



March 14, 2011

Kansas Attorney General Derek Schmidt  
Memorial Hall, 2nd Floor  
120 SW 10th Street  
Topeka, KS 66612

Dear General Schmidt:

I am writing to ask you to investigate a disturbing claim made by abortion provider Herbert Hodes to the House Federal and State Affairs Committee on Thursday, March 10, 2011, that was reported by the *Wichita Eagle*.

According to the *Eagle* article, Hodes told the committee that Kansas has seen “five deaths in the last five years” because of abortion procedures.<sup>1</sup>

Five years ago, in 2006, there were five abortion clinics operating in Kansas. One, Central Women’s Services in Wichita, closed in May, 2006, after its building was bought out from under them by Operation Rescue. In May, 2009, George Tiller’s Women’s Health Care Services closed. Since then, there have been three abortion clinics operating in Kansas.

According to Kansas Department of Health and Environment statistics from 2005-2009<sup>2</sup>, and our estimate of the number of 9,000 abortions likely done in Kansas in 2010 (for which numbers are not yet available), an average of about 10,300 abortions occur in Kansas each year since 2005.

Herbert Hodes is a member of the National Abortion Federation, a national association of abortionists. According to their own information, abortion deaths occur in 1 in 160,000 procedures.<sup>3</sup>

However, according to Hodes’ legislative testimony, abortion deaths are occurring in Kansas at a rate of in 1 in 10,300 abortions. That is nearly 16 times the rate reported by the National Abortion Federation, whose so-called safety guidelines Hodes claims to respect.

Vital statistics made public by the KDH&E for 2009 indicate there were 28 “maternal deaths” in Kansas since 2005 that could include at least some abortion-related deaths, according to definitions used in Kansas.<sup>4</sup> Grouping the abortion deaths with other

pregnancy-related deaths gives an unclear picture of abortion safety (or lack thereof) in Kansas.

Requests for information have been made under the Kansas Open Records Act for information from the KHD&E and the Kansas State Board of Healing Arts. The KDH&E flatly denied our request.<sup>5</sup> The KSBHA is in the process of complying, but notified our office that it was unsure that complete numbers of abortion-related deaths could be found due to the way reports are filed.<sup>6</sup>

As I am sure you are aware, Operation Rescue is a national organization that often acts as a watchdog for abortion abuses in numerous states. In several of those cases, abortion providers involved in patient deaths have been criminally charged, and in some cases convicted and incarcerated. Here are some examples:

- Massachusetts abortionist Rapin Osathanondh was convicted and jailed in September, 2010, for manslaughter in the abortion death of Laura Hope Smith. Osathanondh lacked trained staff and emergency equipment to save Laura's life after she suffered a reaction to anesthesia.
- California abortionist Andrew Rutland, who was accused by the state medical board of homicide in the botched abortion death of Ying Chen, agreed to surrender his medical license on February 11, 2011. Rutland continues to be under criminal investigation and could face murder charges.
- Pennsylvania abortionist Kermit Gosnell was charged earlier this year with murder in the third degree for his part in the abortion death of Karnamaya Mongar in 2009. In addition, he has been charged with 7 counts of murder in the first degree for killing newborn infants after they were born alive during late-term abortions. He remains in jail without bail. Prosecutors have filed the appropriate documents to make this a capital murder case.
- Abortionist Bruce Stier was convicted of manslaughter and spent six months in a California prison for the abortion related death of Sharon Hampton. Stier perforated her uterus and pulled out bowel during an abortion in Moreno Valley, CA in 1996, then left the clinic to catch a plane. The bleeding woman was put in a wheelchair and brought to her mother's car for the drive home. By the time they got there, Hampton was dead.

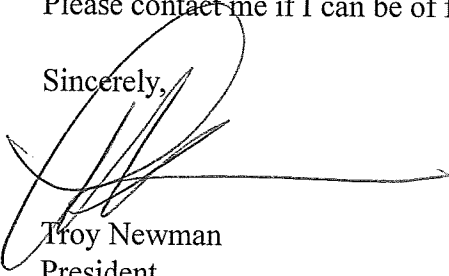
From these few examples, the Attorney General's office can rest assured that there is ample precedent for an investigation into abortion-related deaths in Kansas because of the implications of criminal activity and culpability on the part of the abortionists and the clinics.

I am including a list of abortion clinics that have operated in Kansas during the past five years along with a list of all known abortionists who worked at them, for your convenience.<sup>7</sup>

Please consider this letter a formal complaint. I would appreciate being informed if an investigation is initiated.

Please contact me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Troy Newman', with a long horizontal flourish extending to the right.

Troy Newman  
President  
Operation Rescue

***References (Documents attached):***

1. "Bill alters licensing of abortion providers," Wichita Eagle, March 11, 2011,
2. KDH&E "Reported Abortions by Place of Residence"
3. NAF "Safety of Abortion" so-called fact sheet (page 2)
4. KDH&E "Pregnancy Related Deaths" Chart
5. E-mail KORA request from Sullenger and KDH&E denial
6. E-mail KORA request and response from KSBHA
7. List of Kansas Abortion Clinics



Thursday, March 10, 2011

Posted on Thu, Mar. 10, 2011

## Bill alters licensing of abortion providers

BY TODD FERTIG  
Eagle Topeka bureau

A bill before a state House committee would change the way abortion providers are licensed, setting in place new regulatory standards and mandating twice-a-year inspections.

Licensing of abortion clinics would shift from the Kansas Board of Healing Arts — which bill proponents said took an advisory approach rather than a regulatory one — to the Kansas Department of Health and Environment.

One doctor who performs abortions called the guidelines redundant and excessive.

Members of the House Committee on Federal and State Affairs questioned whether the bill would place a burden on abortion providers that exceeds that on other surgical facilities.

Proponents said the Board of Healing Arts does not inspect facilities unless it is following up on a complaint. Under House Bill 2067, every abortion provider would be subject to two inspections a year, one of which would be unannounced.

The bill gives the secretary of the KDHE the power to close a facility or impose fines. It also mandates that all abortions of fetuses after 22 weeks be done in a hospital or surgical center.

It also would require a doctor be present for abortions by pill, such as RU-486. A new practice of monitoring such abortions by remote camera has been used in recent years.

Committee chairman Rep. Steve Brunk, R-Wichita, said he expects a vote on the bill next week.

Traditionally, KDHE licenses facilities, while the Board of Healing Arts licenses individuals, Brunk said.

Planned Parenthood, one of the three providers of abortions in Kansas, is already licensed by KDHE.

The bill outlines in detail regulations the providers would be required to meet, including an application process, \$500 fee and provisions for annual license renewals.

Much of the legislation has been included in bills that passed one or both chambers in previous years. Legislation in 2003 and 2005 to move licensing of abortion providers under the KDHE met with resistance from then-Gov. Kathleen Sebelius, said Kathy Ostrowski, state director of Kansans for Life.

"The problem is that the board has a role to protect the public, but it also is to protect the practitioners," she said. "They have an interest in supporting the physicians and to retain physicians in Kansas."

She said the board's investigations are not subject to public accessibility regulations, while KDHE reports are public documents.

Herbert Hodes, a physician and provider of abortions in Overland Park, said the bill represents an attempt by lawmakers to overrule guidelines drawn up by physicians and surgeons.

"These medical practitioners knew what was appropriate for all physicians who perform office-based surgery," Hodes said, adding that the authors of the bill "assumed that abortion providers need additional rules to govern their practices."

Hodes fielded questions about malpractice, deaths and disclaimers used by abortion providers that could mislead patients about their right to litigation. He estimated that Kansas has seen "five deaths in the last five years" because of abortion procedures. He said the risk is no different than the risk for other surgeries.

He also said that the new licensing policy would cost the state far more than the \$1,500 it would gain from fees paid by each provider.

© 2011 Wichita Eagle and wire service sources. All Rights Reserved. <http://www.kansas.com>



Reported Abortions by Place of Residence Kansas, 1971-2009				
Year	Total	Out-of-State Residents	Kansas Residents	N.S.
1971.....	9,472	5,763	3,709	0
1972.....	12,248	7,736	4,512	0
1973.....	12,612	7,695	4,917	0
1974.....	10,171	4,503	5,657	11
1975.....	9,160	3,565	5,581	14
1976.....	9,154	3,455	5,686	13
1977.....	7,965	2,918	5,045	2
1978.....	9,740	3,957	5,722	61
1979.....	12,335	5,042	7,281	12
1980.....	11,791	4,750	7,038	3
1981.....	10,448	4,150	6,291	7
1982.....	9,976	3,823	6,153	0
1983.....	8,547	3,218	5,329	0
1984.....	8,008	2,689	5,319	0
1985.....	7,092	2,447	4,645	0
1986.....	6,561	2,316	4,245	0
1987.....	6,409	2,357	4,052	0
1988.....	7,930	3,161	4,769	0
1989.....	8,984 *	3,270	4,149	1,565 ***
1990.....	9,459 *	3,341	4,175	1,943 ***
1991.....	10,141 *	4,071	6,070	0
1992.....	11,135 *	4,904	6,231	0
1993.....	11,247	4,853	6,394	0
1994.....	10,847	4,245	6,596	6
1995.....	11,149 **	4,562	6,566	21
1996.....	11,181	4,367	6,806	8
1997.....	11,507	4,973	6,532	2
1998.....	11,624	5,184	6,440	0
1999.....	12,445	6,029	6,416	0
2000.....	12,327	5,971	6,356	0
2001.....	12,422	6,003	6,419	0
2002.....	11,844	5,546	6,298	0
2003.....	11,697	5,534	6,163	0
2004.....	11,446	5,475	5,971	0
2005.....	10,543	4,914	5,629	0
2006....	11,271	5,385	5,886	0
2007....	10,841	5,162	5,679	0
2008....	10,643	5,131	5,512	0
2009....	9,472 ****	4,694	4,778	0

\* The increase in the 1989-1992 figures may not reflect an increase in the number of abortions being performed but rather an increase in the number of providers voluntarily reporting data.

\*\* As of July 1, 1995, reporting became mandatory for every medical care facility and every person licensed to practice medicine and surgery.

\*\*\* Residency data was not available for all abortions in 1989-1990. However, due to improved reporting, residency was obtained for most of the abortions reported in subsequent years.

\*\*\*\*1971-2008 numbers final, 2009 number preliminary

Source: KDHE Bureau of Public Health Informatics, Office of Health Assessment



## Safety of Abortion

Surgical abortion is one of the safest types of medical procedures. Complications from having a first-trimester aspiration abortion are considerably less frequent and less serious than those associated with giving birth. Early medical abortion (using medications to end a pregnancy) has a similar safety profile.<sup>1</sup>

### Illegal Abortion is Unsafe Abortion

Abortion has not always been so safe. Between the 1880s and 1973, abortion was illegal in all or most U.S. states, and many women died or had serious medical problems as a result. Women often made desperate and dangerous attempts to induce their own abortions or resorted to untrained practitioners who performed abortions with primitive instruments or in unsanitary conditions. Women streamed into emergency rooms with serious complications - perforations of the uterus, retained placentas, severe bleeding, cervical wounds, rampant infections, poisoning, shock, and gangrene.

Around the world, in countries where abortion is illegal, it remains a leading cause of maternal death. An estimated 68,000 women worldwide die each year from unsafe abortions.<sup>2</sup>

Many of the doctors who provide abortions in the United States today are committed to providing this service under medically safe conditions because they witnessed and still remember the tragic cases of women who appeared in hospitals after botched, illegal abortions.

### Evaluating the Risk of Complications

Since the Supreme Court reestablished legal abortion in the U.S. in the 1973 *Roe v. Wade* decision, women have benefited from signifi-

cant advances in medical technology and greater access to high-quality services.<sup>3</sup> Generally, the earlier the abortion, the less complicated and safer it is.

Serious complications arising from aspiration abortions provided before 13 weeks are quite unusual. About 88% of the women who obtain abortions are less than 13 weeks pregnant.<sup>4</sup> Of these women, 97% report no complications; 2.5% have minor complications that can be handled at the medical office or abortion facility; and less than 0.5% have more serious complications that require some additional surgical procedure and/or hospitalization.<sup>5</sup>

Early medical abortions are limited to the first 9 weeks of pregnancy. Medical abortions have an excellent safety profile, with serious complications occurring in less than 0.5% of cases.<sup>6</sup> Over the last five years, six women in North America have died as a result of toxic shock secondary to a rare bacterial infection of the uterus following medical abortion with mifepristone and misoprostol. This type of fatal infection has also been observed to occur following miscarriage, childbirth and surgical abortion, as well as other contexts unrelated to pregnancy. The Centers for Disease Control and Prevention's (CDC) continuing investigations have found no causal link between the medications and these incidents of infection. Although the Food and Drug Administration (FDA) has issued an updated advisory for warning signs of infection following medical abortion, it has recommended that there be no changes in the current standards for provision of medical abortion.<sup>7,8</sup>

Complication rates are somewhat higher for surgical abortions provided between 13 and 24 weeks than for the first-trimester procedures. General anesthesia, which is sometimes used in surgical abortion procedures of any gestation, carries its own risks.



In addition to the length of the pregnancy, significant factors that can affect the possibility of complications include:

- the kind of anesthesia used;
- the woman's overall health;
- the abortion method used; and
- the skill and training of the provider.

#### Types of Complications from Surgical Abortion

Although rare, possible complications from a surgical abortion procedure include:

- blood clots accumulating in the uterus, requiring another suctioning procedure, (less than 0.2% of cases);<sup>9</sup>
- infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions, (0.1%-2.0% of North American cases);<sup>9</sup>
- a tear in the cervix, which may be repaired with stitches (0.6%-1.2% of cases);<sup>10</sup>
- perforation (a puncture or tear) of the wall of the uterus and/or other organs (less than 0.4% of cases).<sup>5,9</sup> This may heal itself or may require surgical repair or, rarely, hysterectomy;
- missed abortion, which does not end the pregnancy and requires the abortion to be repeated (less than 0.3% of cases);<sup>9</sup>
- incomplete abortion, in which tissue from the pregnancy remains in the uterus, and requires a repeat suction procedure, (0.3%-2.0% of cases);<sup>9</sup>
- excessive bleeding requiring a blood transfusion (0.02%-0.3% of cases).<sup>5,10</sup>

Death occurs in 0.0006% of all legal surgical abortions (one in 160,000 cases). These rare deaths are usually the result of such things as adverse reactions to anesthesia, embolism, infection, or uncontrollable bleeding.<sup>9</sup> In comparison, a woman's risk of death during pregnancy and childbirth is ten times greater.<sup>5</sup>

Possible complications of a medical abortion include:

- failure of the medications to terminate the pregnancy (less than 2% of cases), requiring a suction procedure to complete the abortion;<sup>11</sup>
- incomplete expulsion of the products of conception, requiring a suction procedure to complete the abortion (occurs in less than 6% of cases);<sup>12</sup>
- excessive bleeding, requiring a suction procedure, and rarely, transfusion (less than 1% of cases);<sup>11</sup>
- uterine infection, requiring the use of antibiotics (0.09%-0.6% of cases);<sup>11</sup>
- death secondary to toxic shock following infection with *Clostridium sordellii* (has occurred in less than 0.001% of cases in the US and Canada).<sup>6</sup>

#### Signs of a Post-Abortion Complication

If a woman has any of the following symptoms after having either a surgical or medical abortion, she should immediately contact the facility that provided the abortion for follow-up care<sup>13</sup>:

- severe or persistent pain;
- chills or fever with an oral temperature of 100.4° or more;
- bleeding that is twice the flow of her normal menstrual period or that soaks through more than one sanitary pad per hour for two hours in a row;
- malodorous discharge or drainage from her vagina; or
- continuing symptoms of pregnancy.

In addition, if a woman who is having a medical abortion notices the onset of severe abdominal pain, malaise or "feeling sick," even in the absence of fever, more than 24 hours after the administration of the second medication,

she must immediately contact the facility that provided the abortion.<sup>7</sup>

Health care providers and clinics that offer abortion services should provide a 24-hour number to call in the event of complications or reactions that the patient is concerned about.

#### Preventing Complications

There are some things women can do to lower their risks of complications. One way to reduce risk of complications is to have the abortion procedure early. Generally, the earlier the abortion, the safer it is.

Asking questions is also important. Just as with any medical procedure, the more relaxed a person is and the more she understands what to expect, the better and safer her experience usually will be.

In addition, any woman choosing abortion should:

- find a good clinic or a qualified, licensed practitioner. For referrals, call NAF's toll-free Hotline at 1-800-772-9100 or find a provider online at [www.prochoice.org](http://www.prochoice.org);
- inform the practitioner of any health problems, current medications or street drugs being used, allergies to medications or anesthetics, and other health information;
- follow post-operative instructions; and
- return for a follow-up examination.

#### Anti-Abortion Propaganda

Anti-abortion activists claim that having an abortion increases the risk of developing breast cancer and endangers future childbearing. They claim that women who have abortions without complications are more likely to have difficulty conceiving or carrying a pregnancy, develop ectopic pregnancies, which are pregnancies outside of the uterus (commonly in one of the fallopian tubes), deliver stillborn babies, or become sterile. However, these

claims have been refuted by a significant body of medical research. In February 2003, a panel of experts convened by the National Cancer Institute to evaluate the scientific data concluded that studies have clearly established that "induced abortion is not associated with an increase in breast cancer risk."<sup>15</sup> Furthermore, comprehensive reviews of the data have concluded that a vacuum aspiration procedure in the first trimester poses virtually no risk to future reproductive health.<sup>16</sup> (See *Abortion Myths: Abortion and Breast Cancer* at [www.prochoice.org](http://www.prochoice.org).)

#### Women's Feelings after Abortion

Women have abortions for a variety of reasons, but in general they choose abortion because a pregnancy at that time is in some way wrong for them. Such situations can cause a great deal of distress, and although abortion may be the best available option, the circumstances that led to the problem pregnancy may continue to be upsetting.

Some women may find it helpful to talk about their feelings with a family member, friend, or counselor. Feelings of loss or of disappointment, resulting, for example, from a lack of support from the spouse or partner, should not be confused with regret about the abortion. Women who experience guilt or sadness after an abortion usually report that their feelings are manageable.

The American Psychological Association has concluded that there is no scientifically valid support or evidence for the so-called "post-abortion syndrome" of psychological trauma or deep depression. The most frequent response women report after having ended a problem pregnancy is relief, and the majority of women are satisfied that they made the right decision for themselves. (See *Abortion Myths: Post-Abortion Syndrome* at [www.prochoice.org](http://www.prochoice.org).)



## References

1. Comparison of two doses of mifepristone in combination with misoprostol for early medical abortion: a randomised trial. World Health Organization Task Force on Post-ovulatory Methods of Fertility Regulation. *BJOG* 2000; 107:524-30.
2. *The World Health Report 2005 - Make every mother and child count*. Geneva, Switzerland: World Health Organization, 2005.
3. AMA Council Report. Induced Termination of Pregnancy Before and After *Roe v. Wade*. *Journal of the American Medical Association*, 1992, 268: 3231.
4. Elam-Evans LD, Strauss LT, Herndon J, Parker WY, Whitehead S, Berg CJ. Abortion Surveillance-United States, 1999. *Morbidity and Mortality Weekly Report* 2002; 51 (SS09): 1-28.
5. Tietze C, Henshaw SK. *Induced abortion: A worldwide review*, 1986. Third edition. New York: Guttmacher Institute, 1996.
6. Grimes DA. Risk of mifepristone abortion in context. *Contraception* 2005; 71:161.
7. FDA, Center for Drug Evaluation and Research, Mifepristone Information. [www.fda.gov/cder/drug/infopage/mifepristone/default.htm](http://www.fda.gov/cder/drug/infopage/mifepristone/default.htm)
8. Centers for Disease Control and Prevention. Clostridium sordellii toxic shock syndrome after medical abortion with mifepristone and intra-vaginal misoprostol - United States and Canada, 2001-2005. *MMWR Morb Mortal Wkly Rep* 2005; 54:724.
9. Henshaw SK. Unintended pregnancy and abortion: A public health perspective. In Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG. *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone, 1999, pp. 11-22.
10. Haskell WM, Easterling TR, Lichtenberg ES. Surgical abortion after the first trimester. In Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG. *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone, 1999, pp. 123-138.
11. ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists 2005; Number 67: Medical Management of Abortion. *Obstet Gynecol* 2005; 106(4):871-882.
12. Allen RH, Westhoff C, DeNonno L, Fielding AL, Schaff EA. Curettage after mifepristone-induced abortion: Frequency, timing and indications. *Obstet Gynecol* 2001; 98(1):101-106.
13. Lichtenberg ES, Grimes DA, Paul M. Abortion complications: Prevention and management. In Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG. *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone, 1999, pp. 197-216.
14. Hern WM. *Abortion Practice*. Philadelphia: J.B. Lippincott Company, 1990.
15. *Summary Report: Early Reproductive Events and Breast Cancer Workshop*, National Cancer Institute, [www.nci.nih.gov/cancerinfo/ere-workshop-report](http://www.nci.nih.gov/cancerinfo/ere-workshop-report)
16. Rowland Hogue CJ, Boardman LA, Stotland NL, Peipert JF. Answering questions about long-term outcomes. In Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG. *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone, 1999, pp. 217-228.

## For More Information

For referrals to abortion providers who offer quality care, call NAF's toll-free hotline: 1-800-772-9100. Weekdays: 8:00A.M. - 9:00P.M. Saturdays: 9:00A.M. - 5:00P.M. EST

National Abortion Federation  
c/o Clinicians for Choice  
1660 L Street NW, Suite 450  
Washington, DC 20036  
202-667-5881

Writers: Susan Dudley, PhD, and Beth Kruse, MS, CNM, ARNP Copyright© 1996, National Abortion Federation  
Revised December 2006.

## Pregnancy Associated Deaths\*

Kansas, 2005-2009

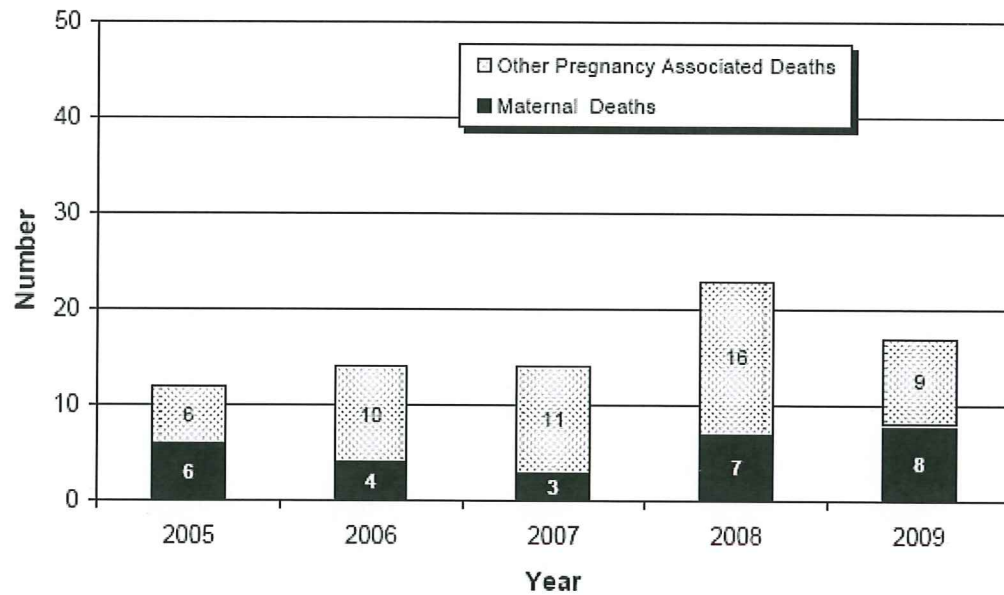


Figure 29

\*See Technical Notes for Pregnancy Associated Deaths and Maternal Mortality definitions

Residence data

Source: Kansas Department of Health and Environment,  
Kansas Annual Summary of Vital Statistics, 2009, page 97  
[http://www.kdheks.gov/hci/as/2009/AS\\_2009.pdf](http://www.kdheks.gov/hci/as/2009/AS_2009.pdf)

Note: Abortion-related deaths fall under the "Maternal Deaths" subset, according to the  
Technical Notes in this KDH&E report. (Page 159)



Cheryl Sullenger <cherylsullenger@gmail.com>

5

---

## Open Records Request

1 message

---

**Cheryl Sullenger** <cherylsullenger@gmail.com>

**Fri, Mar 11, 2011 at 10:57 AM**

To: spendleton@kdheks.gov

Dear Ladies and Gentlemen:

I am making a request under the Kansas Open Records Act for information concerning abortion-related maternal deaths in Kansas from 2005 to present.

I am interested in

- the number of maternal deaths
- the dates the deaths occurred
- the address and city where the deaths occurred
- the name of the facility and/or physician(s) involved
- whatever other information concerning abortion-related maternal deaths that is open to the public

I very much appreciate you taking the time to handle my request.

Thank you,  
Cheryl Sullenger  
P.O. Box 781045  
Wichita, KS 67278  
316-516-3034

---



Legal Services Division  
1000 SW Jackson, Ste. 560  
Topeka, Kansas 66612-1368



Phone: 785-296-1333  
Fax: 785-296-7119  
dsmith@kdheks.gov

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

March 11, 2011

Ms. Cheryl Sullenger  
PO Box 781045  
Wichita, KS 67278

*Via United States Mail and e-mail to [cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com)*


**Re: Open Records Requests Concerning Abortion Related Deaths**

Dear Ms. Sullenger,

The Kansas Department of Health and Environment is in receipt of your request for open records. We have no records which are responsive to your request other than records which we are prohibited from providing by K.S.A. 65-2422d. Therefore, we must refuse to disclose any such records based upon the requirements of K.S.A. 45-221(a)(1).

Thank you for your time and consideration in this matter. Should you have any questions or comments, please do not hesitate to contact me at (785) 296-1333.

Yours very truly,

  
Daric S. Smith  
Staff Attorney

DSS/pml

cc: Dr. Robert Moser, Secretary  
Caleb Stegall, General Counsel  
Charlie Hunt, State Epidemiologist  
Lou Saadi, Deputy Director of the Bureau of Epidemiology



6

Cheryl Sullenger <cherylsullenger@gmail.com>

## Open Records Request

3 messages

Cheryl Sullenger <cherylsullenger@gmail.com>

Fri, Mar 11, 2011 at 11:12 AM

To: kstevens@ksbha.ks.gov

Hi Kelli,

I read in the paper yesterday that Herbert Hodes, MD made the statement to the KS legislature that there has been 5 abortion-related deaths in Kansas in the past five years.

I am making a request under the Kansas Open Records Act for any information that the KSBHA has concerning abortion-related maternal deaths in Kansas from 2005 through the present. I would like to know the following:

- number of abortion related maternal deaths in KS from 2005-present
- names of facilities and or physician(s) involved in those incidents
- dates of abortion-related maternal deaths in KS from 2005-present
- action, if any, taken by the KSBHA against any physician involved in an abortion-related maternal death from 2005-present
- any other public information related to abortion-related maternal deaths from 2005-present

I am willing to do the research myself from raw data and/or files and do not expect you to compile any report.

I would appreciate it if the information could be emailed to me at this address: [cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com).

Thank you very much for taking the time to handle my request.

Sincerely,  
Cheryl Sullenger  
P.O. Box 781045  
Wichita, KS 67278  
[316-516-3034](tel:316-516-3034)

Kathleen Lippert <klippert@ksbha.ks.gov>

Fri, Mar 11, 2011 at 1:18 PM

To: "cherylsullenger@gmail.com" <cherylsullenger@gmail.com>

Cc: Kelli Stevens <kstevens@ksbha.ks.gov>, Sheryl Snyder <ssnyder@ksbha.ks.gov>

Ms. Sullenger,

KSBHA has received your open record request. The person assigned to open records requests is out of the office and I do not anticipate her return until mid to late next week. Additional time beyond the three-day statutory requirement is needed to determine what information is available to respond to your request. We will attempt to provide the requested information to the extent we are authorized and / or maintain the information requested within the next fourteen calendar days from today.

You have indicated that Dr. Herbert Hodes provided testimony before the legislature and he indicated in that testimony there have been 5 maternal abortion deaths in the past 5 years in Kansas. I am not aware of any request made to the Kansas State Board of Healing Arts (KSBHA) about maternal abortion deaths in 2010, 2011 or cumulative for a period of the last 5 years. If he provided that information we do not know what his source was for the information but it was not our agency. Additionally, it is not clear that our agency would be able to provide that type of statistical information.

KSBHA regulates individuals who hold a license to practice one of the professions we regulate, including MDs and DOs. KSBHA also inspects offices pursuant to K.A.R. 100-25-1 through 100-25-5 (office based surgery regulations

implemented in approximately August 2005) if they meet the definitions set forth in those regulations.

K.A.R. 100-25-3-(e)(2) provides that each physician who performs any office-based surgery or special procedure that results in any of the following quality indicators shall notify the board in writing within 15 calendar days following discovery of the event: (A) The death of a patient during any office-based surgery or special procedure or within 72 hours thereafter; along with several other indicators set forth in paragraphs (B) through (F). If a death occurred in a facility defined in the regulations as described in K.A.R. 100-25-3(e)(2)(A) a licensee would be required to report it to KSBHA. If a death occurred in some other type of facility such as a hospital or medical care facility as specified in KSA 65-425 then the reporting requirements of KAR 100-25-3(e)(2)(A) would not apply. Of course, KSBHA may receive a complaint from any other source about a death independent of the reporting requirements in KAR 100-25-3(e)(2)(A).

Because we do not regulate all facilities that could provide the abortion procedure (see KAR 100-25-1(f) which excludes entities such as a hospital or medical care facility) we would not be able to provide the type of statistics referred to in Dr. Herbert's testimony.

Kathleen Selzler Lippert, Executive Director  
Kansas Board of Healing Arts  
800 Jackson Lower Level - Suite A  
Topeka, Kansas 66612  
[klippert@ksbha.ks.gov](mailto:klippert@ksbha.ks.gov)  
785-296-3680 direct ext  
785-368-7102 fax

KSBHA moved in January 2011. Please note change of address.

This e-mail and any attachments may contain confidential and privileged information, and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. E-mail is not a secure medium and there is no guarantee e-mail information will be confidential. If you do not wish to receive information via e-mail, please contact me. Any disclosure, reproduction or transmission of this e-mail is strictly prohibited without specific authorization from me.

---

**From:** Kelli Stevens  
**Sent:** Friday, March 11, 2011 12:18 PM  
**To:** Kathleen Lippert  
**Subject:** FW: Open Records Request  
**Importance:** High

Please see the request below:

Kelli J. Stevens

General Counsel

Kansas State Board of Healing Arts

(785) 296-8066

---

**From:** Cheryl Sullenger [<mailto:cherylsullenger@gmail.com>]  
**Sent:** Friday, March 11, 2011 11:13 AM



**To:** Kelli Stevens  
**Subject:** Open Records Request

Hi Kelli,

I read in the paper yesterday that Herbert Hodes, MD made the statement to the KS legislature that there has been 5 abortion-related deaths in Kansas in the past five years.

I am making a request under the Kansas Open Records Act for any information that the KSBHA has concerning abortion-related maternal deaths in Kansas from 2005 through the present. I would like to know the following:

- number of abortion related maternal deaths in KS from 2005-present
- names of facilities and or physician(s) involved in those incidents
- dates of abortion-related maternal deaths in KS from 2005-present
- action, if any, taken by the KSBHA against any physician involved in an abortion-related maternal death from 2005-present
- any other public information related to abortion-related maternal deaths from 2005-present

I am willing to do the research myself from raw data and/or files and do not expect you to compile any report.

I would appreciate it if the information could be emailed to me at this address: [cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com).

Thank you very much for taking the time to handle my request.

Sincerely,  
Cheryl Sullenger  
P.O. Box 781045  
Wichita, KS 67278  
316-516-3034

## Abortion Clinics in Kansas

### **Abortion Access For Women**

Ronald Yoemans, Mila Means, Sherman Zaremski  
720 Central Ave.  
Kansas City, KS 66101

### **Center for Women's Health**

Herbert Hodes, Tracy Nauser  
4840 College Blvd.  
Overland Park, KS 66211

### **Planned Parenthood Comprehensive Health**

Orrin Moore, Annie Reising, Allen Palmer  
4401 W. 109th St.  
Overland Park, KS 66211

### **Women's Health Care Services**

George Tiller, LeRoy Carhart, Shelley Sella, Susan C. Robinson  
Wichita, KS

Closed in May, 2009

Records custodian:

Lee Thompson  
Thompson Law Firm, LLC  
Occidental Plaza  
106 E. 2nd  
Wichita, KS 67202  
tel. (316) 267-3933  
fax (316) 267-3901  
lthompson@tslawfirm.com

### **Central Women's Services**

Sherman Zaremski, Ronald Yoemans  
Wichita, KS

Closed in May, 2009. Business sold to George Tiller.

Records custodian:

Lee Thompson  
Thompson Law Firm, LLC  
Occidental Plaza  
106 E. 2nd  
Wichita, KS 67202  
tel. (316) 267-3933  
fax (316) 267-3901  
lthompson@tslawfirm.com