

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND BOARD OF PHYSICIANS

4201 PATTERSON AVE. BALTIMORE, MD 21215

Phone (410)764-4777 FAX (410)358-1298 TDD FOR DISABLED

MD Relay Service
1-800-735-2258

COMPLAINT FORM

Please complete this form and return to:

Maryland Board of Physicians
INTAKE UNIT
4201 Patterson Avenue
Baltimore, MD 21215

If you have any questions, please call 410-764-2480 or 1-800-492-6836 ext.# 2480.

1. IDENTIFY THE TYPE OF HEALTH PROVIDER

- | | |
|--|--|
| <input checked="" type="checkbox"/> Physician | <input type="checkbox"/> Psychiatrist's Assistant |
| <input type="checkbox"/> Radiographer | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nuclear Medical Technologist | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Athletic Trainer |

2. IDENTIFY THE HEALTH PROVIDER

Full Name: LeRoy Harrison Carhart
(Please Print)

Office Address: 13233 Executive Park Terrace
(Street)

Bermantown, MD 20874
(City) (State) (Zip Code)

Office Telephone: 301 - 353 - 9200

3. PATIENT NAME

Full Name: Jennifer Leigh Morbelli
(Please Print)

Home Address: _____
(Street)

White Plains, NY
(City) (State) (Zip code)

Home Telephone: Deceased - _____

Patient's Date of Birth: 08 / 16 / 1983

Office Telephone: Deceased - _____

4. IDENTITY OF COMPLAINANT

If the person making the complaint is not the patient, please provide the following information:

Full Name: Cheryl Sullenger
(Please Print)

Home Address: Wichita, Kansas 67278
(City) (State) (Zip code)

Home Telephone: 316 - 516 - 3034

Office Telephone: 316 - 683 - 6790 ext. 112

5. Date patient was treated: 02/03/2013 - 02/07/2013

6. RELATIONSHIP OF COMPLAINANT TO PATIENT

Patient Spouse Relative No relation

7. WHAT, IF ANY, ARE YOUR PROFESSIONAL OR PERSONAL RELATIONSHIPS WITH THE HEALTH PROVIDER?

none

8. STATE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS WHO HAVE KNOWLEDGE OF YOUR COMPLAINT, INCLUDING ANY OTHER HEALTH PROVIDERS.

Troy Newman, P.O. Box 782888, Wichita, Ks 67278
316-841-1700

The Maryland Board of Physicians (MBP) supports the Americans with Disabilities Act and will provide this complaint packet in an alternative format to facilitate effective communication with sensory impaired individuals. (For example, Braille, large print, audio tape.) If you need such accommodation, please notify the MBP ADA designee, Ellen Douglas Smith, at 410-764-4777; Toll-free Number, 1-800-492-6836, or use the Maryland Relay Services TT/Voice number, 1-800-735-2258. If you have a complaint concerning the MBP's compliance with the ADA, please contact Ms. Smith.

9. NATURE OF COMPLAINT: PLEASE DESCRIBE, WITH AS MUCH DETAIL AS POSSIBLE, WHAT EVENT OR EVENTS LED TO THE FILING OF THIS COMPLAINT. INCLUDE THE DATES AND REASON FOR SEEING THE HEALTH PROVIDER IN YOUR DESCRIPTION.

Please see attached Complaint Narrative.

ITEM 9. NATURE OF COMPLAINT, CONTINUED:

Please see attached Complaint Narrative.

10. IF THE DIAGNOSIS AND TREATMENT THAT WAS RENDERED, WHICH IS THE SUBJECT OF THIS COMPLAINT, WAS PAID BY THIRD PARTY INSURER, IDENTIFY INSURER AND PATIENT'S INSURANCE IDENTIFICATION NUMBER.

Insurance Identification Number: unknown

Insurance Company Name: _____

Insurance Company Address: _____

11. LIST THE IDENTITY OF ANY PERSONS TO WHOM YOU HAVE MADE A SIMILAR COMPLAINT, INDICATE WHEN THE COMPLAINT WAS MADE.

Leroy Carhart - Dec. 13, 2010

Harold O. Alexander - Dec. 7, 2011

James Scott Pendergraft IV - Dec. 7, 2011

12. ATTACH COPIES OF ANY REPORTS, BILLS, INVOICES, DOCUMENTS, OR STUDIES SUPPORTING OR RELATING TO YOUR CLAIM.

Copies of Supporting Documents Attached: Yes No

13. I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS.

Feb. 19, 2013 Cheryl Sullinger
Date of Complaint Signature of Complainant

14. RELEASE OF MEDICAL RECORDS

I hereby consent to the release to the Maryland Board of Physicians, or its designated investigating body, of medical reports and records related to this occurrence from any hospital, related institution, or physician, including the physician who is the subject of this complaint.

If the Maryland Board of Physicians determines that this complaint is a fee dispute, I consent to sending this complaint to the Consumer Protection Division of the Attorney General's office for mediation.

(Check if Yes)

If block is not checked, this complaint will be dismissed if the Board finds no probable violation of the Maryland Medical Practice Act.

Complaint Narrative – LeRoy Carhart

I have received detailed information from a confidential informant and other persons (as set forth below) concerning the abortion-related death of Jennifer Morbelli (hereafter “the patient”) after a 33 week therapeutic abortion done by LeRoy Carhart at Germantown Reproductive Health Services, an abortion clinic that provides outpatient abortion services.

Timeline

The patient was a 29 year old married female who worked as a substitute kindergarten teacher at Church Street School in White Plains.

At approximately 31 weeks into her pregnancy, the patient was diagnosed with a fetal anomaly related to some kind of seizure syndrome. She was referred by her New York physician for an abortion by LeRoy Carhart at Germantown Reproductive Health Services, (GRHS) in Germantown, Maryland.

On Sunday, February 3, 2013, the patient arrived at GRHS accompanied by Kevin and Lisa McKenna, (her father and mother), her sister, and her husband, Timothy Morbelli. There, she began a 4-day late-term abortion procedure using the M.O.L.D. protocols developed by Carhart’s former employer, George Tiller, of Wichita, Kansas.

On February 3, the patient would have received “counseling” about the procedure from Carhart’s wife, Mary Lou. Mary Lou Carhart is a licensed “Medication Aid” in Nebraska. **[See Attachment 1]** She holds no licensure at all in Maryland, according to the Maryland Department of Health & Mental Hygiene Board of Nursing License Web Look-up page online. (<http://167.102.241.39/verification/Search.aspx>)

At that time, the patient received an injection into her fetus that caused fetal demise. Her cervix was inserted with laminaria sticks and she was likely given Misoprostol vaginally to prepare the cervix for dilation. **[See Attachment 2]**

Ellen Castellano, who was outside GRHS in order to offer assistance to pregnant women, says that the patient was at GRHS for approximately 2 ½ hours, which is longer than patients usually stay on Day 1 of the multi-day late term abortion process. She has observed that multi-day late-term patients are usually in the clinic for just an hour and a half.

On Monday, February 4, through Wednesday, February 6, Castellano, observed the patient returning to GRHS on each of those days. Castellano told me that each day the patient appeared “weak and pale.” **[See Attachment 3]**

The patient was given written instructions not to go to the emergency room. Attached is a copy of patient instructions of the kind the patient would have received. Source: Ellen Castellano. **[See Attachment 4]**

On February 4 and 5, when the patient reported to GRHS, Carhart would have removed the old laminaria and inserted fresh laminaria to continue the dilation process. Misoprostol would also have been given vaginally. **[See Attachment 2]**

The patient was sent back to her hotel after each appointment where her progress would not be monitored.

At some point, probably on February 5, the patient would have been given Misoprostol to be taken buccally to induce labor. She would have been given at least one dosage to take on her own at the hotel without medical oversight or monitoring.

Misoprostol is known to cause unpredictable and sometimes extremely hard uterine contractions. **[See Attachment 5]**

The patient was seen by Janet Kotowski entering GRHS on Wednesday, February 6. Kotowski is the Manager of Germantown Pregnancy Choices, an office directly across the drive way from GRHS, which faces the front door of GRHS. She said that the patient was there for about 8 ½ to 9 hours, much longer than patients usually stay, according to her observations made from her office vantage point.

[Attachment 6]

After her appointment on Wednesday, the patient returned to her hotel with her family. Sometime in the night or early morning hours, the patient began to experience heaviness in the chest and shortness of breath.

The patient and/or her family members attempted to contact Carhart, but were unable to reach him.

With her condition worsening, the family drove the patient to Shady Grove Adventist Hospital in Rockville, Maryland, where she entered the Emergency Room at approximately 5:00 a.m. The family reported upon arrival that they were not able to reach Carhart and believed it was because he had traveled back to Nebraska.

Staff at the hospital also unsuccessfully attempted to reach Carhart. Attempts to gain support from GRHS were also unsuccessful.

At first, hospital staff was under the impression that the patient carried a live fetus, due to inability to contact Carhart or GRHS for information concerning the patient's condition. This caused a delay in appropriate treatment for the patient's true condition.

Hospital staff discovered that the patient had severe internal bleeding into her abdominal cavity. It was thought that her uterine artery may have been "nicked." An emergency hysterectomy was being considered, but the patient had experienced multiple "Code Blue" incidents and was considered to be very near death. Her hematocrit numbers were reportedly "incompatible with life."

During this time, somewhere between 9:00 and 10:00 a.m., Carhart called the hospital demanding a quick update on the patient's condition. He was said to have been "very upset and agitated." However, at that point the patient was "at death's door."

By 10:00 a.m., the patient had experienced "Code Blue" conditions about six times. Hospital staff made efforts to resuscitate her using drugs and chest compressions. After the final Code Blue episode, the patient was unable to be resuscitated and she died.

The Medical Examiner came in and spent over 4 ½ hours with the patient and her chart. Because it was not likely that a 29 year old healthy woman would "code" six times and there remained questions about the circumstances surrounding the patient's injuries and death, the case was taken up by the Medical Examiner for further investigation. An autopsy was performed. As of this writing, the autopsy report has yet to be released.

Allegations

1. Carhart conducted a risky 33-week abortion in an outpatient setting without adequate emergency facilities to properly handle known complications and medical emergencies. [Violation of Medical Practice Act §14-404(a)(22)]
2. Carhart failed to properly monitor the patient by prescribing drugs to induce and/or augment labor, then sent the patient back to her hotel after her appointments where she received no monitoring of her condition. [Violation of Medical Practice Act §14-404(a)(22)]
3. Carhart committed acts of gross negligence by causing injury to the patient's uterus that resulted in internal bleeding that resulted in the patient's death. [Violation of Medical Practice Act §14-404(a)(22)]
4. Carhart failed to discover his fatal error and never took steps to correct it. [Violation of Medical Practice Act §14-404(a)(22)]
5. Carhart allowed the patient to return to her hotel room even though her condition was not stable. [Violation of Medical Practice Act §14-404(a)(22)]
6. Carhart boarded an airplane on February 6, 2013, and left the State of Maryland while his patient suffered complications at her hotel room that ultimately resulted in her death. [Violation of Medical Practice Act §14-404(a)(6)]
7. Carhart was not able to be reached by the family or initially by hospital staff when the patient's condition worsened and when the patient presented at the hospital. His clinic provided no support for hospital staff that was struggling to understand the patient's injuries and condition. [Violation of Medical Practice Act §14-404(a)(6)]
8. Carhart's absence and inability to be reached as his patient faced life-threatening complications from the abortion Carhart conducted on her, amounts to patient abandonment. [Violation of Medical Practice Act §14-404(a)(6)]
9. Carhart failed to provide follow-up care or provide for continuity of care for the patient. [Violation of Medical Practice Act §14-404(a)(6), (22)]
10. Carhart conducted a risky 33-week abortion on the patient even though he had no hospital privileges (as evidenced by a press statement issued by Shady Grove Adventist Hospital on Feb.

17, 2013) or ability to care for abortion complications such as experienced by the patient. In doing so, he recklessly endangered the patient's life. [Attachment 7]

11. Carhart's conduct displayed a reckless disregard for human life and makes him unfit for the practice of medicine. [Violation of Medical Practice Act §14-404(a)(6) & (22)]
12. Carhart's conduct qualifies for criminal charges under Maryland Code, Criminal Law §2-204(a) Second Degree Murder (under the "depraved heart murder" doctrine). [See Attachment 8]
13. Carhart's conduct in the care and treatment of the patient qualifies as unprofessional conduct under the meaning of §14-404(a)(3) of the Medical Practice Act.
14. Carhart's conduct likely qualifies for further violations to be determined by the Board.

Request for investigation and discipline

I am requesting a full investigation into Carhart's care and treatment of Jennifer Morbelli and that the Board will take whatever disciplinary action is appropriate, including the revocation of LeRoy Carhart's Maryland Medical License.

Since Carhart's conduct resulted in the unnecessary death of a patient, I request an immediate emergency suspension of his Maryland Medical License until his disciplinary case can be fully adjudicated.

Cheryl Sullenger
Cheryl Sullenger, complainant

Feb. 19, 2013
Date

Table of Attachment Contents

Attachment 1: Mary Lou Carhart's Nebraska Medication Aide License

Attachment 2: Full transcript of Shelley Sella's disciplinary hearing before the New Mexico Medical Board, November 29-30, 2012. Contains description of late-term abortion protocols used by Sella and testimony that Carhart uses the same protocols.

Attachment3:

Attachment 4: "Breaking: Carhart instructed patients not to go to ER, falsified safety of late-term abortions" by Jill Stanek, Updated version published on Feb. 16, 2013.

Attachment 5: Misoprostol information, including warnings

Attachment 6:

Attachment 7: Press Statement issued by Shady Grove Adventist Hospital, Feb. 17, 2013

Attachment 8: Legal Precedent for Criminal Action