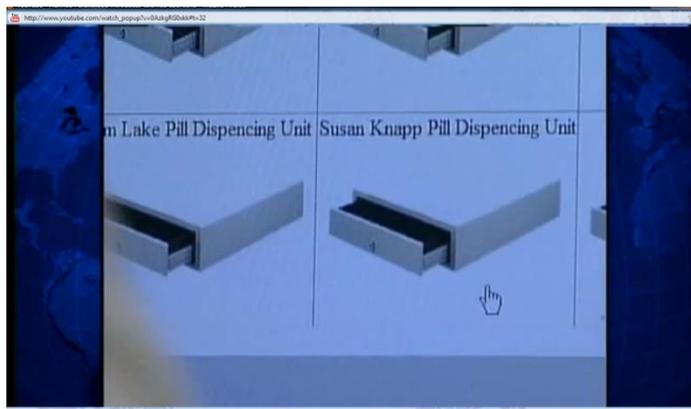


Complaint and request for criminal investigation of Planned Parenthood of the Heartland, Thomas William Ross, D.O., and Susan Haskell, D.O.

Complaint Narrative

This is a formal request for an investigation into the legality of medical abortions dispensed by remote-controlled Internet hook-up that are being done at twelve Planned Parenthood of the Heartland (PPH) clinics in Iowa. The process known, as “telemed abortion” is being done without a licensed physician ever examining the patient. In fact, the physician is off site and could be over 100 miles away.

The licensed physicians employed by PPH who are involved in the telemed abortion scheme are Susan Haskell and Thomas William Ross. Haskell, Ross, and possibly others dispense abortion drugs to patients at about a dozen locations all over Iowa without ever examining them and without ever leaving the main office in Des Moines. The physicians see the patients at outlying clinics only once in a brief visit over an Internet teleconferencing connection. After the brief consult via Internet connection, the licensed physician pushes a button on his computer screen, which electronically opens a drawer in the remote clinic



This is a screen shot from a video news report showing the computerized dispensing screen. Notice the misspelling of the word “Dispensing.” (See Reference 9 for a link to the entire video report.)

containing the abortion drugs Mifepristone (RU 486, sometimes referred to as Mifeprex) and misoprostol, also known as Cytoec. The patient takes a dose of Mifepristone in the clinic then is sent home with the rest of the medication to take on her own. The licensed physician never sees the patient again, even for follow-up or in the event of complications.

An abortion is legally defined in **Iowa Code 146.1** as, “the termination of a human pregnancy with the intent other than to produce a live birth or to remove a dead fetus.” That definition would include medical abortions. It is a legal requirement that abortions in Iowa only be done by “licensed physicians.”

The abortion drugs used in this remote-controlled abortion process are only to be dispensed by a licensed physician, and are not available by prescription alone.

A report on telemed abortions in Iowa has been attached to this letter of complaint. A digital copy with hot links is available online.¹

There is concern about the following:

1. **Violation of the law:** The lack of presence or examination by an onsite licensed physician violates Iowa law and endangers the life, health, and safety of women.

2. **Planned Parenthood protocols deviate from FDA approved protocols:** [The FDA-approved protocol](#)² for this type of medical abortion using RU486, also known as Mifepristone or Mifeprex, and its counterpart, misoprostol, is different than the protocols used by Planned Parenthood of the Heartland, where the patient is never physically examined by a licensed physician at anytime during the process or afterwards. Refer to table below:

	FDA Protocols ²	Planned Parenthood of the Heartland Protocols
License Physician On Site	Yes	No
Gestational age limit	49 days (7 weeks)	63 Days (9 weeks)
Dosage	3 tablets of 200 mg of Mifeprex orally at once under dr. supervision 72 hours later, 2 tablets of 200 mcg of misoprostol orally at once	1 “pill” of Mifeprex to be taken at the remote clinic, Unknown dosage of Misoprostol to be taken at home
Number of required office visits	3	1-2
Follow up visit interval	2 weeks after abortion	2-3 weeks after abortion with worker other than licensed physician (appears to be optional)

3. **Criminal Negligence and Consumer Protection Issues:** PPH knowingly and intentionally violates FDA protocols, manufacture warnings, and doses patients beyond approved safety limits. It misrepresents the complication/failure rate to patients so they cannot make fully informed decisions about a serious medical process that terminates a unique human life.
- Deviation from FDA protocols for the use of RU 486 presents health and safety risk to women:** Studies show that medical abortions of the kind done by PPH indicate a minimum [5-8% failure rate](#)³ requiring surgical intervention. PPH misrepresents the failure rate to be as much as 400% lower at [only 2%](#)⁴. Failure of a medical abortion could result in continued pregnancy with substantial risk of fetal anomaly, partial retention of pregnancy tissue leading to a massive infection risk, and other life-threatening [complications](#)⁵. So far at least 13 deaths have been attributed to medical abortion along with over 1,100 serious complications. This drug is only approved for use through the 49th day of pregnancy. PPH is using it on pregnancies two weeks beyond the safety limit of this drug. (See chart above.) This presents an unacceptable health risk to women who never have access to an on-site examination by a licensed physician.
 - Misoprostol Use Violates Manufacturer Warnings:** The second abortion drug, misoprostol, also known as Cytotec, is sent home with the patient for her to self-administer. This drug, developed by Searle Pharmaceuticals, was meant as an ulcer treatment. Searle has [objected](#)⁶ to the use of Cytotec in combination with other drugs to induce abortions because the company has serious safety concerns about that

application. (See attached e-mail copy.) It may be that a generic form of the drug from another manufacturer is used in order to conceal these manufacturer warnings from patients. In addition, misoprostol has also been reported to cause uterine rupture (tearing) when given after the eighth week of pregnancy, which can result in [severe bleeding, hysterectomy, and/or maternal or fetal death](#).⁷ PPH knowingly administers the drug for unsupervised use at home one week past the safety limit.



Screen shot from video report on telemed abortions shows one of the medications prescribed is misoprostol, an ulcer drug which was never meant to be used for abortions, and can cause uterine rupture if used after 8 weeks of pregnancy. PPH uses it through the 9th week of pregnancy, with no licensed physician in sight for follow-up or in the event of emergency.

4. **Consumer Protection Issues with Insurance Billing Practices:** Operation Rescue research shows that women with insurance are charged \$1,000 for medical abortions in Iowa without the benefit of an on-site licensed physician. This is twice the \$500 fee that Planned Parenthood of the Heartland charges for “cash” patients, and is well beyond the national average of \$390 for such abortions (with licensed physician present). This has the undesirable effect of driving up insurance costs, and is an unethical fiscal practice.
5. **Patient Abandonment:** The telemed abortion process virtually eliminates the doctor/patient relationship. The licensed physician never personally sees or examines the patient. After the brief Internet teleconference, the physician ever sees the patient again, even if complications present. Common complications include incomplete abortion, which can pose a life-threatening emergency. [Surgical intervention](#)⁸ is necessary in such complications. In 2006, [the FDA issued a warning](#)¹⁰ citing 2 additional deaths reported from the use of Mifeprex. The lack of physician supervision constitutes a life-threatening danger to women. The emergency plan consists of the patient finding her way to whatever hospital emergency room she can, where she will be treated by a physician other than a Planned Parenthood doctor. Some of the clinics offering telemed abortions are not within 100 miles of an emergency room. If this is not illegal in Iowa, it should be.

Please fully investigate this risky “telemed abortion” scheme, and take whatever legal action is appropriate, including injunctive relief and criminal charges, to protect women from an abortion process that is apparently illegal and certainly dangerous.

Below is a full report that contains additional information and links to audio files of Planned Parenthood employees explaining the “telemed abortion.” It can also be views online with active links at <http://www.operationrescue.org/archives/special-report-telemed-abortions-endanger-women-and-drive-up-insurance-costs/>. Copies of the audio files containing the complete conversations are available upon request.

References:

1. Special Report: 'Telemed Abortions' Endanger Women and Drive Up Insurance Costs by Cheryl Sullenger, March 29, 2010 <http://www.operationrescue.org/archives/special-report-telemed-abortion-4354.htm>
2. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>
3. <http://www.rxlist.com/mifeprex-ru486-drug.htm>
4. http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.htm?_utma=1.625041535.1275934872.1276792619.1276869627.3&_utmb=1.18.10.1276869627&_utmc=1&_utmz=1.1276869627.3.3.utmcsr%3Dyahoo|utmccn%3D%28organic%29|utmcmd%3Dorganic|utmctr%3Dplanned%2520parenthood%2520of%2520the%2520heartland&_utmv=-&_utmh=244778117
5. <http://www.rxlist.com/mifeprex-ru486-drug.htm>
6. <http://www.drugdanger.com/Cytotec/SearleWarning.htm>
7. <http://www.drugs.com/mtm/cytotec.html#ixzz0rDBgluoX>
8. <http://www.rxlist.com/mifeprex-ru486-drug.htm>
9. <http://www.youtube.com/watch?v=1D2wlm2liso&feature=related>
10. <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm150698.htm>

Attachments

1. "Special Report: Telemed Abortions" by Cheryl Sullenger, Operation Rescue
2. E-mail from Michael Cullen, MD, Medical Director, Searle Pharmaceuticals, dated August 23, 2000

Attachment 1

Special Report: ‘Teleded Abortions’ Endanger Women and Drive Up Insurance Costs

- Posted March 29, 2010 at 9:24 am

Obamacare could force taxpayers to pay double for medical abortions

A special report from Operation Rescue
By Cheryl Sullenger, Senior Policy Advisor

There is a disturbing new trend in the abortion industry that could be endangering the lives and health of thousands of women – and costing insurance companies and taxpayers millions.

As the number of abortionists continues to decline, some clinics have found a unique way of staying open using what is known as the “teleded abortion.”

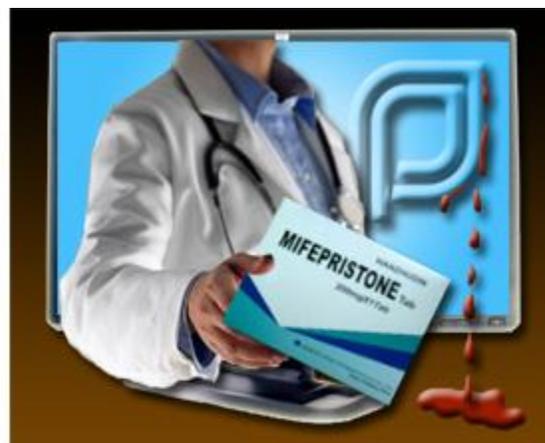
“Teleded” is short for the term telemedicine, whereby medical consults occur with the aid of electronic communications. It is used legitimately in the medical field to lower the cost of consultations with specialist and exchange medical information between physicians electronically. Telemedicine has also been successfully used in legitimate medical practices for such things as history review, psychiatric evaluations, and ophthalmology assessments. However, telemedicine, or care *in absentia*, was never meant as a replacement for the personal, hands-on examination by a physician.

Now, a Midwestern Planned Parenthood abortion business has taken telemedicine to an all new and dangerous level.

The Teleded Abortion

Operation Rescue investigated teleded abortions in Iowa, which are keeping open a dozen clinics. According to an undercover phone conversation with a receptionist with Planned Parenthood of the Heartland, medical abortions are offered in 16 clinics throughout Iowa, but only four of the clinics actually have doctors. At the other twelve, smaller clinics, teleded abortions have become routine.

A teleded abortion is abortion via a teleconferencing service similar to “Skype.” Patients are put in a room where an off-site abortionist appears on a computer monitor and explains the medical abortion procedure to them over an Internet hook-up. After the brief teleconference, the



dangerous abortion drug RU486, also known as Mifepristone and Mifeprex, and its counterpart, Misoprostol, are prescribed. The drugs are then administered to the patient by a nurse or “clinician” who may or may not be licensed. The patient presses a button on a computer screen that opens a box containing the abortion drugs. The patient is never physically examined by the medical doctor prescribing the drugs – or any other, for that matter – and never sees the abortionist again.

Listen to a Planned Parenthood receptionist describe this.

<http://operationrescue.org/audio/tmabortionexplained.mp3>

Increased Risks To Women

This development should trouble those who are concerned about the health and safety of women and their pre-born babies.

Mifepristone (Mifeprex or RU 486), the main component of medical abortions, has been responsible for at least eight abortion deaths and over 1,100 serious complications in the United States alone. It is recommended only for early abortions under nine weeks gestation. In addition, medical abortions carry a 7-20 percent failure rate, depending on how the pills are administered. Women who suffer failed or incomplete abortions would require them to be completed surgically or face life-threatening complications. With no doctor in sight, that presents a new danger to women.

Described by one Planned Parenthood receptionist as a “self-induced miscarriage,” the medical abortion process takes days, can be very painful, and involves heavy bleeding and cramping until the pre-born baby is expelled. Yet, the only follow-up offered by Planned Parenthood is a recommended appointment in “two or three weeks” after the abortion where a second ultrasound is offered to make sure the “pregnancy no longer exists.”

This follow-up care is completely inadequate. If tissue from the pregnancy is retained, that presents a risk of infection to the woman that could kill her, especially if care is delayed 2-3 weeks.

In a [recently published study](#) conducted on 120 women who underwent medical abortions at 9 weeks, 34 of the women (28%) retained tissue. Fetal heartbeats were detected in fourteen of those pregnancies (11.6%), but abdominal ultrasound only detected the heartbeats in ten of those cases for a 29% failure rate. The study concluded that abdominal ultrasound examination alone is not entirely reliable after medical abortion and also concluded that the higher the woman’s body mass index, the higher the risk of not detecting retained tissue or even a complete pregnancy.

“I cannot imagine a woman going through the process of miscarriage, either natural or forced, and not having access to a physician, especially for follow-up care,” said Newman. “Any number of things could go wrong, and to never actually be seen by a licensed doctor during the entire process seems risky at best, grossly negligent, and perhaps criminal.”

Illegal Abortions?

An abortion is legally defined in Iowa Code 146.1 as, “the termination of a human pregnancy with the intent other than to produce a live birth or to remove a dead fetus.” It is a legal requirement that abortions in Iowa only be done by “licensed physicians.”

In an undercover call made by an Operation Rescue investigator, the Planned Parenthood receptionist was clear that the so-called “nurse” would actually be doing the abortion procedure.

Listen to the audio clip.

<http://operationrescue.org/audio/nursedoestelemed.mp3>

Caller: Okay, so when she goes in for the procedure, um, do you guys like have a doctor there or something, that she can talk to?

Planned Parenthood: Some of our sites are called telemed, which there is not a doctor on site. All instructions would be given through teleconferencing and there’s a nurse there to answer any questions. Some of our bigger clinics, yes, we have a doctor on site.

Caller: Okay, so if she has questions she has a nurse she can talk to. Would it be the nurse who actually administers – who actually gives her, like, the procedure or whatever?

Planned Parenthood: Right.

Caller: Okay.

According to this information, it is doubtful that these abortions are even legal since the abortions are not done by a licensed physician, but an abortion worker at a clinic that the physician never visits.

“The term ‘nurse’ is used loosely by abortion clinics. More often than not, what they refer to as a ‘nurse’ is really an unlicensed worker with little education or training,” said Newman. “It is actually very rare to find an abortion clinic that employs registered nurses or even licensed practical nurses, because they drive up the costs and drive down the profit margin.”

This means that dangerous medical abortions are being done on unsuspecting women without the direct supervision of a physician – and perhaps without the oversight of any licensed medical personnel whatsoever. The patient is never physically examined by the abortionist, whose only contact with her is a brief teleconference. After the teleconference is terminated, she never sees the abortionist again.

Susan Haskell, a Planned Parenthood abortionist in Des Moines, is involved in the teleconferencing prior to abortions around the state. According to a receptionist at a Planned Parenthood in Council Bluffs, Haskell never comes to their clinic, and neither does any other

licensed physician. And so it is at the other eleven telemed abortion clinics run by Planned Parenthood: no physician — ever.

“Taking an abortion pill is not like taking an aspirin. Women have died from it,” said Newman. “Yet Planned Parenthood has reduced the dispensing of this dangerous abortion drug to little more than supplying advice of the kind you might get from a pharmacist when buying an over-the-counter medication. That is placing the lives of women at serious risk.”

Operation Rescue attempted to contact the Iowa Board of Medicine for a comment on the legality and safety of telemed abortions, but numerous phone calls were not returned.

Women Unaware Of Dangers

Are women even aware of the new risks involved? Probably not. The receptionist from Planned Parenthood that spoke with our undercover investigator seemed surprised that questions about emergency protocols were even asked. Below is a partial transcript of that conversation.

Listen to the audio clip.

<http://operationrescue.org/audio/nothingtogowrong.mp3>

Caller: Is the ultrasound person, like, a doctor? Are there any doctors there at all in case anything goes wrong?

Planned Parenthood: There’s nurses there. Nurses, mp’s and doctor – er, sorry, clinicians. There wouldn’t be anything to go wrong in the medical procedure because you don’t do anything with that right away. You get one pill there in the clinic and that pill stops the pregnancy from growing. Then they give you four more pills, and those pills they send you home with, and they’ll give you the instructions on how and when you would take those.

Nothing to go wrong? Certainly not until the patient is long gone from their facility and on her own to deal with the painful and risky abortion. What a woman would do in the event of an emergency remains unclear.

Bilking Insurance Companies and Taxpayers

But beyond the obvious health concerns to women and their pre-born babies, telemed abortions in Iowa are costing insurance companies millions of dollars in inflated charges. Soon, it could be taxpayers footing the bill.

According to Operation Rescue’s research, which surveyed medical abortions from coast to coast, the average cost of a medical abortion nationally is about \$390, ranging from a low of \$300 to a high of \$600. But in Iowa, insurance companies are being billed at a rate of \$1,000, two and a half times greater than the national average – with a fraction of the cost.

However, if the patient does not have insurance, the cost of the medical abortion is “discounted” by Planned Parenthood to \$500, still well above the national average. Limited financial

assistance from various abortion funds can further discount the abortion, but the money from the grant money still goes into Planned Parenthood coffers insuring that the abortion clinic never receives less than \$500 for each telemed abortion.

Listen to a Planned Parenthood receptionist explain this.

<http://operationrescue.org/audio/costoftmabortion.mp3>

“Planned Parenthood of the Heartland is making a killing on medical abortions,” said Newman. “Think about it. They are charging by far the highest price in the nation, but at perhaps the lowest overhead costs. They don’t have the expense of having to pay for a doctor on site or pay for traveling expenses. The abortionist never leaves Des Moines. That’s how they can afford to keep abortion clinics running in small towns such as Spencer, Storm Lake, and Ankeny.

“Overbilling has the result of driving up the cost of health insurance for everybody. And if taxpayers are forced to fund abortions, there’s no telling how much they will charge, because government funding is a blank check. This will mean that we all will be paying more for health coverage in order to cover the exaggerated rates for these abortions. Meanwhile, Planned Parenthood laughs all the way to the bank.”

In fact, less than a week after the House passed the health care bill, an amendment was rejected that would have prevented tax funding of medical abortions. That means that whenever a person subscribes to an insurance plan in the government exchange, tax dollars will pay for their medical abortions, and in Iowa, it will be at over twice the price of other states.

So profitable is the telemed abortion that there is concern that Planned Parenthood of the Heartland, which operates the clinics in Iowa, may try to sell their system to abortion franchises in other states. That will mean an increase in abortion profits for Planned Parenthood at a burdensome cost to insurance companies and taxpayers, all at the consequence of an increased risk of life-threatening complications to women.

Telemed Abortions Symptomatic Of Widespread Problem of Abortion Industry Abuses

The dangerous and costly telemed abortion is just another example of abortion industry abuse and exploitation that has become so widespread in the United States that anyone is hard pressed to find an abortion business that is in full compliance with the law. The entire industry is rife with problems, as evidenced by recent headlines, including sex abuse and non-reporting, filthy and unsafe clinic conditions, unlicensed workers, substandard care, illegal abortions, fraud, and illegal disposal of human remains and medical records, to name a few.

The solution that will protect women, babies, and society from further harm by the greatest moral problem of our time is complete abolition of abortion and the restoration of legal personhood to the pre-born.

Until that can be accomplished, there are steps that can be taken to protect women and their babies from the immediate threat of risky telemed abortions. As the new health care system is

about to be implemented, which will flush millions of dollars into the abortion industry, now is the time for states to step up and protect women by outlawing abortions *in absentia*. Efforts should also be made to prohibit the bilking of insurance companies and taxpayers with over-inflated fees that Planned Parenthood is now charging for the low-cost telemed abortions in Iowa, lest their dangerous scheme to give medical abortions via the Internet spread to other states.

Attachment 2

Subject: **Cytotec warning from Searle Pharmaceuticals**

Please forward this warning letter to MDs, CNMs, MWs, RNs on your address books.

>

> August 23, 2000

>

> Re:Cytotec? (misoprostol)

>

> IMPORTANT DRUG WARNING CONCERNING UNAPPROVED USE OF
INTRAVAGINAL OR ORAL MISOPROSTOL IN PREGNANT WOMEN FOR
INDUCTION OF LABOR OR ABORTION

> Dear Health Care Provider:

>

> The purpose of this letter is to remind you that Cytotec administration by any route is contraindicated in women who are pregnant because it can cause abortion. Cytotec is not approved for the induction of labor or abortion.

>

> Cytotec is indicated for the prevention of NSAID (nonsteroidal anti-inflammatory drugs, including aspirin)-induced gastric ulcers in

> patients at high risk of complications from gastric ulcer, e.g., the elderly and patients with concomitant debilitating disease, as well as patients at high risk of developing gastric ulceration, such as patients with a history of ulcer.

>

> The uterotonic effect of Cytotec is an inherent property of prostaglandin E1(PGE1), of which Cytotec is stable, orally active,

> synthetic analog. Searle has become aware of some instances where Cytotec, outside of its approved indication, was used as a cervical ripening agent prior to termination of pregnancy, or for induction of labor, in spite of the specific contraindications to its use during pregnancy.

>

> Serious adverse events reported following off-label use of Cytotec in pregnant women include maternal or fetal death; uterine

> hyperstimulation, rupture or perforation requiring uterine surgical repair, hysterectomy or salpingo-oophorectomy; amniotic fluid embolism; severe vaginal bleeding, retained placenta, shock, fetal bradycardia and pelvic pain.

>

> Searle has not conducted research concerning the use of Cytotec for cervical ripening prior to termination of pregnancy or for induction of labor, nor does Searle intend to study or support these uses. Therefore, Searle is unable to provide complete risk

information for Cytotec when it is used for such purposes. In addition to the known and unknown acute risks to the mother and fetus, the effect of Cytotec on the later growth, development and functional maturation of the child when Cytotec is used for induction of labor or cervical ripening has not been established.

>

> Searle promotes the use of Cytotec only for its approved indication.

> Please read the enclosed updated complete Prescribing Information for Cytotec.

>

> Further information may be obtained by calling 1-800-323-4204.

>

> Michael Cullen, MD

> Medical Director, U.S.

> Searle