphasis added)6

There was no documentation that staff followed up with the patient to discuss her concerns.

At the same Alabama clinic, an administrator said she was unaware there was a

mandatory reporting law. A 14-year-old obtained an abortion and an undated progress note stated both the patient and mother verified the unborn child's father was 16 years old, making it rape in the second degree in Alabama.⁷ One employee said she did not have a policy for when and to whom abuse was to be reported. The inspector asked if the Medical Director followed reporting requirements for minors who come to obtain an abortion, but the Medical Director didn't know to document what the minor patient said about the age of the father and didn't know how or to whom to report to. Ultimately, no documentation of the 14-year-old was reported by the facility.⁸

COLORADO:

A girl, referred to as R.Z., went to Planned Parenthood Rocky Mountains' Denver clinic in 2012 with her stepfather to obtain an abortion. According to court documents, although the girl wrote her correct birth date on forms, the clinic employees did not question her or report suspected sexual abuse as required by Colorado law.⁹ Her stepfather also instructed the clinic employees to give her a birth control injection. After the abortion, the girl left unaccompanied and met her stepfather in the parking lot. Over a month later, the girl told her mother and after learning of her daughter's birth control injection and abortion, the mother filed a lawsuit. The stepfather was later convicted of felony sexual abuse and sent to prison.

KANSAS:

A Planned Parenthood doctor's medical license was suspended for 90 days for failing to preserve and submit the fetal tissue to the Kansas Bureau of Investigation after performing an abortion on a 13-year-old patient, as required by the state's Child Rape Protection Act.¹⁰ The potential injury from this violation is severe in that a failure to preserve and submit fetal tissue may hinder a criminal prosecution. According to the petition with the Kansas State Board of Healing Arts, the 13-year-old girl impregnated by her 19-year-old boyfriend obtained an abortion at what then was known as Comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri Inc. in December 2014.¹¹

WASHINGTON:

A teen girl, referred to by the initial "R," had become pregnant three times—when

she was 14, 16, and 17 years old. In each case her father, George Savanah, who had been sexually abusing her, took her to Planned Parenthood for an abortion. Records from Planned Parenthood confirmed that Savanah took "R" to the clinics for the procedures. In all three abortions performed, the clinic failed to alert authorities and protect the girl. The jury convicted her father, George Savanah, of two counts of third-degree rape of a child and two counts of incest.¹²

There are many other tragic stories like these involving abortion businesses that have failed to protect minors time after time.

These sort of failures at abortion businesses appear numerous and sometimes even if clinic employees try to follow the law, they can be stymied by their superiors. For example, Mayra Rodriguez had been working for Planned Parenthood in Arizona for over 15 years, becoming the health clinic administrator at two Planned Parenthood facilities and being named "employee of the year" in 2016. But she was fired in 2017 after making several complaints against doctors and questioning clinic practices. Rodriguez reported to a supervisor that a manager violated state law by not reporting that a minor with an adult partner was seeking an abortion, according to court records. In 2019, a Maricopa County jury found Rodriguez was doing her job by reporting her concerns. The jury returned a verdict directing Planned Parenthood of Arizona to pay her \$3 million.

Mandatory reporting laws require healthcare providers to check for evidence of sexual abuse of young patients, hopefully ending the abuse by separating the abuser and victim and pursuing criminal charges. Almost every state has laws on the books designating professions whose members are mandated by law to report child maltreatment. Individuals designated as mandatory reporters typically include physicians, nurses, counselors, and other health-care workers. Mandatory reporters are required to report the facts and circumstances that led them to suspect that a child has been abused or neglected. They are also free of the burden of providing proof that abuse or neglect has occurred.¹³

State legislatures have a unique opportunity to hold healthcare providers, including abortion businesses, accountable in protecting minors. It is for this reason state lawmakers pass mandatory reporting laws, and the consequences of not following these laws are dire. Studies show, and public health experts agree, that there is a legitimate purpose to mandatory reporting laws which can offer better outcomes to victims than states that don't have them in place since reporting significantly reduces the likelihood of continued abuse. ¹⁴ Doctors are

in a unique position to assess and report suspected abuse. When a child turns up pregnant, essential questions must be asked, including about the paternity of that baby. Performing abortions does not negate this responsibility to patient health and safety. When abortion practitioners choose not to obey these laws, abuse victims suffer. Minor girls are far too frequently left vulnerable and helpless when they walk through the doors of an abortion business. Abortion businesses must do better.

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ENABLING ABUSERS

AUL's investigation found that at least 14 abortion facilities in at least 7 states either failed to report suspected sexual abuse of a minor or failed to implement practices to protect minor girls from ongoing sexual abuse. The states implicated include Alabama, Kansas, Louisiana, Pennsylvania, South Carolina, Texas, and Virginia.

Violations documented by state officials included:

- Staff provided abortions to patients under the state's age of consent and did not report those instances to the state, potentially allowing child sexual abuse to continue:
- Failure to ensure systems were in place to report instances of minors receiving abortions, potentially allowing child sexual abuse to continue:
- Failure to properly post human trafficking informational signs.

ALABAMA

- Beacon Women's Center, Montgomery¹
- Planned Parenthood of Alabama, Mobile²
- Reproductive Health Services, Montgomery³

KANSAS

 Comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri Inc. and Allen S. Palmer⁴

LOUISIANA

- Causeway Medical Center⁵
- Delta Clinic of Baton Rouge⁷
- Women's Health Center⁸

PENNSYLVANIA

- Planned Parenthood Southeastern Pennsylvania, Far Northeast Health Center⁹
- Planned Parenthood Southeastern Pennsylvania, Locust Street Health Center¹⁰

SOUTH CAROLINA

Charleston Women's Medical Center¹¹

TEXAS

Hilltop Women's Reproductive Clinic¹²

VIRGINIA

- Alexandria Women's Health Clinic¹³
- Amethyst Health Center for Women¹⁴
- Planned Parenthood Metropolitan Washington, Falls Church¹⁵

- Ala. Dep't of Pub. Health, Statement of Deficiencies for Beacon Women's Center (Feb. 1, 2010).
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LACK OF INFORMED CONSENT

As a patient, you have certain rights. Some are guaranteed by federal law, such as the right to obtain a copy of your medical records and the right to keep them private. Many states have additional laws protecting patients. Healthcare facilities often have a patient bill of rights as well. An important patient right is informed consent. This means that if you need a treatment, your health care provider must give you the information you need to make a decision.¹

Informed consent has become the primary paradigm for protecting the legal rights of patients and guiding the ethical practice of medicine. It safeguards patients' rights to autonomy, self-determination, and inviolability. Informed consent laws seek to respect patient autonomy by ensuring that treatment is directed toward the ends desired and is chosen by the patient. Thus, informed consent is intended to shift the decision making away from the physician and to the patient. The informed consent document ensures that patients simply do not advance to the operating room without a signed consent form.²

The informed consent process, whether posting proper information, verbal communication, or forms, includes a mutual sharing of information over time between the clinician and the patient to facilitate the patient's autonomy in the process of making ongoing decisions. Abortion businesses have the obligation to

make informed consent possible for patients by giving them the knowledge they need to make the right decision, and it should be clear to patients that their continued medical care by a given physician is not contingent on their making the choice that the physician prefers.³

The *Unsafe* reports found that at least 86 abortion facilities in at least 21 states were cited for failing to provide or post all required informed consent information. The implicated states include Alabama, Arizona, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Michigan, Missouri, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia.

Violations documented by state officials included:

- Failure to obtain required informed consent at the required time, such as on the same day of procedures or within the state's required window of time;
- Failure to have the appropriate licensed staff member obtain the required informed consent:
- Failure to post or provide patients with contact information for complaint hotlines;
- Failure to post clinic's license information in a place where patients could easily see it.

ALABAMA

- Alabama Women's Center for Reproductive Alternatives⁴
- Beacon Women's Center, Montgomery⁵
- Planned Parenthood of Alabama, Birmingham^{6 7}
- Planned Parenthood of Alabama, Mobile^{8 9}

ARIZONA

Desert Star Family Planning, Phoenix¹⁰

CONNECTICUT

- Hartford GYN Center¹¹
- Planned Parenthood of Connecticut Inc., Norwich¹²

FLORIDA

- A Gyn Diagnostic Center, Inc. 13
- A Medical Office for Women, North Miami Beach¹⁴
- A Woman's Center of Hollywood¹⁶
- A Women's Choice, Inc.¹⁷
- A Woman's World Medical Center¹⁸
- All Women's Health Center¹⁹
- All Women's Health Center of Orlando²⁰
- All Women's Health Center of Tampa, Inc.²¹
- Blue Coral Women's Care²²
- Bread and Roses Women's Health Center²³
- East Cypress Women's Center²⁵
- EPOC Clinic, Orlando²⁷ ²⁸
- Fort Lauderdale Women's Center²⁹
- Gynecology and More, Inc. 30 31 32
- Millennium Women Center³³
- North Florida Women's Services³⁴

- Planned Parenthood of South Florida and the Treasure Coast^{35,36}
- Planned Parenthood of Southwest and Central Florida^{37 38}

GEORGIA

Atlanta Women's Clinic³⁹

ILLINOIS

- Advantage Health Care⁴⁰ 41
- Whole Woman's Health of Peoria⁴²

INDIANA

- Planned Parenthood of Indiana and Kentucky, Bloomington⁴³
- Planned Parenthood of Indiana and Kentucky, Georgetown⁴⁴
- Planned Parenthood of Indiana and Kentucky, Lafayette⁴⁵
- Planned Parenthood of Indiana and Kentucky, Merrillville⁴⁶
- Women's Med Group Professional Corporation⁴⁷
- Women's Pavilion⁴⁸

KANSAS

Planned Parenthood of the Great Plains⁴⁹

LOUISIANA

- Delta Clinic of Baton Rouge⁵⁰
- Women's Health Center⁵¹

MARYLAND

• Whole Woman's Health of Baltimore⁵³

MICHIGAN

Women's Center of Southfield⁵⁴

MISSOURI

- Comprehensive Planned Parenthood⁵⁶
- Reproductive Health Services of Planned Parenthood, St. Louis⁵⁷ 58 59 60

NEW JERSEY

- Cherry Hill Women's Center⁶¹
- Metropolitan Surgical Associates⁶²

NORTH CAROLINA

- A Preferred Women's Health Center, Charlotte⁶³
- A Woman's Choice of Greensboro⁶⁴
- A Woman's Choice of Raleigh⁶⁵ 66 67
- Family Reproductive Health⁶⁸
- Planned Parenthood South Atlantic of Central North, Chapel Hill⁶⁹

OHIO

- East Health Central Ohio (Planned Parenthood)⁷⁰
- Founder's Women's Health Center^{71 72 73}
- Planned Parenthood, Bedford Heights⁷⁴
- Planned Parenthood Fast Health Center⁷⁵
- Planned Parenthood Southwest Ohio Regional⁷⁷
- Preterm Abortion Clinic⁷⁸
- Women's Med Center of Dayton⁷⁹

OREGON

Lovejoy Surgicenter^{80 81 82}

PENNSYLVANIA

- Allentown Health Center (Planned Parenthood)⁸³
- Drexel OB/GYN Associates, Philadelphia⁸⁴
- Hillcrest Women's Medical Center⁸⁵
- Planned Parenthood of Keystone, Allentown⁸⁶
- Planned Parenthood of Keystone, York⁸⁷
- Planned Parenthood of Southeastern Pennsylvania, Far Northeast Health Center⁸⁸
- Planned Parenthood of Western Pennsylvania⁸⁹

SOUTH CAROLINA

Greenville Women's Clinic⁹⁰

TENNESSEE

Planned Parenthood Nashville⁹¹

TEXAS

- Hilltop Women's Reproductive Clinic⁹³
- Houston Women's Clinic⁹⁴
- Planned Parenthood Center for Choice Stafford⁹⁵
- Planned Parenthood of Greater Texas Austin⁹⁶
- Reproductive Services El Paso⁹⁷
- Suburban Women's Clinic Houston⁹⁸
- Whole Woman's Health Austin⁹⁹
- Whole Woman's Health Beaumont¹⁰⁰
- Women's Health Center Houston¹⁰¹

VIRGINIA

Alexandria Women's Health Clinic¹⁰²

- Amethyst Health Center for Women¹⁰⁴
- Annandale Women and Family Center¹⁰⁵
- Charlottesville Planned Parenthood¹⁰⁷
- Hillcrest Clinic¹⁰⁸
- NOVA Women's Healthcare¹⁰⁹ ¹¹⁰

- Peninsula Medical Center for Women¹¹¹
- Planned Parenthood of Metropolitan Washington, Falls Church¹¹²
- Virginia Health Group¹¹³
- Virginia League for Planned Parenthood¹¹⁴
- Virginia Women's Wellness¹¹⁵
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- 9. Ala. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood of Alabama, Mobile (May 11, 2016).
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- 21. Fla. Agency for Health Care Admin., Statement of Deficiencies for All Women's Health Center of Tampa, Inc. (Apr. 28, 2016).
- 22. Fla. Agency for Health Care Admin., Statement of Deficiencies for Blue Coral Women's Care, Inc. (Mar. 22, 2017).
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- 25. Fla. Agency for Health Care Admin., Statement of Deficiencies for East Cypress Women's Center (Jan. 19, 2016).
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- 33. Fla. Agency for Health Care Admin., Statement of Deficiencies for Millennium Women Center (Mar. 21, 2017).
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- 50. La. Dep't of Health and Hospitals, Statement of Deficiencies for Delta Clinic of Baton Rouge (Jan. 25, 2017).
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- 85. Pa. Dep't of Pub. Health, Statement of Deficiencies for Hillcrest Women's Medical Center (Apr. 27, 2011).
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FAILURE TO PROVIDE PUBLIC INFORMATION

Most states have laws that require abortion facilities to submit one or more of the following types of reports: the demographic background of patients who have abortions; the type of abortion (chemical or surgical): adverse events; how the patient paid for the abortion; gestational age of the aborted fetus; and reports regarding a minor's abortion. They also require reporting of complications related to the abortion procedure—information that is necessary not only to provide women with accurate information for informed consent but also to ensure and improve the health and safety of women who choose abortion. These laws are consistent with other laws and regulations requiring medical practitioners to report a broad range of information relating to the outcomes of various health interventions. Unfortunately, the Unsafe reports reveal that abortion operations regularly fail to file legally mandated abortion reports, or provide false or inadequate data.

AUL's investigation found that at least 41 abortion facilities in at least 17 states have been cited for failing 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 implicated states include Arizona, California, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Missouri, Nebraska, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia.

Violations documented by state officials included:

- Failure to report incidents, adverse events, or hospitalizations to the state as required by law;
- Failure to report abortion numbers to the state as required by state law.

ARIZONA

- Desert Star Family Planning, Phoenix²
- Planned Parenthood, Glendale^{3 4}

CALIFORNIA

- Planned Parenthood Orange & San Bernardino, Orange⁵
- Planned Parenthood of Ventura⁶

FLORIDA

- All Women's Clinic⁷
- Tampa Woman's Health Center, Inc.⁸

GEORGIA

- Atlanta Women's Clinic⁹
- Cliff Valley Clinic¹⁰ ¹¹ ¹²

ILLINOIS

- Albany Medical Surgical Center¹³
- Whole Woman's Health of Peoria¹⁴

INDIANA

 Planned Parenthood of Indiana and Kentucky, Georgetown¹⁵

KENTUCKY

 Planned Parenthood of Indiana and Kentucky¹⁶

LOUISIANA

- Delta Clinic of Baton Rouge^{17 18 19}
- Hope Medical Group for Women²⁰ ²¹ ²²
- Women's Health Center²³ ²⁴ ²⁵ ²⁶

MICHIGAN

- Eastland Women's Clinic²⁷
- Sharpe Family Planning²⁸
- Summit Women's Center^{29 30}
- Women's Center of Southfield³¹

MISSOURI

 Reproductive Health Services of Planned Parenthood, St. Louis³²

NEBRASKA

 Planned Parenthood of the Heartland, Lincoln³⁴

OHIO

- Capital Care Network³⁵
- Founder's Women's Health Center³⁶
- Planned Parenthood, Bedford Heights³⁸

PENNSYLVANIA

 Allentown Health Center (Planned Parenthood)³⁹

- Drexel OB/GYN Associates, Philadelphia⁴⁰
- Philadelphia Women's Center⁴¹
- Planned Parenthood of Keystone, Allentown⁴³
- Planned Parenthood of Keystone, Warminster⁴⁴
- Planned Parenthood of Southeastern Pennsylvania, Locust Street Health Center⁴⁶

SOUTH CAROLINA

- Charleston Women's Clinic⁴⁷
- Columbia Health Center (Planned Parenthood)⁴⁸
- Greenville Women's Clinic⁴⁹

TENNESSEE

- Knoxville Center for Reproductive Health⁵⁰
- Planned Parenthood Memphis⁵¹
- Planned Parenthood Nashville⁵³

TEXAS

 Planned Parenthood Northeast Sexual Healthcare, San Antonio⁵⁵

VIRGINIA

- Annandale Women and Family Center⁵⁶
- Falls Church Healthcare Center⁵⁷
- Planned Parenthood, Blacksburg⁶⁰
- Virginia Health Group⁶¹

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- 8. Fla. Agency for Health Care Admin., Statement of Deficiencies for Tampa Woman's Health Center, Inc. (Dec. 18, 2018).
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- 15. Ind. State Dep't of Health, Statement of Deficiencies for Planned Parenthood of Indiana and Kentucky, Georgetown (Nov. 13, 2014).
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- 17. La. Dep't of Health and Hospitals, Statement of Deficiencies for Delta Clinic of Baton Rouge (Jan. 25, 2017).
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- 21. La. Dep't of Health and Hospitals, Statement of Deficiencies for Hope Medical Group for Women (June 7, 2017).
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- 23. La. Dep't of Health and Hospitals, Statement of Deficiencies for Women's Health Care Center (Oct. 19, 2010).
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- 38. Ohio Dep't of Health, Statement of Deficiencies for Planned Parenthood Bedford Heights (Dec. 1, 2016).
- 39. Pa. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood of Northeast and Mid-Penn Allentown Health Center (Apr. 1, 2014).
- 40. Pa. Dep't of Pub. Health, Statement of Deficiencies for Drexel OB/GYN Associates, Philadelphia (Apr. 23, 2013).
- 41. Pa. Dep't of Pub. Health, Statement of Deficiencies for Philadelphia Women's Center (Sept. 30, 2017).
- 42. Pa. Dep't of Pub. Health, Statement of Deficiencies for Philadelphia Women's Center (Jan. 11, 2018).
- 43. Pa. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Keystone Allentown (Nov. 30, 2017).
- 44. Pa. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood of Warminster (Aug. 22, 2017).
- 45. Pa. Dep't of Pub. Health, Statement of Deficiencies for Planned Parenthood Keystone Warminster (Nov. 29. 2017).
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ABOUT AMERICANS UNITED FOR LIFE

Americans United for Life is the legal arm of the pro-life movement. As the nation's premier pro-life legal team, we work through the law and legislative process to one end: Achieving comprehensive legal protection for human life from conception to natural death. We hold the unique distinction of being the first national pro-life organization in America, incorporated in 1971, two years before the infamous *Roe v. Wade* decision.

AUL's legal team has been **involved in every abortion-related case before the U.S. Supreme Court** since *Roe v. Wade*, including AUL's successful defense of the Hyde Amendment before the High Court. AUL's legal expertise and acumen set the bar in the pro-life community for the creation of effective and defensible pro-life laws. At the state, federal, and international levels, AUL works to advance life issues through the law and does so through measures that can withstand judicial obstacles and ultimately be enforced. AUL knows that reversing *Roe v. Wade* can be accomplished through deliberate, legal strategies that accumulate victories, build momentum, and restore a culture of life.

A LEADER IN THE STATES:

AUL works at the state level to craft tailored strategies and legislative tools that will assist state and local officials as they defend and protect life. **In all 50 states,** AUL's team has worked with governors, legislators, and pro-life leaders to ensure that everyone is welcomed in life and protected in law. AUL drafts legislation and provides in-depth legal analysis and expert testimony on critical life issues being debated in the states.

An example of success: since 1985 AUL has spearheaded efforts both to educate about and to pass fetal homicide laws, protecting unborn victims of violence. As a result, 36 states – and counting – now have fetal homicide laws.

A LEADER IN PRINT:

Comprehensive analysis and state-by-state insight are extraordinary resources that AUL makes available to pro-life leaders, attorneys, and officeholders nationwide. **Defending Life**, an annual guide which details the life initiatives underway in

all 50 states, analyzes important issues, provides model legislation, and compares the 50 states in the well-publicized "Life List," which ranks the states based on their progress on the full spectrum of life issues.

Defending Life has been unparalleled in pointing the way to protecting women now, to limiting the abortion license created by the Supreme Court, and to preparing the ground to overturn *Roe*.

A LEADER AROUND THE WORLD:

AUL is also defending life around the world. Though human rights belong to all human beings, anti-life forces seek to develop a body of international law that provides for a "right to abortion" that agenda-driven U.S. judges will, in turn, impose upon America. Joining with pro-life lawyers around the world, AUL fights this at the United Nations, in international courts, and in other countries. Our groundbreaking Latin American counterpart to *Defending Life*, *Defending the Human Right to Life in Latin America*, was published in Spanish and in English in 2011. An interactive web page with the latest updates and additional country reports was launched in 2014, and is continuously updated on at www.aul.org. AUL attorneys regularly consult with pro-life allies in other countries to assist them in passing and defending pro-life laws.

A LEADER AMONG LEADERS:

AUL experts write for news outlets and speak at events nationwide. You can find AUL on television, in print, and on informative websites every day. AUL has been innovative in getting its message out through online events and inventive media strategies.

AN AWARD WINNING VIEWPOINT:

The national vantage point of AUL's operation makes it uniquely qualified to recognize and honor pro-life leadership for accomplishments at state, federal, and international levels, often achieved in partnership with AUL's team. Among the leaders who have accepted AUL's honors for their consistent and effective efforts to protect life are the legendary Rep. Henry Hyde, Rep. Chris Smith, Gov. Haley Barbour, and U.S. Speaker of the House John Boehner.

AUL's work promotes a culture of life through the law. For assistance on legislation, questions about litigation, or to have AUL host a briefing for legislators and policy makers in your state, please contact:

Americans United for Life

(202) 289-1478 info@AUL.org AUL.org

AUL'S PROVEN TRACK RECORD OF SUCCESS

With more than 40 years of pro-life legal leadership, AUL has a distinguished record of accomplishments, but a few key victories stand out as representative of AUL's unique contributions to pro-life success.

1. Winning the Hyde Amendment Cases Before the U.S. Supreme Court.

In 1980, AUL won an historic victory for the Hyde Amendment in the celebrated U.S. Supreme Court case, *Harris v. McRae*, and its companion case, *Williams v. Zbaraz*. AUL's attorneys were counsel for both cases, and AUL attorney Victor Rosenblum argued *Zbaraz* before the Court. These monumental court decisions upheld federal and state prohibitions on public funding of abortion except in cases where the life of the mother is implicated, resulting in as many as two million human lives saved since 1980.

2. Establishing Fetal Homicide Laws in 36 states.

A fetal homicide law recognizes an unborn child as a potential victim of criminal violence. AUL's legal experts laid the intellectual groundwork to implement these laws nationwide. At the time of the *Roe* decision in 1973, only three states enforced these protective laws. Today, 36 states have fetal homicide laws in place, and 30 of these states protect the child beginning at conception.

3. Defending Life, Reducing Abortions State by State.

According to scholar Dr. Michael J. New, AUL's crucial work in helping pass and enact parental involvement laws, informed consent laws, and limits on taxpayer funding of abortion has reduced abortions across the country by an estimated 25

percent since 1992 (when the Supreme Court's decision in *Planned Parenthood v. Casey* opened the door to more significant regulations of abortion). In 2006, AUL decided to make its legal knowledge accessible to pro-life legislators and activists across the country and published the first edition of *Defending Life*, which instantly became known as the "pro-life playbook."

4. A Leading Role in the Fight Against Suicide by Physician.

In 1980, AUL published an important book on "Death, Dying and Euthanasia" and has continued to oppose every bill seeking to legalize suicide and to be involved in every significant case, at the state and federal level, concerning legalized suicide, including the extensive role AUL played in *Baxter v. Montana* in 2009.

Consider supporting the life-saving work of Americans United for Life by making a gift at AUL.org today.



PRAISE FOR AMERICANS UNITED FOR LIFE



KRISTI NOEM | Governor of South Dakota

"I applaud Americans United for Life for its courage and commitment to life by way of the publication of *Unsafe*. This detailed report exposes the terrible conditions in America's abortion businesses—conditions which endanger the lives of some of America's most vulnerable women. I will continue to lead the charge in South Dakota to protect the preborn because every person has an inalienable right to life."



STEVE SCALISE | U.S. House of Representatives Minority Whip, Louisiana's 1st District

"Unsafe, this shocking new report from Americans United for Life, highlights the dangers of the abortion industry across 39 states. As a member of Congress and a former state legislator, I know first-hand what an asset this report will be to help keep women safe, protect the unborn, and expose the truth about the abortion industry. It's an honor to stand with Americans United for Life as they shine a light on the abortion industry for all Americans to see."



STEVE DAINES | U.S. Senator. Montana

"I am grateful to Americans United for Life for its work publishing *Unsafe*. It is critical that legislators and the public have this information to expose and combat the abortion industry in the fight to protect preborn babies and their mothers from abortion."



MEGHAN McCAIN | Co-Host, ABC's The View

"I applaud Americans United for Life for their comprehensive beginning-to-end approach, which is reducing abortions and helping state after state enact life-saving law and policy. We cannot let politics overrule what science and medicine reveals to be true about our shared humanity."



THE WASHINGTON POST

"Americans United for Life ... frames proposals that will be palatable to state legislatures, can be discussed in ways that will generate less political backlash and will appeal to the courts that will eventually have to review legislative intent and discussion."

Americans United for Life presents "Unsafe: America's Abortion Industry Endangers Women," a groundbreaking 50-state investigative report on America's abortion industry conditions. "Unsafe" details the reality of conditions in abortion businesses, documenting that more than 300 facilities in 39 states were cited for more than 2,400 health and safety deficiencies between 2008 and 2020, including hundreds of significant violations of state laws meant to ensure basic health and safety. "Unsafe" equips advocates and lawmakers with evidence of the need for health and safety standards, and empowers all Americans in calling for comprehensive health and safety protections in every state.

