

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"/> Medical Radiation Technologist | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Nuclear Medical Care Practitioner | <input type="checkbox"/> Respiratory Technologist |

2. IDENTIFY THE HEALTH PROVIDER

Full Name: LeRoy Harrison Carhart
(Please Print)

Office Address: 13233 Executive Park Terrace
(Street)
Germantown, MD 20874
(City) (State) (Zip Code)

Office Telephone: 301 - 353 - 9200

3. PATIENT NAME

Full Name: N/A
(Please Print)

Home Address: N/A
(Street)

(City) (State) (Zip code)

Home Telephone: N/A - _____ - _____

Patient's Date of Birth: N/A / ____ / ____

Office Telephone: N/A - _____ - _____

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:** N/A / /

6. **RELATIONSHIP OF COMPLAINANT TO PATIENT**

 Patient Spouse Relative X No relation

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

No relationship other than to serve the
public interest by making the Board aware

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 attachments, which include a complaint narrative plus 10 attachments as supporting documents.

ITEM 9. NATURE OF COMPLAINT, CONTINUED:

(see attachments)

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: N/A

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.

Nebraska Health Department and the Nebraska Attorney General Jon Bruning. Both the NE Health Dept. + the AG's office have open investigations into allegations against Carhart, some criminal in nature.

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

Copies of Supporting Documents Attached: X 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.

Dec. 13, 2010
Date of Complaint

Cheryl Sullenger
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 Yes

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

15. RELEASE OF ADDITIONAL INFORMATION

I hereby consent to the release of any reports, responses, or any other material that the Maryland Board of Physicians deems necessary from any health care provider who provided treatment to me whether or not this health care provider is mentioned in any part of this complaint.

Dec. 13, 2010

Date of Complaint

Cheryl Sullenger

Signature of Complainant

Complaint Narrative

I have received a copy of LeRoy Carhart's Maryland medical license application, was obtained through a Maryland Public Information Act request. I am concerned with the manner in which Carhart portrayed himself in the application since it conceals the fact that he is a late-term abortionist who is under criminal and licensure investigations in Nebraska. Reading the application, it is clear that Carhart intentionally concealed the true nature of his risky late-term abortion practice from the Maryland Board of Physicians.

On page two of the application, physicians are asked to list chronologically "all of your activities" beginning with the date they completed medical school. Carhart lists his current position as Medical Director and Staff Physician of "Bellevue Health/Emergency Clinic, Inc." located at 1002 West Mission Avenue in Bellevue, Nebraska, which is actually the address of his infamous abortion mill, better known as the Abortion and Contraception Clinic of Nebraska.

[Attachment 1]

I have confirmed that Carhart has a number of "dummy" corporations on file, including several aliases. Bellevue Health & Emergency Clinic, Inc. is one such corporation that is controlled entirely by Carhart, his wife Mary Lou, and his daughter, Janine. [Attachment 2]

One must wonder why Carhart chose to use a dummy corporation instead of the actual name of his abortion business. If it was an attempt at deception to hide the true nature of his work and the legal problems that accompany it, that shows a devious attitude that poses a danger in the field of medicine.

Nowhere on Carhart's application does he mention that he was an employee for over a decade of George Tiller's now-closed Women's Health Care Services, the largest free-standing late-term abortion mill outside of Communist China. That omission, as well as the omission of other abortion clinics that Carhart has worked at in the past 20 years in eight states, helps to conceal the truth about the nature of Carhart's late-term abortion business.

Carhart also proudly notes that he is currently an Adjunct Assistant Professor at the University of Nebraska Medical Center, Department of Pathology and Microbiology. However, UNMC booted Carhart in 1999, under pressure from the public after it was discovered that not only was Carhart involved in late-term partial birth abortions, but that he was donating the remains of his abortion victims to the University for "research." Carhart sued for reinstatement claiming his First Amendment rights had somehow been violated. Finally the UNMC settled out of court with Carhart, reluctantly reinstating him to the faculty, but removing any responsibilities from him.

[Attachment 3]

While Carhart lists a job history that links him with ten hospitals over the years, the most recent affiliation ended in 1987. Page six of his application clearly shows that he has had no hospital privileges anywhere. The very name of his "dummy" corporation, Bellevue Health & Emergency Clinic, gives the erroneous impression that Carhart is engaged in emergency medicine, not abortions, specifically late-term, post-viability ones, as in truly the case.

[Attachment 4]

Carhart conducts risky multiple-day late-term abortions using a method that is known to be prone to complications. [Attachment 5]

Carhart has announced the following in an e-mail distributed to members of the National Abortion Federation:

We will be able to do elective abortions up to the 28th week and Fetal Indication and Maternal Indication abortion are limited by my discretion. [Attachment 6]

While Carhart worked for Tiller in Kansas, he was involved in numerous botched late-term abortions that required emergency hospitalization of his patients. [Attachment 7]

Tiller always covered for Carhart at the hospital in Wichita. With no hospital privileges and one to clean up after him in Maryland, we are very concerned that women may die.

These concerns are not without basis. Carhart was involved in the 2005 third-trimester abortion death of Christin Gilbert in Wichita, Kansas. Political interference and corruption in the Healing Arts Board at that time prevented discipline. [Attachment 8]

In an undercover investigation, Operation Rescue also documented Carhart's involvement with a scheme to falsify fetal ages using ultrasound while at late-term abortion mills in Wichita and Bellevue. By improperly manipulating the ultrasound measurements, pre-born babies were said to be younger than they actually were in order to make it appear that abortions on late-term babies were actually legal. [Attachment 9] A complaint to the Kansas Board of Healing Arts was closed upon the death of Carhart's employer, George Tiller.

Affidavits were submitted to the Nebraska Attorney General by former employees of Carhart in Nebraska alleging that fetal ages were also falsified there. That case continues to be under criminal investigation. [Attachment 10]

Abortion worker Lindsey (Alejandro) Creekmore was the nurse involved in Operation Rescue's Kansas fetal age deception investigation and now is employed by Carhart, who has announced that she will be traveling with him to Maryland to assist with late-term abortions in Germantown. [Attachment 11]

Carhart remains under criminal investigation in Nebraska.

There can be no doubt that Carhart misrepresented himself on his Maryland medical license application and left out critical negative information for the Board's consideration.

I am asking, based on this blatant deception that the Board reconsider Carhart's license to practice medicine in Maryland. His dishonesty along with his reckless history and lack of hospital privileges make him a danger to the public.



STOP! Completed application and check must be mailed to:
MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217 • Baltimore, MD 21297
Telephone: 410-764-4777 Fax: 410-358-1298 Toll Free: 800-492-6836

APPLICATION FOR INITIAL MEDICAL LICENSURE

| | |
|--------------------|--|
| FOR BOARD USE ONLY | |
| Date: | |
| Check Number: | |
| Amount Paid: | |
| Name Code: | |
| Applicant: | |

Please print legibly or type the required information. Do not leave any item unanswered. If an item does not apply to you, write "N/A" (Not Applicable) for that item. An incomplete application form will delay the processing of your application.

1. **Your Complete Current Legal Name:** As listed on your U.S. birth/marriage certificate, U.S. passport, or most recent document issued by the INS.

Last name and generational indicator (Jr., Sr., II, III, etc.):

CARHART JR

First name and middle name:

LEROY HARRISON

(If applicable, please check a box and complete below) ☐ Complete Maiden Name OR ☐ Complete Former Name

Stop! If any credential you submit bears a name other than your current legal name as listed above, or if you have been licensed in another state under any name other than your current legal name, sign and date an attachment which includes each different name, an explanation of why the name differs from your current legal name, and a copy of the legal document to support the name change.

2. **Public Address:** Your public address of record. This address, usually your office, is available to the public and will be posted on the internet.

Street Address: If you change your address prior to being licensed, immediately notify the Board in writing.

BELLEVUE HEALTH & EMERGENCY

1002 WEST MISSION AVENUE

City

BELLEVUE

State

NE

Zip Code

68005-3947

3. **Non-Public Address:** This address, usually your home, is for Board use only. However, if no public address is listed, this address will be made public.

Street Address: (Do NOT use a P. O. Box) If you change your address prior to being licensed, immediately notify the Board in writing.

[Redacted]

[Redacted]

City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

4. **Telephone(s):** Home:

[Redacted]

Office:

402-292-4164

Cell/Pager:

[Redacted]

E-mail address:

admin@dr cartart.com

5. **Date of Birth:** Month Day Year

Month

Day

Year

6.

Gender:

☒

Male

☐

Female

7. **Race:** Multiracial applicants may select all applicable categories ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White

Ethnicity: ☐ Hispanic or Latino ☒ Not Hispanic or Latino

8. **Social Security Number:**

[Redacted]

For Board Use Only

License Number:

D71127

BPQA School Code:

041009

Date Issued:

070710

Federation School Code:

039010

Licensed By:

Chris [Signature]

Licensing Exam:

FLEX

Initial Medical Licensure
CHRONOLOGY
10/2009 INT

Print
Your
Name:

LeRoy Harrison Carhart, MD

Date: 6/10/10

Page
2 of 11

9. Chronology of Activities: DO NOT ATTACH RESUME OR CURRICULUM VITAE

Beginning with the date you completed medical school and continuing through the present, list chronologically all of your activities. Account for all periods of time including each post-graduate training program you attended, regardless of whether or not you completed the program; each job you held, regardless of whether or not it was medically related or you were compensated; and any period of unemployment.

Date Medical School was Completed:

| | |
|-------|------|
| month | year |
| 06 | 73 |

Activities after completing medical school: Please type or print.

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 06 | 73 | | 07 | 74 |

 Activity: Rotating Type 4 Medical Internship

Address:

Malcom Grow Hospital - Andrews Afb, MD

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 07 | 74 | | 12 | 75 |

Activity:

General Surgery Residency

Address:

Hahnemann Medical College / Hosp.
Philadelphia, PA

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 01 | 76 | | 06 | 77 |

Activity:

General Surgery Resident

Address:

Atlantic City Med. Center - New Jersey

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 07 | 77 | | 06 | 78 |

Activity:

Chief Resident, General Surgery

Address:

Atlantic City Med. Center - New Jersey

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 07 | 74 | | 06 | 78 |

Activity:

Emergency Physician

Address:

Emergency Medical Assoc - Chester, PA

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 09 | 78 | | 02 | 85 |

Activity:

General Surgeon, Chief of General Surgery, Chief of Emergency Med, Chairman Dept of Surg.

Address:

Ehring Bergquist USAF Hosp. Offutt AFB, NE

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 07 | 78 | | 06 | 86 |

Activity:

Assistant Professor, Dept. of Surgery

Address:

Creighton Univ. School of Medicine, Omaha, NE

| | | | | |
|-------|------|----|-------|------|
| month | year | TO | month | year |
| 06 | 82 | | 09 | 97 |

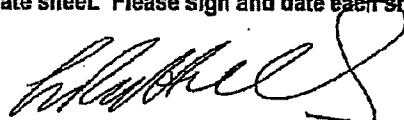
Activity:

Assistant Professor, Dept of Surgery

Address:

UNMC - Omaha, NE

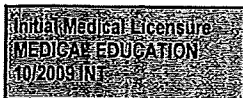
CONTINUED ON PAGE 3: If you will need more space than page 3 allows, please photocopy page 3 for your use or attach a separate sheet. Please sign and date each sheet you attach.



Chronology (Cont'd) Please photocopy this page if more space is needed. Sign and date all additional pages.

| | | | | | | |
|-------|------|----|---------|------|--|--|
| month | year | | month | year | Activity: | |
| 08 | 78 | TO | 09 | 83 | ER STAFF PHYSICIAN | |
| | | | | | | Address: ST. JOSEPH'S HOSPITAL OMAHA, NEBRASKA |
| month | year | | month | year | Activity: | |
| 01 | 82 | TO | 02 | 85 | ER PHYSICIAN AND GENERAL SURGEON | |
| | | | | | | Address: JENNIE EDMUNDSON HOSPITAL - C. B. - IOWA |
| month | year | | month | year | Activity: | |
| 01 | 85 | TO | 03 | 86 | ER STAFF PHYSICIAN AND GENERAL SURGEON | |
| | | | | | | Address: LUTHERAN MEDICAL CENTER - OMAHA, NE. |
| month | year | | month | year | Activity: | |
| 09 | 86 | TO | 06 | 87 | ER STAFF PHYSICIAN (FISHERMAN GOLD CORPORATION) | |
| | | | | | | Address: MERCY HOSPITAL, DAVENPORT, IOWA |
| month | year | | month | year | Activity: | |
| 02 | 85 | TO | PRESENT | | MEDICAL DIRECTOR, STAFF PHYSICIAN | |
| | | | | | | Address: BELLEVUE HEALTH/EMERGENCY CLINIC, INC. BELLEVUE NE |
| month | year | | month | year | Activity: | |
| 10 | 97 | TO | PRESENT | | ADJUNCT ASS'T. PROFESSOR (CLINICIAN) DEPT. OF MICRO/PATH | |
| | | | | | | Address: UNMC - OMAHA, NEBRASKA |
| month | year | | month | year | Activity: | |
| | | TO | | | | |
| | | | | | | Address: |
| month | year | | month | year | Activity: | |
| | | TO | | | | |
| | | | | | | Address: |
| month | year | | month | year | Activity: | |
| | | TO | | | | |
| | | | | | | Address: |
| month | year | | month | year | Activity: | |
| | | TO | | | | |
| | | | | | | Address: |

RECEIVED
MAR 31 2010



Print
Your
Name:

LeRoy HARRISON CARHAET

Date: 3-16-10

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10. MEDICAL EDUCATION: List all medical schools you have attended

From: MM/YY To MM/YY

HAHNEMANN MEDICAL COLLEGE & HOSPITAL

08/09 06/13

Medical School From Which You Received Your Medical Degree: SAME AS ABOVE

Name of University Affiliation (if applicable): * HAHNEMANN UNIVERSITY HOSPITAL

Street Address: 230 N. BROAD STREET

City: PHILADELPHIA State/Province: PA Country of citizenship during medical education: USA

Language(s) of Instruction: ENGLISH

Type of Degree: ☒ M.D. ☐ D.O. ☐ M.D./Ph.D. ☐ M.B.B.S. ☐ M.B.B.Ch. ☐ Other: (specify)

Date Degree The date you officially received your degree after all prerequisite obligations, required training, government service, etc.

Was Conferred: was satisfied.

Month 06 Day 03 Year 73

GRADUATES OF FOREIGN MEDICAL SCHOOLS (Schools not in the U.S. or its territories, Puerto Rico, or Canada)
Attach the following documents to this application:

- 1) A copy of your valid ECFMG certificate or Fifth Pathway Certificate;
- 2) A copy of your medical school diploma and a certified translation;
- 3) If you listed an affiliation above (see * in 10 above), attach a copy of the Certificate of Medical Education and Examinations Taken, Good Conduct Certificate or Intern Certificate. The certificate must include your name, name of the medical school, name of the university, and a certified translation.

If your name is not written the same way on all documents, you must submit documentation to explain how and why your name differs and submit one of the following documents to support the name change: Passport, INS card, birth certificate, court document, marriage license, court decree.

11. How have you satisfied Maryland's written and oral English language competency requirements?

(See English Language Competency Requirements for Medical Licensure in Maryland in the introductory material included with your application.)

- a. ☒ I graduated from a medical school or, after at least three years of attendance, a high school (includes GED), undergraduate college, or university where English was the only language of instruction throughout (you must provide documentation); or
- b. ☐ I passed either ☐ the TOEFL or ☐ the ECFMG English test after December 31, 1973 AND I passed the ☐ TSE or ☐ OPI. If you have taken the Test of English as a Foreign Language (TOEFL) and either the Test of Spoken English (TSE) or the Oral Proficiency Interview (OPI), please request that Education Testing Service and/or Language Testing International send verification of your scores directly to the Board;
- c. ☐ I passed the USMLE Step 2 Clinical Skills Exam.

Are you claiming speech impairment? ☐ NO ☐ YES If "YES," please write or call the Board for additional information.

**Initial Medical Licensure
POSTGRADUATE TRAINING
10/2009 INT**

 Print
Your
Name:

LeRoy Harrison Carhart Date: 6/10/10

 Page
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12. **POSTGRADUATE TRAINING (DO NOT ATTACH RESUME OR CURRICULUM VITAE.)** List in chronological order ALL postgraduate training undertaken in the United States, its territories or possessions, Puerto Rico, or Canada regardless of whether you did or did not complete the program, and regardless of whether you were or were not compensated. (Copies of training certificates are helpful, but not required.)

NOTE: On a case by case basis, the Board may consider full time teaching in an LCME accredited medical school in the United States as an alternative to the accredited postgraduate clinical medical education required in the Code of Maryland Regulations 10.32.01.03D. Applicants who intend to request consideration of teaching experience as an alternative to accredited postgraduate clinical medical education should contact the Board's licensure division for further information.

Effective October 1, 2000, graduates of all medical schools NOT in the U.S., its territories or possessions, Puerto Rico, or Canada are required to submit evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate clinical medical education program accredited by an accrediting organization recognized by the Board (ACGME, AOA, or equivalent). If you have not met this requirement, DO NOT submit this application.

A Fifth Pathway Program graduate must have been a U.S. citizen during the time of medical education and must have successfully completed two years of ACGME accredited postgraduate clinical medical education *after* successfully completing a Board approved Fifth Pathway program. If you have not met these two criteria, DO NOT SUBMIT THIS APPLICATION.

If after 10/1/92 you passed any medical licensing exam (or part, step, or component thereof) that you failed three times, either before or after 10/1/92, then you must successfully complete another year of ACGME/AOA accredited clinical postgraduate training in addition to the year(s) usually required by Maryland. All of the additional year must have begun after the date of the last fail. Teaching will not be accepted as an alternative to a year required following three or more fails. If you have not met this requirement, DO NOT submit this application. If you failed any part, step, or component of a medical exam four times, DO NOT SUBMIT THIS APPLICATION; you are not eligible for medical licensure in Maryland.

NOTE: Postgraduate training program cycles usually run from July 1 to June 30. If the dates of your postgraduate training are not within the usual cycle, fall short of the complete cycle, or extend beyond the usual cycle, please attach a complete explanation of why your training was "off-cycle."

| | | | | | | | |
|-------------------|--|-----------------------------|---|----|-------------|------------|---|
| PG Year #s 1 | Place of Training: Malcom Grow USAF Hospital | month 07 | year 73 | TO | month 06 | year 74 | ✓ |
| | Address: Andrews AFB MD | Specialty: General Surg. | Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/> | | | | |
| PG Year #s 2.5 | Place of Training: Hahnemann Medical College & Hospital | month 07 | year 74 | TO | month 12 | year 75 | ✓ |
| | Address: 230 N Broad St Philadelphia PA | Specialty: Gen. Surgery | Accredited by: ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/> | | | | |
| PG Year #s 1.5 | Place of Training: Atlantic City Medical Center | month 01 | year 76 | TO | month 06 | year 78 | ✓ |
| | Address: 1925 Pacific Ave Atlantic City, NJ | Specialty: Gen. Surgery | Accredited by: ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/> | | | | |
| PG Year #s | Place of Training: | month | year | TO | month | year | |
| | Address: | Specialty: | Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/> | | | | |
| PG Year #s | Place of Training: | month | year | TO | month | year | |
| | Address: | Specialty: | Accredited by: ACGME <input type="checkbox"/> AOA <input type="checkbox"/> RCPSC <input type="checkbox"/> | | | | |

(ATTACH A SEPARATE SIGNED AND DATED PAGE IF ADDITIONAL SPACE IS NEEDED)



Print
Your
Name:

LEROY HARRISON CARTER Date: 3-16-10



13. **Hospital Privileges After Postgraduate Training:** Please list all hospitals where you have had privileges or have provided services after the completion of your postgraduate training for the five year period preceding the filing of this application. Copy this page if more space is needed and enclose each signed and dated addition.

| | | | | | |
|-----------------------|------------|------|----|-------|------|
| Hospital: <u>NONE</u> | month | year | TO | month | year |
| Complete Address: | Department | | | | |
| Hospital: | month | year | TO | month | year |
| Complete Address: | Department | | | | |
| Hospital: | month | year | TO | month | year |
| Complete Address: | Department | | | | |

BELLEVUE HEALTH CENTER
1002 WEST MISSION AVENUE
SUITE 201
BELLEVUE, NE 68005
Tel: 402-292-4164 Fax: 402-291-4643

10887

3/2/2010

PAY TO THE
ORDER OF Maryland Board of Physicians \$**790.00

Seven Hundred Ninety and 00/100 ***** DOLLARS

Maryland Board of Physicians
PO Box 37217
Baltimore, MD 21297

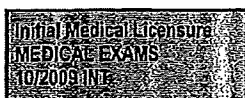
MEMO
credentialing

Linda E. Meier
AUTHORIZED SIGNATURE

Lockbox: 37217
Date: 03/29/2010
Batch: 22
Item: 19/22
Amount: \$790.00
With "For Office Use Only" box

SUNTRUST

| | | | | | |
|-------------------|------------|------|----|-------|------|
| Complete Address: | month | year | TO | month | year |
| Hospital: | Department | | | | |
| Complete Address: | month | year | TO | month | year |
| | Department | | | | |



Print
Your
Name:

LEROY HARRISON CARHART, M.D. Date 3-16-10

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14. **Medical Licensing Examinations** (USMLE, NBME, NBOME, FLEX, FLEX-Weighted Average, Medical Council of Canada, and licensing exams given by individual states prior to January 1, 1985) **DO NOT SUBMIT THIS APPLICATION** until you have received written verification of having passed all parts, steps, or components of your medical licensing examinations.

Identify below **ALL** the medical licensing examinations that you have ever taken. Ask the administering authority of each exam to send the complete medical licensing examination history and scores directly to this Board. In each examination category below, you will find information to help you contact the administering authority.

- a. Have you ever failed any medical licensing examination (or part, step, or component thereof)? NO ☒ YES ☒
- b. Have you failed any medical licensing examination (or part, step, or component thereof) three or more times? NO ☒ YES ☒

If you answered "Yes" to a. and b., you must have successfully completed another year of ACGME-accredited clinical postgraduate training, in addition to the year(s) of training usually required for licensure in Maryland. No part of the additional year may have been taken before the date of the last fail. If you have not met this requirement, you are not eligible for licensure in Maryland at this time. **DO NOT** submit this application until you have fulfilled this requirement.

IF YOU HAVE FAILED ANY PART, STEP, COMPONENT OR APPROVED EXAMINATION COMBINATION MORE THAN 3 TIMES, You may not be eligible for medical licensure in Maryland. For a complete explanation see COMAR 10.32.01.03 Licensure—Qualifications for Initial Licensure

- a. State Board Examination List state(s): N/A

STATE BOARD DOES NOT INCLUDE STEP 3 OF USMLE, ORAL EXAMS, OR INTERVIEWS. State Board Examinations were licensing exams given by individual states. State Board Examinations taken after December 31, 1984 are not accepted for licensure in Maryland.

Send a copy of MBP IML7, *State Board Licensure and Examination Certification*, form to the state(s) which administered your licensing exam and ask the state(s) to send your exam results directly to the Maryland Board of Physicians. Also send a copy to each state that has ever issued you a license.

NOTE: Many states charge a fee for exam transcripts. Contact each state board prior to sending form IML7, as all fees are the responsibility of the applicant.

Federation of State Medical Boards (See Page 8 if you took a combination of these exams or combined either with the NBME exams)

- b. ☒ **FLEX-Weighted Average:** All FLEX-Weighted exams prior to 1985 must have been taken in one sitting (3 consecutive days). Flex weighted average exams taken in more than one sitting must have current ABMS or AOA Board Certification unless you are currently certified by a member board of the American Board of Medical Specialties.
- c. ☐ **FLEX Components 1 and 2:** Examinations must be passed within 5 years of each other.
- d. ☐ **USMLE Steps 1, 2, and 3:** Passing scores on all parts must have been completed within a 10-year period beginning with the month and year when the applicant first passed either step 1 or step 2.

If you took any of the above examinations you must ask the Federation of State Medical Boards (FSMB) to send your transcripts to the Board by accessing their website at www.fsmb.org. Click transcript requests.

- e. ☐ **National Board of Medical Examiners** (See Page 8 if you combined this examination with FLEX or USMLE exams)

If you have received NBME certification, ask NBME to send to the Board both the Endorsement of Certification *and* the Record of Scores. All requests must be made through the NBME website at <http://www.nbme.org> or call 215-590-9592. If you took NBME exams but were not certified, or you took NBME as part of hybrid exams, ask NBME to send only your Record of Scores.

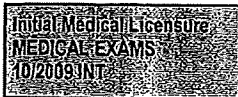
- f. ☐ **National Board of Osteopathic Medical Examiners** Certifications issued before January 1, 1971 are not accepted for licensure in Maryland. If you have received NBOME certification, ask NBOME to send to this Board the verification of certification and the complete history of your medical examinations. Contact NBOME at 773-714-0622 for instructions and fee information.

- g. ☐ **Medical Council of Canada**

Licentiate of the Medical Council of Canada

Please request that verification of your Licentiate Certification and a complete LMCC examination history be sent directly to this Board. Call MCC at 613-521-6012 for instructions and fee information.

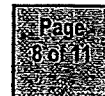
CONTINUED ON PAGE 8



Print
Your
Name:

LEROY HARRISON CARHART

Date: 3-16-10



HYBRID EXAMINATIONS

The following combinations are the only hybrid examinations accepted by the Maryland Board.

Passing scores on all parts of hybrid examinations must have been completed within a 10-year period, beginning with the month and year the examinee first passes a part or component or step of the combined examination. ALL HYBRID EXAMINATIONS MUST HAVE BEEN COMPLETED BEFORE JANUARY 1, 2000.

h. ☐ USMLE 1 + NBME II + NBME III

n. ☒ FLEX 1 + USMLE 3

i. ☐ USMLE 1 + USMLE 2 + NBME III

o. ☐ FLEX 2 + USMLE 1 + NBME II

j. ☐ USMLE 1 + NBME II + USMLE 3

p. ☐ FLEX 2 + USMLE 1 + USMLE 2

k. ☐ NBME I + USMLE 2 + USMLE 3

q. ☐ FLEX 2 + NBME I + USMLE 2

l. ☐ NBME I + USMLE 2 + NBME III

r. ☐ FLEX 2 + NBME I + NBME II

m. ☐ NBME I + NBME II + USMLE 3

- If your hybrid exams included any part of the NBME examination, contact NBME at <http://www.nbme.org> or call 215-590-9592 for instructions and request that your Endorsement of Certification and your Record of Scores be sent directly to the Maryland Board of Physicians.

- If your hybrid exams included only FLEX and USMLE examinations, request your transcript from the Federation of State Medical Boards at www.fsmb.org. REQUEST HAS BEEN MADE

15. Licensing History:

- a. ☐ I have never been licensed in the U.S., its territories, or Puerto Rico and have never been licensed or registered in Canada.
- b. ☒ I have an application for license pending in the following states: IOWA
- c. Please list below all licenses ever issued to you by a U. S. state/territory or Puerto Rico. Also list all Canadian licenses and registrations.
- d. Has any disciplinary action ever been taken against your license? ☒ No ☐ Yes If yes, please enclose an explanation.

| STATE (Or Puerto Rico or Canadian Province) | LICENSE NUMBER or Registration Number | CURRENT STATUS | | | | | |
|---|---|----------------|----------|----------------|---------------------------------|----------------------------|---------|
| | | Active | Inactive | Expired/Lapsed | Surrendered in good standing | Surrendered / Suspended | Revoked |
| ✓ INDIANA | 01040632A | ✓ | | | | | |
| ✓ IOWA | 23312 | | | ✓ | | | |
| ✓ KANSAS | 04-24866 | ✓ | | | | | |
| ✓ NEBRASKA | 15162 | ✓ | | | | | |
| ✓ NEW JERSEY | 25MA03654100 | ✓ | | | | | |
| ✓ OHIO | 35-057427 | ✓ | | | | | |
| ✓ PENNSYLVANIA | MD035665L | ✓ | | | | | |
| ✓ WISCONSIN | 35028-20 | ✓ | | | | | |

(If more space is needed, please attach an additional signed and dated sheet.)

LeRoy Harrison Canham

Date: *7-7-10*

16. Check YES or NO.

- ☐ ☒ Did you successfully complete a medical licensing exam (USMLE, NBME, etc.) within the 15-year period prior to filing this application?
- ☒ ☐ During the past 10 years, have you maintained uninterrupted licensure since you were first issued a license in the United States, its territories, Puerto Rico, or Canada?
- ☐ ☒ Do you have lifetime certification from, or within the past 10 years have you been certified or recertified by, a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?
- If "YES," in which specialty were you certified? _____ Date certified _____

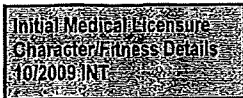
⇒ If you have answered "NO" to all three of the above questions, you MUST take the Special Purpose Examination. After you submit this application, contact the Federation of State Medical Boards at 817-571-2949 and arrange to take the SPEX in Maryland, and have scores sent to the Maryland Board directly.

17. Character and Fitness Questions (Check either YES or NO)

- YES NO**
- a. Has a state licensing or disciplinary board (including Maryland), or a comparable body in the armed services, denied your application for licensure, reinstatement, or renewal?
- b. Has a state licensing or disciplinary board (including Maryland), or a comparable body in the armed services, taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment, reprimand, suspension, or revocation. Refer to the document *Grounds for Board Action in Maryland* at the Board's website www.mbp.state.md.us.
- c. Has any licensing or disciplinary board in any jurisdiction (including Maryland), or a comparable body in the armed services, filed any complaints or charges against you or investigated you for any reason?
- d. Have you ever withdrawn your application for a medical license or other health professional license?
- e. Has a hospital, related health care institution, HMO, or alternative health care system investigated you or brought charges against you?
- f. Has a hospital, related health care facility, HMO, or alternative health care system denied your application for, or failed to renew your privileges; or limited, restricted, suspended, or revoked your privileges in any way?
- g. Have you committed a criminal act to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgement?
- h. Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgement? Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.
- i. Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
- j. Do you illegally use drugs?
- k. Do you have any physical or mental condition that currently impairs your ability to practice medicine or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
- l. Have you ever been named as a defendant in a medical malpractice action?
- m. Are you in default of a service obligation that you incurred by receiving State or federal funds for your medical education?
- n. Have you failed to make arrangements to satisfy State or Federal loans that financed your medical education?
- o. Has your employment by any hospital, HMO, other health care facility or institution, or military entity been terminated for disciplinary reasons?
- p. Have you voluntarily resigned from any hospital, HMO, other health care facility or institution, or military entity while under investigation by that institution for disciplinary reasons?
- q. Has the use of drugs and/or alcohol ever resulted in an impairment of your ability to practice your profession?
- r. Have you surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction or any entity of the armed services?

*** If you answered "YES" to any of the questions in item 17, on the following page please list all adverse actions taken against you and provide a complete explanation. Attach any supporting documentation that applies (copies of all complaints, malpractice claims, adverse or disciplinary actions, arrests, pleadings, judgements, or final orders). Sign and date all pages submitted.

[Signature] 7-7-10



Print
Your
Name:

LeRoy Harrison Carhart

Date: 3-16-10



18 a. If you answered "YES" to any of the questions in item 17, please provide an explanation below and attach all complaints, pleadings and judgments. Attach additional signed and dated pages as needed.

18 b. If you answered yes to 17L - answer the following questions:

1. Total number of malpractice claims ever filed in which you were named as a defendant? 1
2. Total number of malpractice claims ever paid (settlement / judgment) in which you were named as a defendant? 1
3. Within the last 60 months (5 years) provide the following:
Total number of medical malpractice claims filed 0; paid (settlement / judgment) 0; or dismissed 0; in which you were named as a defendant.
4. For a claim filed at any time, but paid (settlement / judgment) within the last 60 months (5 years), list each claim by claimants name; describe the disposition of each claim; and provide a copy of the complaint, pleading, and judgment of each medical malpractice claim.

[Redacted]

RECEIVED
MAR 31 2010

I have attached the following number of pages to this application: 4

RELEASE AND CERTIFICATION

19. Release:

I agree that the Maryland Board of Physicians (the Board) may request any information necessary to process my application for medical licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual physicians, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, the Federation of State Medical Boards, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

LEROY HARRISON CARHART, M.D.

[Signature] 3/14/2010

Applicant's Name (Printed)

Applicant's Signature

Date

20. (OPTIONAL) Third Party Release: Although the Board encourages you to complete all aspects of your application on your own, if you plan to use an intermediary to receive information about the status of your application, please complete this release.

I agree that the Maryland Board of Physicians may release any information pertaining to the status of my application to the following person:

Name: _____

Phone: _____

[Signature] 3/14/2010

Applicant's Signature

Date

21. I agree that I will cooperate fully with any request for information or with any investigation related to my medical practice as a licensed physician in the State of Maryland, including the subpoena of documents or records or the inspection of my medical practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under Md. Code Ann., Health & Occ. § 14-404.

[Signature]

3/16/2010

Applicant's Signature

Date

22. Affidavit: To be completed by the applicant in the presence of a notary public after the applicant's picture has been attached below.

I certify that I have personally reviewed all the responses to items 1-22 of this application and that the information I have given is true and accurate to the best of my knowledge. I understand and agree that I may not practice, attempt to practice, or offer to practice medicine in Maryland unless licensed by the Board.

[Signature]

3/16/2010

Applicant's Signature

Date

STATE OF NEBRASKA

CITY/COUNTY OF SARPY

I HEREBY CERTIFY that on this 14 day of MARCH, 2010, before me, a Notary Public of the State and

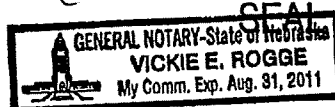
City/County aforesaid, personally appeared the Applicant, LEROY HARRISON CARHART, whose likeness is identifiable as that of the person in the photograph attached to this application and who has made oath in due form of law to be the person referred to in this

application for license to practice Medicine and Surgery in the State of Maryland, and to have stated the truth in all statements made in this application.

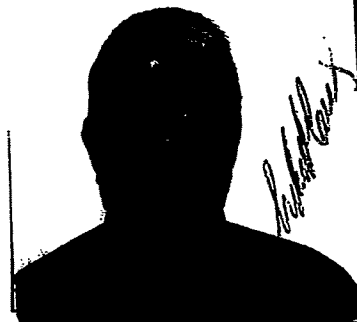
AS WITNESS my hand and notarial seal.

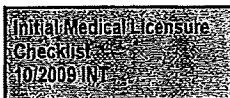
[Signature]
Notary Public

My Commission expires: 8/31/2011



RECEIVED
MAR 31 2010





Print
Your
Name:

LEROY HARRISON CARHART JR. 3-16-10



CHECKLIST

Please review the checklist before signing page 11. A few minutes spent in review now may save days or weeks of delay in the processing your application.

- ☒ I have provided all the personal information requested on this application (page 1)
- ☒ My chronology of activities after graduating medical school is legible and the
- ☒ (If applicable) I have enclosed additional sheets for my chronology.
- ☒ I have provided all the information about my medical education. (Item 10, pa
- ☒ I have indicated how I have met Maryland's requirement for English proficien

Control No: 107155

Carhart Jr., Leroy Harrison

Application Form (Standard)

Received: William Calhoun

Analyst: Carol Johnson

03/31/2010

Graduates of Foreign Medical School

- ☐ My English proficiency requirements were satisfied somewhere other than medical school, so I have requested that documentation of both written and oral proficiency be sent to the Board. (See item 11 on page 4)

I have also enclosed the following documents:

- ☐ A copy of my valid ECFMG certificate (You must take the TOEFL if ECFMG English exam was before January 1, 1974)
- ☐ A copy of my medical school diploma and a certified translation.
- ☐ If applicable a copy of the Certificate of Medical Education and Examinations Taken or Good Conduct or Intern Certificate showing my name, the name of the medical school, and the name of the affiliated university; and a certified translation. (See page 4)

- ☒ I have completed Part 1 of form IML2 (follows Section V of the application) and sent a copy to the institution from which I received my medical degree and, if different, to the institution at which I received English instruction that meets the Maryland requirements.
- ☒ I have listed all postgraduate training I have undertaken in the U.S., Canada, or Puerto Rico (page 5); completed Part 1 of form IML3; signed Part 2; printed my name on side B; and sent a form IML3 to the director of each program in which I participated.
- ☒ I have listed all hospitals at which I have had privileges or provided services since the completion of postgraduate training and during the five year period prior to filing my application (page 6).
- ☒ I have listed all medical licensing examinations I have ever taken (page 7) and sent a copy of the request for transcripts and any fee that may be required to the appropriate administering authority of each exam (see instructions after exam listed on pages 7 and 8).
- ☒ I have listed every license/registration I have ever been issued in the U.S., its territories, Puerto Rico, or Canada (page 8) and have sent a copy of IML7 to each medical board / issuing authority.
- ☒ I do not have to take the Special Purpose Exam (page 9) ☐ I must take the SPEX and have made arrangements to do so.
- ☒ I have answered all character and fitness questions (page 9), explained all "yes" answers and, if applicable, enclosed all supporting documents (copies of all complaints, malpractice claims, adverse or disciplinary actions, arrests, pleadings, judgments, final orders, etc.)
- ☒ I have attached a 2"x 2" passport quality photograph to the last page (page 11) of this application.
- ☒ I have read the statements on page 11 of this application; signed and dated items 19, 20 (if applicable), 21 and 22; and arranged to have the application notarized.
- ☒ I have enclosed my check made out to "Maryland Board of Physicians" (or "MBP") in the amount of either \$790.00 (Graduates of LCME-accredited American and Canadian medical schools) or \$890.00 (Graduates of International Medical Schools).
- ☒ I have attached the following number of pages of documentation to support this application: 4
- ☒ I have signed the application in the presence of a notary and had the application notarized.

STOP! Completed application and check must be mailed to the Maryland Board of Physicians,
P.O. Box 37217, Baltimore, Maryland 21297.

✓

National Student Clearinghouse®
2300 Dulles Station Blvd., Suite 300, Herndon, VA 20171
PH (703) 742-4200 FX (703) 318-4058
www.studentclearinghouse.org
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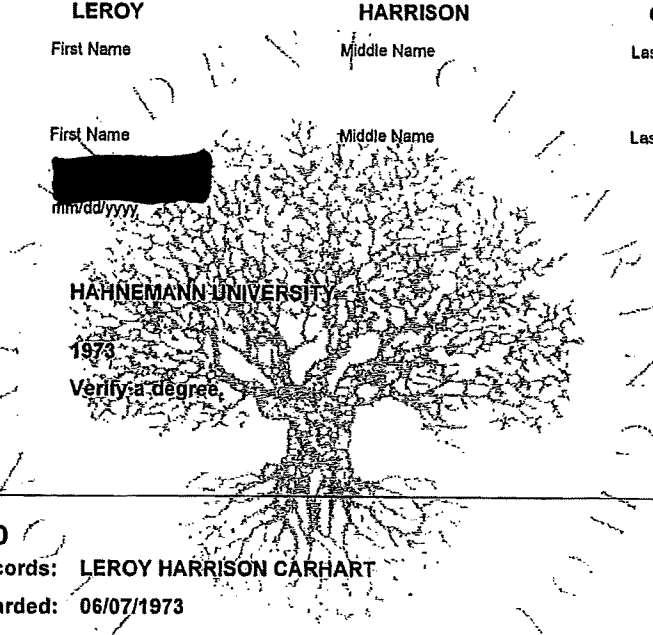
DegreeVerify Certificate

| | | | |
|------------------|------------------|-----------------|----------------------|
| Transaction ID#: | 018049697 | Date Requested: | 04/08/2010 10:20 EST |
| Requested by: | VICKTORIA RHONEY | Date Notified: | 04/09/2010 10:29 EST |

Status: Degree Confirmed by E-mail
Fee: \$10.50

INFORMATION YOU PROVIDED

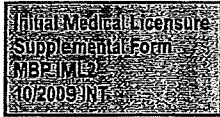
| | | | |
|--|----------------------|-------------|-----------|
| Subject Name: | LEROY | HARRISON | CARHART |
| | First Name | Middle Name | Last Name |
| Name Used While Attending School: (If different from above) | First Name | Middle Name | Last Name |
| Date of Birth: | [REDACTED] | | |
| | mm/dd/yyyy | | |
| School Name: | HAHNEMANN UNIVERSITY | | |
| Degree Award Year: | 1973 | | |
| Attempt To: | Verify a degree. | | |



INFORMATION VERIFIED

| | |
|------------------------------------|------------------------|
| Name On School's Records: | LEROY HARRISON CARHART |
| Date Awarded: | 06/07/1973 |
| Degree Title: | DOCTOR OF MEDICINE |
| Official Name of School: | DREXEL UNIVERSITY |
| Major Course(s) of Study | MEDICINE |
| (and NCES CIP Code, if available): | |

All information verified was obtained directly and exclusively from the individual's educational institution. The Clearinghouse disclaims any responsibility or liability for errors or omissions, including direct, indirect, incidental, special or consequential damages based in contract, tort or any other cause of action, resulting from the use of information supplied by the educational institution and provided by the Clearinghouse. The Clearinghouse also does not verify the accuracy or correctness of any information provided by the requestor.



MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue ■ P.O. Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 800-492-6836

MAR 26 2010

CJ✓

VERIFICATION OF EDUCATION AND ENGLISH LANGUAGE INSTRUCTION

Part 1

APPLICANT: Complete Part 1 and send to the institution which issued your medical degree. If you satisfied Maryland's English language competency requirements somewhere other than your medical school, also send a copy of this form to that institution and ask them to return the completed form directly to the Board.

Name:

CARHART, JR LEROY HARRISON

Print last name and generational indicator (Jr., Sr., II, III, etc.)

First name

Middle name

Date of Birth:

Month Day Year

Social Security Number:

[REDACTED]

School Attended

HANNEMANN MEDICAL COLLEGE & HOSPITAL

Only medical school, undergraduate school, or high school

Affiliated with (if applicable):

Name of institution that conferred your degree, if different from medical college attended

Attended from:

69 to 73

Date of Graduation:

6-3-73

Part 2

REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL: Please complete this form and mail it to the above address.

I hereby certify that the above-named individual attended this institution during the inclusive dates from

Month Day Year to Month Day Year
09 08 69 to 06 02 73

; that all academic studies were taught in the

language(s) of English

; that all clinical clerkships were taught in the

language(s) of English

; and that he/she was conferred the degree of

☒ M.D.

☐ D.O.

☐ M.D./Ph.D

☐ M.B.B.S.

☐ M.B.B.Ch

☐

Other:
(specify)

Month Day Year
on 06 07 73

after he/she had satisfied all prerequisite obligations.

Joseph J. Solomon

Printed Name of Authorized Official

Drexel University

Name of Institution

University Registrar

Title of Authorized Official

215-762-7602

Telephone Number

215-762-4313

Fax Number

Joseph J. Solomon / JJP

Signature of Authorized Official

3/31/10

Date

SEAL

OF THE

INSTITUTION

Initial Medical Licensure
Supplemental Form
MBP IML3
10/2009 INT

MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue ■ P.O.Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 800-492-6836

Side A

VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Part 1

APPLICANT: Complete Part 1 and sign where indicated in the Part 2 instructions. Print your name on top of the reverse page, and send a form to the director of each postgraduate training program you attended. Be sure to copy both sides.

a. Applicant's Name: LE CARHART LEROY H.
Last Name and Generational Indicator (Jr., Sr., II, III, etc.) First Name Middle Name
Address: [REDACTED]
City: [REDACTED] State: [REDACTED]
Date of Birth: [REDACTED] Social Security Number: [REDACTED]

b. Name of Institution: HAHNEMANN HOSPITAL
Department and Area of Training: General Surgery Residency
Complete Address: BROAD AND VINE
City: PHILADELPHIA State: PA
FROM: Month Year TO Month Year
07 74 TO 12 75 19102

Part 2

POSTGRADUATE TRAINING PROGRAM DIRECTOR: Please complete Part 2 according to the records available and send directly to the Maryland Board of Physicians at the above address. Please do not send original or copies to me.

Applicant's Signature: _____

See letter
following
application
for explanation
of this PGT

1. Did the applicant participate in postgraduate training in your department during the period listed above?



YES



NO

If "No," please enter exact dates: _____ to _____

Program Specialty: SURGERY

*If training was part-time, please explain the training schedule after item 8 of this form.

2. During the time of the applicant's participation, was the postgraduate training program accredited?



YES



NO

Accredited by: ☒

ACGME: Program #

440-41-21-
295☐ AOA: ID #:☐ RCPSC

3. Did the applicant participate in all of the components of the training as required by the accrediting body?



YES



NO

Comments (attach signed and dated additions as needed):

APPLICANT
did not complete training @ HAHNEMANN

4. Did the applicant successfully complete all requirements of each year of training?



YES



NO

Comments (attach signed and dated additions as needed):

APPLICANT
did not complete training @ HAHNEMANN

5. During the applicant's year(s) of training, did the applicant have any break in training?



NO



YES

Comments (attach signed and dated additions as needed):

APPLICANT
only completed 6 mos. of training @
HAHNEMANN

(Continued on next page)

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JUN 25 2010

Initial Medical Licensure
Supplemental Form
MBP IML3
10/2009 INT

MARYLAND BOARD OF PHYSICIANS
VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Side B

Applicant's Name (print):

LEROY CARHART

6. Did the applicant have any physical or mental problem that affected the applicant's ability to practice medicine during the period of training?



NO



YES

If "Yes," please give a detailed explanation*

7. Was any action taken against the applicant by any training program, hospital, medical board, licensing authority, or court? Such actions include, but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary actions, etc.



NO



YES

If "Yes," please give a detailed explanation*

8. In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?



YES



NO

Comments:

applicant completed only
6 mos. of training.

Control No: 107155

06/25/2010

Carhart Jr., Leroy Harrison

IML3-Accredited Training Programs

Received: William Calhoun

Analyst: Carol Johnson

RECEIVED
JUN 25 2010

* If space is not sufficient, please attach a signed and dated detailed explanation.

Attestation: I attest that the information I have provided regarding the applicant is true, accurate, and complete according to all available records.

JAY YANOFF, D.ED.

Printed Name of Program Director

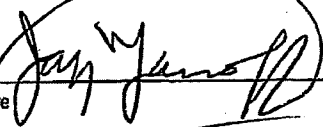
Hahnemann U. Hospital

Hospital

Graduate Medical Edu.

Department

Signature



(D.I.O.) Chief GME Officer

Title

Broad & Vine Sts. Phila

Address

215-762-2609

Telephone Number

Date

6/21/10



MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue ■ P.O.Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 800-492-6836



VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Part 1 **APPLICANT:** Complete Part 1 and sign where indicated in the Part 2 instructions. Print your name on top of the reverse page, and send a form to the director of each postgraduate training program you attended. Be sure to copy both sides.

a. Applicant's Name: CARHART, JR LeRoy HARRISON
Last Name and Generational Indicator (Jr., Sr., II, III, etc.) First Name Middle Name
Address: [REDACTED]
City: [REDACTED] State: [REDACTED]
Date of Birth: [REDACTED] Social Security Number: [REDACTED]

b. Name of Institution: ATLANTIC CITY MEDICAL CENTER
Department and Area of Training: GENERAL SURGERY, RESIDENT
Complete Address: 1925 PACIFIC AVENUE
City: ATLANTIC CITY State: NJ
FROM: Month Year Month Year
01 77 TO 06 77

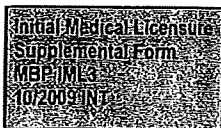
Part 2 **POSTGRADUATE TRAINING PROGRAM DIRECTOR:** Please complete Part 2 according to the records available and send directly to the Maryland Board of Physicians at the above address. Please do not send original or copies to me. Applicant's Signature: [Signature]

1. Did the applicant participate in postgraduate training in your department during the period listed above?*
- ☐ YES ☒ NO If "No," please enter exact dates: Jan. 1976 to June 1977
- Program Specialty: General Surgery - Resident
- *If training was part-time, please explain the training schedule after item 8 of this form.
2. During the time of the applicant's participation, was the postgraduate training program accredited? ☒ YES ☐ NO
- Accredited by: ☒ ACGME: Program # _____ ☐ AOA: ID #: _____ ☐ RCPSC
3. Did the applicant participate in all of the components of the training as required by the accrediting body?
- ☒ YES ☐ NO Comments (attach signed and dated additions as needed): _____
4. Did the applicant successfully complete all requirements of each year of training?
- ☒ YES ☐ NO Comments (attach signed and dated additions as needed): _____
5. During the applicant's year(s) of training, did the applicant have any break in training?
- ☒ NO ☐ YES Comments (attach signed and dated additions as needed): _____

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APR 6 2010

(Continued on next page)



MARYLAND BOARD OF PHYSICIANS
VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Side B

Applicant's Name (print):

LEROY HARRISON CARHART, JR.

6. Did the applicant have any physical or mental problem that affected the applicant's ability to practice medicine during the period of training?

☒

NO

☐

YES

If "Yes," please give a detailed explanation* _____

7. Was any action taken against the applicant by any training program, hospital, medical board, licensing authority, or court? Such actions include, but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary actions, etc.

☒

NO

☐

YES

If "Yes," please give a detailed explanation* _____

8. In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?

☒

YES

☐

NO

Comments:*

Control No: 107155

04/06/2010

Carhart Jr., Leroy Harrison

IML3-Accredited Training Programs

Received: William Calhoun

Analyst: Felicia Jackson

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APR 6 2010

* If space is not sufficient, please attach a signed and dated detailed explanation.

Attestation: I attest that the information I have provided regarding the applicant is true, accurate, and complete according to all available records.

Zia Salam, MD, FACE, FACP

Printed Name of Program Director

Atlanticare Regional Medical Center

Hospital

Internal Medicine Residency

Department

Zia Salam MD

Signature

Program Director

Title

1925 Pacific Ave., Atlantic City, NJ

Address

(609) 441-8074

Telephone Number

4/1/10

Date



STATE OF INDIANA

MITCHELL E. DANIELS

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2980
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: LEROY HARRISON CARHART

I, Frances Kelly, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature

If you have the need to verify the authenticity of the digital certification as of the date and time stamp below, go to <https://secure.in.gov/apps/pla/verify.htm> and use our free web service to "Verify an Electronic Certified Record". Simply browse to the location you saved the secure pdf document sent to you and upload to validate.

A handwritten signature in cursive script that reads "Frances Kelly".

Frances Kelly, Executive Director
Mon Mar 01 02:48:19 PM EST 2010





STATE OF INDIANA

MITCHELL E. DANIELS

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2980
Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Name: LEROY HARRISON CARHART
Address: [REDACTED]
Date of Birth: [REDACTED]

License Information

Number Issued: 01040632A
License Type: Physician
Status: Active
Issue date: 07/30/1992
Expiration Date: 06/30/2011
Obtained By: Endorsement
Disciplinary Action: None

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at www.in.gov/pla/boards.htm

Digitally Certified on: Mon Mar 01 02:48:19 PM EST 2010





CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

STATE OF IOWA

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

June 18, 2010

Verification of Licensure

Maryland Board of Physicians
4201 Patterson Ave, 4th Fl
P.O. Box 2571
Baltimore, MD 21215

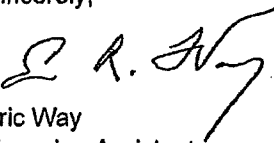
This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

| | |
|---------------------------|----------------------------|
| NAME: | Leroy Harrison Carhart, MD |
| DATE OF BIRTH: | [REDACTED] |
| LICENSE NUMBER: | 23312 |
| LICENSE TYPE: | Permanent |
| ISSUE DATE: | 10/15/1982 |
| EXPIRATION DATE: | 10/01/2011 |
| HOW OBTAINED: | State Structured Exam |
| STATUS: | Active |
| DISCIPLINARY ACTION: | No |
| HISTORY OF INVESTIGATION: | See below |

This license information was last updated on: 06/18/2010

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,


Eric Way
Licensing Assistant



Mark Parkinson, Governor
Kathleen Selzler Lippert, Acting Executive Director

www.ksbha.org

March 25, 2010

Maryland Board of Physicians
4201 Patterson Avenue
PO Box 2571
Baltimore, MD 21215-0095

This is to certify that: Leroy Harrison Carhart, MD has been licensed to practice in Kansas in the following profession: Medical Doctor (MD)

License Number: 04-24866
Date of Birth: [REDACTED]
Profession: Medical Doctor (MD)
License Designation: MD Active License
License Status: Current
Original License Date: 12/10/1993
Expiration Date: 06/30/2010

Disciplinary Action: None

Pending Complaints: None

Unless otherwise indicated, this licensee has not been subject to disciplinary proceeding by the Kansas Board of Healing Arts.

Verified by:

Sandra Fienhage

Sandra Fienhage
Senior Administrative Assistant

2010 MAR 31 A 10:46
MARYLAND BOARD OF
PHYSICIANS
RECEIVED

BOARD MEMBERS: MICHAEL J. BEEZLEY, MD, PRESIDENT, Lenexa • M. MYRON LEINWETTER, DO, VICE PRESIDENT, Rossville
RAY N. CONLEY, DC, Overland Park • GARY L. COUNSELMAN, DC, Topeka • FRANK K. GALBRAITH, DPM, Wichita • MERLE J. "BOO" HODGES, MD, Salina
SUE ICE, Public Member, Newton • BETTY MCBRIDE, Public Member, Columbus • GAROLD O. MINNS, MD, Bel Aire • BRENDA R. SHARPE, Public Member, Overland Park
CAROLINA M. SORIA, DO, Wichita • KIMBERLY J. TEMPLETON, MD, Leawood • TERRY L. WEBB, DC, Hutchinson • NANCY J. WELSH, MD, Topeka • RONALD N. WHITMER, DO, Ellsworth

235 S.W. Topeka Blvd., Topeka, KS 66603-3068 • (785)-296-7413 • 1-888-886-7205 • Fax: 785-296-0852
TTY (Hearing Impaired) 711 or 1-800-766-3777 voice/TTY • e-mail: healingarts@ksbha.ks.gov



Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-8614

State of Nebraska

Dave Heineman, Governor

CERTIFICATION OF LICENSE

Maryland Board of Physicians
4201 Patterson Avenue
P.O. Box 2571
Baltimore, MD 212150095

| | | | |
|-------------------------|---|-------------------|--|
| PROFESSION NAME: | | Physician | |
| Number: | 15162 | Status: | Active |
| Issuance Date: | 10/17/1979 | Expiration Date: | 10/01/2010 |
| Name: | LeRoy Harrison Carhart, MD | | |
| Address: | [REDACTED] | | |
| Credential Obtained by: | | Reciprocity | |
| Exam Type: | | Exam Score: | |
| School/Graduation Date: | | HAHNEMANN MED COL | 06/07/1973 |
| Date of Birth: | [REDACTED] | | |
| Place of Birth: | [REDACTED] | | |
| Disciplinary Action: | Nondisciplinary Assurance of Compliance | 05/25/1993 | NOT A BAR TO LICENSURE - Nondisciplinary over 3 yrs ago. |

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MAR 29 2010

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Helen L. Meeks, Administrator
Licensure Unit

March 25, 2010

(SEAL)

You may verify licenses under the following Internet Web Site
Address: <http://www.dhhs.ne.gov/lis/lisindex.htm>



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

2010 APR -1 P 1:45

March 25, 2010



PAULA T. DOW
Attorney General

SHARON M. JOYCE
Acting Director

Maryland Board of Physicians
4201 Patterson Ave
P.O. Box 2571
Baltimore, MD 21215-0095

For overnight deliveries:

140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7101 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by Leroy H Carhart to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that Leroy H Carhart was issued a New Jersey license 25MA03654100 on or about 08/08/1979 and is currently Retired-Paid with an expiration date of 06/30/2011. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac/sh

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 3/4/2010:

Identification Information

Name and Address:

Dr. LEROY HARRISON CARHART

Date of Birth:

Place of Birth:

School of Graduation:

Date of Graduation:

Hahnemann Medical College of Philadelphia

06/07/73

License Information

Type of License:

License Number:

How Issued:

Original Licensure Date:

Expiration Date:

Status:

Formal Disciplinary Action: No

Doctor of Medicine

35. 057427

End Flex

09/23/1988

04/01/2011

ACTIVE

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MAR 11 2010

MARYLAND BOARD OF PHYSICIANS



Richard A. Whitehouse
Executive Director

0

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

March 2, 2010

CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

| | |
|--------------------------|-------------------------------|
| NAME: | LEROY HARRISON CARHART |
| LICENSE TYPE: | Medical Physician and Surgeon |
| LICENSE NUMBER: | MD035665L |
| ORIGINAL LICENSURE DATE: | 09/27/1974 |
| EXPIRATION DATE: | 12/31/2010 |
| STATUS: | Active |

The license is in good standing and the records indicate no derogatory information.

RECEIVED
MAR 9 2010
MARYLAND BOARD OF PHYSICIANS

SEAL

Basil L. Mevoda

Commissioner
Bureau of Professional and Occupational Affairs

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING



1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@dri.state.wi.us
Voice: 608-266-2112
FAX: 608-267-0644
TTY: 608-267-2416

CERTIFICATION

DATE: 03/25/2010

I, Cathy Pond, do hereby certify that I am the Division Administrator in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Medicine and Surgery and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT: LEROY H CARHART
WAS ISSUED LICENSED NO: 35028 - 020
ON: 12/15/1993
CREDENTIAL TYPE: MEDICINE AND SURGERY
LICENSE EXPIRATION DATE: 10/31/2011

Credential Holder History

| Date | Code | Description |
|------------|----------------|--------------------------------|
| 06/07/1973 | GRADUATED FROM | HAHNEMANN MED COL-PHILADELPHIA |
| 12/15/1993 | ENDORSED FROM | ENDORSED FLEX |

According to our records, this credential holder has not been disciplined.

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions regulated by this Department.

SEAL


Cathy Pond
Division Administrator

2010 MAR 29 P 1:52
MILWAUKEE BOARD OF
PHYSICIANS
RECEIVED

DO NOT MAIL THIS TO THE BOARD. RETAIN THIS APPLICATION FOR YOUR RECORDS.

Application for renewal of: **Physicians**

1. License Number **D0071127** Dr. LeRoy Harrison Carhart

| | |
|----|---|
| 2. | Individual National Provider Identifier NPI: <input checked="" type="checkbox"/> 1902028715 <input type="checkbox"/> I do not have an NPI This is the NPI entered in the field for Rendering NPI on a claim (10 digit number)  NPI Information |
|----|---|

3. **EMAIL ADDRESS:** This is your email address on file. If it has changed, please edit below. If you do not have an email address please indicate by checking the checkbox below.

janine0@aol.com

☐ I do not have an email address

Address Changes (Non-Public and Public):

You must submit a Public and Non-Public address. If either address has changed, please correct here. Your address(es) on the online renewal application is current as of July 1, 2010. If you requested any changes to your address(es) that are not reflected on this application, please make the change at this time. These changes will be updated in the main database.

4a. **Non-Public Address:** This address is for Board use only and is where your license will be mailed. However, if no public address is listed, this address will also be made available to the public.

Street

Street (2)

Street (3)

City

State

If selecting a country other than USA or Canada, please choose "Foreign" as your state

ZipCode

Country

4b. **Public Address:** This address, usually your office, is available to the public and will be posted on the Internet. If you do not designate a public address, your non-public address will be posted on the Internet.

☐ Check if Public Address is the same as your Non-Public address (the address above will be automatically entered below.)

Street 1002 West Mission Avenue

Street (2)

Street (3)

City

Bellevue

State

Nebraska

If selecting a country other than USA or Canada, please choose "Foreign" as your state

ZipCode

68005

Country

United States

5. Do you give the Maryland Board of Physicians permission to report your date of birth to the Federation of State Medical Boards' Physician Data Center? See instruction

☒ Yes ☐ No

CHARACTER AND FITNESS (Question 6)

6. The following questions pertain to the period since July 1, 2008. If this is your first renewal, these questions apply to the period commencing with the date of your initial licensure or reinstatement. Check the box YES or NO next to each question. **If you answer Yes, provide an explanation at the prompt.**

* All questions must be answered Yes or No.

☒ Yes ☐ No

- a. Has any licensing or disciplinary board of any jurisdiction (except this licensing board), or any entity of the armed services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or nonjudicial punishment, for an act that would be grounds for disciplinary action under Md. Code Ann. Health Occ. §14-404?

Yes No

- b. Have any complaints, investigations or charges been brought against you or are any currently pending in any jurisdiction by any licensing or disciplinary board (except this licensing board) or an entity of the armed services?

Yes No

- c. Has your application for a medical or health professional license been withdrawn for reasons that would be grounds for disciplinary action under Md. Code Ann. Health Occ. §14-404?

Yes No

- d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system that would be grounds for action under Md. Code Ann. Health Occ. §14-404?

Yes No

- e. Have you had any denial of application for privileges, failure to renew your privileges, or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system that would be grounds for disciplinary action under Md. Code Ann. Health Occ. §14-404?

Yes No

- f. Have you had a plea of guilty, nolo contendere, conviction, or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding traffic violations?

Yes No

- g. Have you had a plea of guilty, nolo contendere, conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?

Yes No

- h. Are there any pending criminal charges against you in any court of law, excluding minor traffic violations?

Yes No

- i. Do you have a physical or mental condition that currently impairs your ability to practice medicine?

Yes No

- j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?

Yes No

- k. Do you illegally use drugs?

Yes No

- l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction or an entity of the armed services?

Yes No

- m. Have you been named as a defendant in a filing or settlement of a medical malpractice action?

Yes No

- n. Has your employment by any hospital, HMO, related health care or other institution, or military entity been terminated for any disciplinary reasons?

Maryland Board of Physicians License Renewal

Page 3 of 9

☒ Yes ☐ No

o. Have you voluntarily resigned from any hospital, HMO, or other health care facility or institution, or military entity while under investigation by that institution for disciplinary reasons?

☒ Yes ☐ No

p. Are you in default of a service obligation resulting from your receipt of state or federal funding for your medical education?

☒ Yes ☐ No

q. Have you failed to make arrangements to satisfy any state or federal loans that financed your medical education?

CONTINUING MEDICAL EDUCATION (Question 7)

☐ a. CME met. I have earned 50 credit hours of Category 1 continuing medical education during the two (2) years prior to this renewal.

☒ b. **First Renewal & NPO.** I am exempt from CME during the renewal period because this is my first renewal after initial medical licensure in Maryland and I have completed the Board's New Physician Orientation Program. The New Physician Orientation is for **NEWLY** licensed physicians only. If you were licensed prior to September 30, 2008 or reinstated, this does not apply to you. See New Physician Orientation Program web site. Your license will not be renewed unless you have completed the orientation.

☐ c. **First Renewal after reinstatement.** I am exempt from CME during the renewal period because this is my first renewal after reinstatement of my medical licensure in Maryland.

PERSONAL AND PROFESSIONAL INFORMATION (Questions 8-17)

8. Ethnicity and Race: (Select all that apply)

☒ Hispanic or Latino
☒ American Indian or Alaska native
☒ Asian
☒ Black or African American
☒ Native Hawaiian or other Pacific Islander
☒ White
☒ Other

9. Are you employed by the Federal Government?

☐ Yes ☒ No

10. Please indicate if you are currently in: a) a residency program accredited by the Accreditation Council for Graduate Medical Education or an internship or residency program approved by the American Osteopathic Association; or b) a fellowship (subspecialty) training program accredited by the ACGME.

☒ If you answer Yes to either a. or b. you will not be required to complete the Practice Information section (Questions 15-26) of this application.

a. In an accredited/approved internship or residency program?

☒ Yes ☐ No

b. In an accredited fellowship (subspecialty) training program?

☒ Yes ☐ No

11. Which best describes your current area(s) of concentration:

Primary Concentration

Secondary Concentration

12. SPECIALTY BOARD CERTIFICATION: List up to two (2) specialty areas only if certified by a recognized board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

Primary Certification

None

Secondary Certification

None

13. Please indicate below how the hours in your typical work week are allocated. The sum of these hours should reflect the number of hours in your typical work week. Definitions of these categories are listed below.

☒ If you allocate 0 hours per week to a. Patient Care Related Activities you will not be required to complete the Practice Information section (Questions 15-26) of this application.

Patient Care Related Activities include seeing patients, writing prescriptions, patient-related clinical activities (such as pathologic and radiologic assessments), maintaining patient records, obtaining and reviewing test results, arranging referrals, consulting with other providers about patients, talking with a patient's family members.

Research includes clinical, laboratory, and analytical research

Teaching includes teaching of medical undergraduate & graduate students and other graduate students.

Administration & Other: Administration includes practice management (billing, contract negotiations, personnel, regulatory activities) & management of institutions or programs (health departments, health insurance, hospitals, other health-related institutions or programs); Other

☒ Use whole numbers. No fractional hours. If none enter 0.

| | | |
|------------------------------------|--|----------------|
| a. Patient Care Related Activities | | hours per week |
| b. Research | | hours per week |
| c. Teaching | | hours per week |
| d. Administration & Other | | hours per week |
| Total Hours | | hours per week |

14. If you indicated in Question 13 that you are not engaged in patient care related activities, do you intend to resume patient care related activities in the next 2 years?

☒ Yes ☒ No

PRACTICE INFORMATION (Questions 15-26)

15. Do you plan to discontinue patient care related activities in the next two years?

☒ Yes ☒ No

16. Please indicate below the number of practice/office locations at which you routinely deliver patient care for reimbursement.

a. Number of locations in Maryland (if none, enter 0) 0

b. Number of locations outside of Maryland (if none, enter 0) 2

☒ If you have locations outside Maryland, please answer (c) below after you answer (b).

c. Do you routinely treat Maryland patients at your practice/office location(s) outside of Maryland?

☒ Yes ☐ No ☐ Don't know

17. Please indicate below the number of hospitals at which you currently have admitting privileges.

- a. Number of hospitals in Maryland (if none, enter 0) 0
- b. Number of hospitals outside of Maryland (if none, enter 0) 0

18. Primary Practice / Office Location Primary Practice / Office Location

☒ Please answer all Primary Practice questions

- a. Organization Name Bellevue Health & Emergency Clinic, Inc.
- b. Street Address 1002 West Mission Avenue
- c. Street2 ☒ Enter suite or room number here. (Ex. Suite 101 or Room 101)
- d. City Bellevue
- e. State Nebraska
- f. Zip Code 68005
- g. Jurisdiction Non-Maryland

- h. Employer Tax ID NONE ☒ What is Employer tax ID?
Enter "None" if you do not have an Employer tax ID

i. Please select one of the following related to the NPI used for billing insurers:

- ☒ I use an Organizational NPI for billing. Please Enter > 1700055704
Organizational NPI
- ☐ I use my Individual NPI for billing.
- ☐ I do not bill public or private insurers.

- j. You indicated in Question 13a, 34 hours of Patient Care Related Activities during a typical work week.
How many of those Patient Care Related Activity hours in your typical work week are delivered at this practice/office location? ☒ If none, enter 0. Hours

- k. Setting Free Standing Medical Facility
- l. Private/Public Private-For profit
- m. Practice Solo

Please answer the following regarding staffing at this practice/office location on a typical day.
Definition of mid-level medical providers is listed below.

☒ If none, enter 0; if you don't know the number, enter 999

Number of physicians (MDs, DOs, residents, fellows) including yourself at this location. 1

Number of mid-level medical providers at this location. 0

☒ Mid-level medical providers: nurse practitioners, nurse midwives, nurse anesthetists and physician assistants.

19. Secondary Practice / Office Location

Maryland Board of Physicians License Renewal

Page 6 of 9

☒ If you have a secondary practice/office location and you've checked the box above, you will see a series of questions that must be completed.

- a. Organization Name Affiliated Women's Services, Inc
- b. Street Address 2215 Distributor Drive
- c. Street2 ☒ Enter suite or room number (Ex. Suite 101 or Room 101)
- d. City Indianapolis
- e. State Indiana
- f. Zip Code 46241
- g. Jurisdiction Non-Maryland

- h. Employer Tax ID NONE ☒ What is Employer tax ID?
- ☒ Enter None if you do not have an Employer tax ID

i. Please select one of the following related to the NPI used for billing insurers:

☐ I use an Organizational NPI for billing. Please Enter >

☐ I use my Individual NPI for billing.

Organizational NPI

☒ I do not bill public or private insurers.

j. You indicated in Question 13a, 34 hours of Patient Care Related Activities during a typical work week.

How many of those Patient Care Related Activity hours in your typical work week are delivered at this practice/office location?

☒ If none, enter 0.

Hours

k. Setting Freestanding Physician Office

l. Private/Public Private-For profit

m. Practice Solo

Please answer the following regarding staffing at this practice/office location on a typical day. Definition of mid-level medical providers is listed below.

☒ If none, enter 0; if you don't know the number, enter 999

Number of physicians (MDs, DOs, residents, fellows) including yourself at this location. 1

Number of mid-level medical providers at this location. 1

☒ Mid-level medical providers: nurse practitioners, nurse midwives, nurse anesthetists and physician assistants.

20. Information Technology (Primary Practice / Office Location)

☒ Please answer all Primary Practice Information Technology questions

This question is about the use of computers and other forms of information technology, such as hand-held computers, in diagnosing or treating your patients at your primary office/practice location, which you listed in question 18.

Yes No A. To obtain information about treatment alternatives or recommended guidelines?

Yes No B. To send prescriptions electronically to a pharmacy?

If you answered Yes to 20B, what percentage of prescriptions are submitted electronically? Use whole numbers.

%

Maryland Board of Physicians License Renewal

Page 7 of 9

- Yes No C. To generate reminders for you about preventive services needed for your patients?
- Yes No D. To access patient notes, medication lists, or problem lists?
- Yes No E. For clinical data and image exchanges WITH OTHER PHYSICIANS?
- Yes No F. For clinical data and image exchanges WITH HOSPITALS AND LABORATORIES?
- Yes No G. To communicate about clinical issues with patients by email?
- Yes No H. To obtain information on potential patient drug interactions with other drugs, allergies, and/or patient conditions?

21. Does your primary office/practice location use electronic MEDICAL RECORDS (not including billing records)?

Yes, all electronic Yes, part paper and part electronic No Don't know

21a. If No, please indicate your most significant reason for not using electronic medical records.

Capital cost outlays

Risk of privacy breaches

Retiring soon

Overburdened staff

Lack of technology standards

Not my decision

Physician resistance to adoption Intangible benefits

22. Please indicate if you participate in the following private and public insurance programs, and whether you are currently accepting new public insurance program patients.

a. Participate in any PRIVATE insurance plan networks, including PPO, EPO, HMO, etc.

☒ Yes ☐ No

b. Participate in the MARYLAND MEDICAL ASSISTANCE PROGRAM (in either the traditional program or a Managed Care Organization)

☐ Yes ☒ No

b1. If Yes, are you accepting new Maryland Medical Assistance patients?

Yes No

c. Participate in the MEDICARE (in either the traditional program or a Medicare Advantage Plan)?

☒ Yes ☐ No

c1. If Yes, are you accepting new Medicare patients?

☒ Yes ☐ No

23. Do you offer a sliding fee scale based on ability to pay? (Utilize a standardized fee reduction schedule for low-income)

Yes No NA

24. Please report the typical number of hours per week you personally provide care to patients on a charity basis (do not include bad debt).

hours per week. If none, enter 0

If you are practicing as an adult primary care specialist (internal medicine, family practice, general medicine), answer Q.25. Otherwise skip to Q.26.

25. Do you charge patients an annual fee for participating on your patient panel (sometime called direct, concierge, or retainer-based practice)?

Yes No

26. Workers Compensation

Workers Compensation coverage: If you employ one or more persons, the Md. Code Ann. Health Occ. §1-202 requires that you

verify that you are complying with the Workers' Compensation Law for your renewal to be issued.

I hereby certify:

☐ Not Applicable (Do not complete below)

☐ I do not practice in Maryland.

☐ I do not employ anyone in my practice in Maryland.

☐ I employ one or more persons in my Maryland practice and have the following Workers Compensation coverage.

☐ If you are a Maryland employer you must provide the information requested below.

Insurance Company

Policy Number

Expiration Date

☐ Enter as MM/DD/YYYY Enter as MM/DD/YYYY

PHYSICIANS EMERGENCY CONTACT INFORMATION

27. As part of Maryland's emergency preparedness efforts, the Department of Health and Mental Hygiene has identified the need for certain contact information for licensed physicians in Maryland who may be needed to respond to a catastrophic health emergency. (Public Safety Article, Sec. 14-3A-01 et seq. and Health General Article Section 18-901 et seq. sets forth the powers of the Governor and Secretary of the Department of Health and Mental Hygiene.

* Required Field

Please provide the phone number that should be used in the event of an actual emergency.

Daytime *

Nighttime*

Indicate by checking any box that applies whether you have any particular training and experience regarding the following specific agents:

☐ Chemical ☐ Biological ☒ Radiological

If you are interested in being contacted about training opportunities provided by the Board of Physicians, please visit the Maryland Professional Volunteer Corps website at <https://mdresponds.dhmdh.maryland.gov/>.

Thank you for your assistance!

APPLICATION PACKET FOR EXEMPTION FROM LICENSE FEE

28. CERTIFICATION AND AUTHORIZATION OF LICENSE APPLICATION

Please check the first 3 boxes to certify and affirm your renewal application.



a. I certify that I have personally reviewed all responses to the items in this application and that the information I have given is true and correct to the best of my knowledge and that any false information provided as part of my application may be cause for the denial of my application.



b. I agree that the Maryland Board of Physicians (the Board) may request any information necessary to process my application for renewal from any person or agency, including but not limited to former and current employers,

government agencies, the National Practitioners Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the Board.



c. I shall inform the Board, by certified mail, return receipt requested, within 30 days of: (a) action that would be grounds for disciplinary action under Md. Code Ann. Health Occ. §14-404, that occurred at any time during the application period; (b) change in any answer that was originally given in this application.



d. Check Here if you wish to have the option of viewing your completed application online after you renew your license. Otherwise, your application will not be available online for your later viewing. If selected, viewing is available until 12/1/2010.

29. Please provide your electronic signature (type your name) below:

Name

LeRoy H Carhart

Today's Date

9/9/2010



Last four digits of Social Security Number:



30. Select a Payment Option here to complete your application.

☒ Please note: Credit cards may be used for online payment only. If you or a 3rd party is sending in payment, it must be by check.

Your renewal fee is:

☐ Credit Card ☒ Send Check ☐ 3rd Party Check

3rd Party Payer:

PAYMENT

APPLICATION COMPLETION INFORMATION:

| | |
|----------------------------|---------------|
| Date Application Started | 9/9/2010 |
| Date Application Submitted | 9/9/2010 |
| Confirmation Number | 10924D0071127 |
| Payment Method | Send Check |
| Amount Due | \$512.00 |

Official Nebraska Government Website[Home](#) » Corporation and Business Entity Searches

Mon Dec 13 10:50:38 2010

For Letters of Good Standing (\$6.50), Certificates of Good Standing (\$10.00), and/or images (\$0.45 per page) of documents filed with the Secretary of State please click the corresponding service below:

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| | |
|--|--|
| Entity Name | SOS Account Number |
| BELLEVUE HEALTH & EMERGENCY CLINIC, INC. | 1017176 |
| Principal Office Address | Registered Agent and Office Address |
| 1002 W MISSION AVE BELLEVUE, NE 680050000 | MARY LOU CARHART 1002 W. MISSION AVE. BELLEVUE, NE 680050000 |
| Nature of Business | Entity Type |
| MEDICAL PRACTICE MANAGEMENT | Domestic Corp |
| Date Filed | Account Status |
| May 17 1989 | Active |

| | | |
|----------------------|-----------------|--|
| Corporation Position | Name | Address |
| President | MARY L CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |
| Secretary | JANINE CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |
| Treasurer | JANINE CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |
| Director | MARY L CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |
| Director | LEROY H CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |
| Director | JANINE CARHART | 1002 W MISSION AVE BELLEVUE, NE 680050000 |

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| <input type="checkbox"/> | PP | Proof of Publication | Jul 18 1989 | \$0.45 = 1 page(s) @ \$0.45 per page |
| | AO | Change of Agent or Office | Apr 02 1993 | |
| | AO | Change of Agent or Office | Nov 04 1993 | |
| | NP | Non Payment of Taxes | Apr 16 1995 | |
| | CR | Certificate of Revival | Jul 20 1995 | |
| | NP | Non Payment of Taxes | Apr 16 1999 | |
| <input type="checkbox"/> | CR | Certificate of Revival | Jul 23 1999 | \$0.45 = 1 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Jul 23 1999 | \$1.35 = 3 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Jan 25 2000 | \$0.90 = 2 page(s) @ \$0.45 per page |
| | NP | Non Payment of Taxes | Apr 16 2001 | |
| <input type="checkbox"/> | TR | Tax Return | May 25 2001 | \$0.90 = 2 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | CR | Certificate of Revival | May 25 2001 | \$0.45 = 1 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | May 02 2002 | \$0.90 = 2 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Feb 28 2003 | \$0.90 = 2 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Apr 06 2004 | \$0.90 = 2 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Apr 13 2006 | \$1.35 = 3 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Jan 15 2008 | \$0.90 = 2 page(s) @ \$0.45 per page |
| <input type="checkbox"/> | TR | Tax Return | Feb 02 2010 | \$0.90 = 2 page(s) @ \$0.45 per page |

- Letter of Good Standing

- ☐ I want to order an online/electronic Letter of Good Standing for the Corporation which is immediately available for viewing or printing from my desktop. \$6.50

- Certificate of Good Standing

- ☐ I want to order a Certificate of Good Standing for the Corporation which contains the State Seal and signature of the Secretary of State. The certificates are mailed from the Secretary of State's office within 2-3 business days. \$10.00

[Click Here](#) to view FAQ for explanation for requesting a Letter of Good Standing available online or Certificate of Good Standing available from Secretary of State's office.

[Select All](#) | [Select None](#)

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For Help/Information about Images, please view the [FAQ](#). Thank you!

If you cannot find the entity you are looking for, contact the Business Division at (402) 471-4079.

For technical difficulties/assistance please call Nebraska.gov: 1-800-747-8177

The New York Times

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March 13, 2001

Abortion Provider Fights University Dismissal

LINCOLN, Neb., March 12— A doctor whose challenge to a state abortion law led the United States Supreme Court to overturn it told a judge today that the University of Nebraska wrongfully terminated his faculty position because of political pressure.

The doctor, LeRoy Carhart, performed abortions and donated fetal tissue to the university for research. After it was reported in November 1999 that the university was using fetal tissue in research, Dr. Carhart said, school officials told him they were under increasing pressure to have him resign or to terminate his unpaid position.

He said Dr. Howard Gendelman, director of the university medical center's neurological research center, told him the pressure came from the office of Gov. Mike Johanns, some members of the university Board of Regents and some legislators.

Dr. Carhart's testimony came at a federal court hearing on his request for an injunction ordering his reinstatement pending a trial on his lawsuit against university officials. No trial date has been set. He is also seeking unspecified damages.

Last summer, acting on a lawsuit filed by Dr. Carhart in 1997, the Supreme Court voted 5 to 4 to strike down a Nebraska law banning the procedure that opponents call partial-birth abortion. The court said the law, similar to ones in 29 other states, imposed an "undue burden" on a woman's right to end her pregnancy because it lacked an exemption to preserve a woman's health.

Dr. Carhart, of Bellevue, says university officials violated his constitutional rights by terminating his position at the medical center because he challenged the law and because of an uproar over the university's use of fetal tissue for research.

David Buntain, a lawyer representing the university, denied that the termination was politically motivated.

Another university lawyer, Richard Wood, has said the medical center terminated 30 temporary faculty members last year, including Dr. Carhart, because their appointments were in departments outside their area of expertise. Dr. Carhart had been appointed to the department of pathology and microbiology.

Mr. Wood said that those 30 faculty members were told they could reapply to a position

dealing with their area of practice and that Dr. Carhart did not do so.

Photo: LeRoy Carhart argues that he lost his job because of politics. (Justin Lane)

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<http://www.abortionclinics.org/>



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we believe you deserve the very best.

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appointments
South West Iowa - AVAILABLE SOON

Every member of our team has pledged to make your experience
with us one we would want for our sisters, our partners, our
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And we want you to know
YOU ARE NOT ALONE!
One of every three women of child bearing age in the United States will
have or has had an abortion.

What matters most to you
PRIVACY COMFORT SCHEDULE
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SUPPORT OF CLERGY FINANCIAL ASSISTANCE
APPOINTMENT AVAILABILITY
24/7/365 Emergency Contact Number

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Customer Support: emailto:io@abortionclinics.org
Telephone: Toll Free: (800) 737-3845
Local: (402) 291-4797
FAX: (402) 291-4643
P.O. Address: 1002 West Mission Avenue, Bellevue, NE 68005

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Medical Abortions
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Essure permanent sterilization for women
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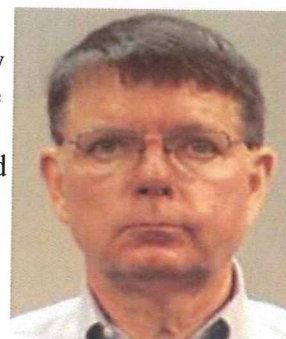
<http://www.operationrescue.org/about-abortion/late-term-abortion/>

Late-Term Abortion

INDUCTION ABORTION

Also known as the “MOLD Technique”

The induction abortion with the use of digoxin injection was pioneered by late-term abortionist George R. Tiller* of Wichita, Kansas, and is now widely used throughout the United States by the few abortionists who are still willing to do the late-term procedures. It has replaced the live partial birth abortion method since the Partial Birth Abortion Ban act was upheld by the U.S. Supreme Court in April, 2007. Tiller describes this particular abortion method as the MOLD Technique, which is an acronym for the four products employed in the abortion process: Misoprostol, Oxytocin, Laminaria, and Digoxin.



George Tiller pioneered new late-term abortion techniques. He passed away in 2009 and his clinic is now closed.

“We think the process is safe. Nothing is perfect.” – George Tiller

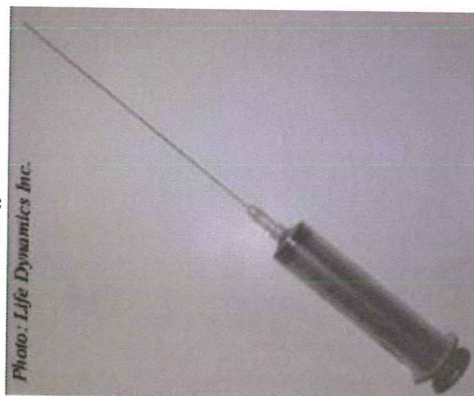
The Induction abortion takes 3-4 days to complete. On the first day the woman is given an ultrasound to determine the gestational age of her baby. Then, with the aid of the ultrasound to guide the abortionist, a lethal dose of the heart medication Digoxin is injected into the baby’s heart directly through the woman’s abdomen. Digoxin gives the baby a fatal heart attack. This is an off-label application of the drug, which was developed and approved as a treatment for heart disease

In a video shown to abortion patients, Tiller discusses the fatal injection:

“Although you may find this a little difficult and a little uncomfortable, on the first day that you arrive at the clinic we will make an injection of a medication called digoxin into the fetus to initiate fetal demise.”

Tiller elaborates on his reasons for killing the baby before beginning the surgical abortion procedure.

“The first reason is so that there will be no fetal pain. We — we have learned with hundreds and hundreds and hundreds of patients that women have the question about, ‘Will this be painful for our baby? Will this be painful for my baby?’ And the answer to that is ‘no.’ We make an injection directly into the fetus with a medication called digoxin on the day that you arrive so that the baby will expire painlessly. The first reason is no fetal pain.”



This is the kind of syringe that is used to inject the fatal dose of Digoxin into the pre-born baby’s heart during Induction Abortions.

However, those who have experienced massive heart attacks, describe them as extremely painful and frightening. It is well documented that babies in the later stages of pregnancy can feel pain, and at least one study indicates that babies as young as 6-8 weeks gestation may experience pain.

But the most important reason for killing the baby first is to avoid a live birth. This prevents myriad of problems for the abortionists, including running afoul of state and federal laws protecting the baby after a live birth, even if the birth is the result of an abortion

After the Digoxin injection, the woman's cervix is packed with laminaria, thin tampon-like sticks made of seaweed that expand the cervix gradually over the next day.

The next day, the woman is repacked with larger laminaria sticks and given Misoprostol to prepare the woman for labor.

"At Women's Health Care Services, our late elective abortion program involves managing the pregnancy by the premature delivery of a stillborn." – George Tiller

On the final day of the abortion, the woman is given the drug Oxytocin, which induces contractions and the onset of labor. Women then are placed in a room where they endure the labor process. When it is determined that the labor has progressed to the stage where the baby is about to be delivered, each woman is taken into a room with a toilet and told to lean on the nurse and push the baby into the toilet.

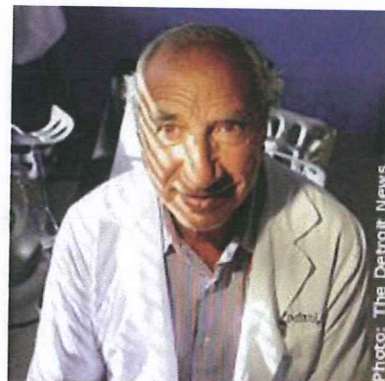
The toilet delivery method is used by a number of abortionists besides Tiller, including Florida abortionist James Pendergraft. Other abortionists may allow the woman to deliver on a delivery table. Still others, such as Michigan abortionist Alberto Hodari prefer to remove the dead baby through dismemberment.

Once the dead baby is delivered, the woman is given a procedure called Dilatation and Curettage, or D&C. Here, a sharp edged spoon-shaped instrument is used to remove the remaining tissue, such as the afterbirth, from the uterus.

After the abortion, or the following day, the woman is given what Tiller's employees call the "[Party Pack](#)," which includes abortion aftercare instructions and a prescription for birth control pills. They are then released to return home.

Other abortionists have responded publicly to the increased use in the Induction abortion with digoxin injection method and its dangers.

Hodari prefers to dismember live babies between 18 and 24 weeks. He told the *Detroit News* on July 30, 2007, "It was much simpler and much less dangerous than what we are doing now. But this is now the law. It's awful. It's unnecessary. It's dangerous. It's more complicated. It makes



Abortionist Alberto Hodari continues to do digoxin abortions in spite of the dangers. He is one of a growing number of abortionists who are willing to endanger women with the misuse of the drug in order to keep from running afoul of the Federal Ban on Partial Birth Abortions.

the woman go through another procedure that's not necessary. It impacts everything we do after 18 weeks." Hodari began using the injections even though he considers them dangerous.

"We do not believe that our patients should take a risk for which the only clear benefit is a legal one to the physician," abortionist Philip D. Darney, chief of obstetrics at San Francisco General Hospital told the Boston Globe on August 10, 2007. He has chosen not to use the injections.

Complications from lethal fetal injections are well known. In Orlando, Florida, the misuse of Digoxin resulted in the live birth of [Baby Rowan](#), who died after abortion clinic workers denied him medical care. In Wichita, Kansas, Tiller's needle slipped, and [Baby Sarah](#) was injected in the head with a toxic drug that was a precursor to digoxin. She survived and was later adopted, but suffered a malady of medical problems. She died five years later from complications to the injuries she received as a result of the injection.

"But frankly, debate over digoxin/dead baby abortions versus live baby abortions is absurd. The result is still a dead baby. Both procedures are barbaric and hold serious risks to women," said Operation Rescue Senior Police Advisor Cheryl Sullenger. "The act of killing a pre-born baby is in itself immoral and until we can come to grips with that as a society, we will never be able to value life as we should."

From: Janine70@aol.com

Date: Mon, 15 Nov 2010 17:35:41 -0500

Subject: [nafbytes] Grand Opening DC Metro Clinic

To: nafbytes@lyris.zapbox.com

Hi Everyone;

I am so glad to announce that after almost a year of searching and planning we will finally be open in the DC Metro area. As the anti's seem to be able to get all of my email I do not plan on releasing the exact location at this time. But I can tell you the site is a NAF approved clinic and all of our Nebraska protocols will be in place.

We will be able to do elective abortions up to the 28th week and Fetal Indication and Maternal Indication abortion are limited by my discretion.

We will see our first patients the week of December 6-10, 2010.

The link to our page for DC is: <http://www.abortionclinics.org/dcmetro.html> and our toll free appointment line is 1-888-684-3599.

Mary and either Sherry or Lindsey our two RN's will travel with us and we have a full time RN and Nurse Practitioner in DC. I have yet to obtain an on-site Chaplain, but have put out requests and had some excellent responses.

For our more advanced patients Sara and Deb from Dr. Tiller's staff will be doing the intakes.

We will offer all of "Faith Aloud's" materials to our patients, as we have had such a wonderful response with them in Nebraska.

We will continue to try to keep St. George's fetal indication goal: "We hope to make your visit with us a million dollar experience, that you wouldn't give a nickel to repeat." Our goal for each client.

LeRoy H. Carhart, M.D.

AbortionClinics.org

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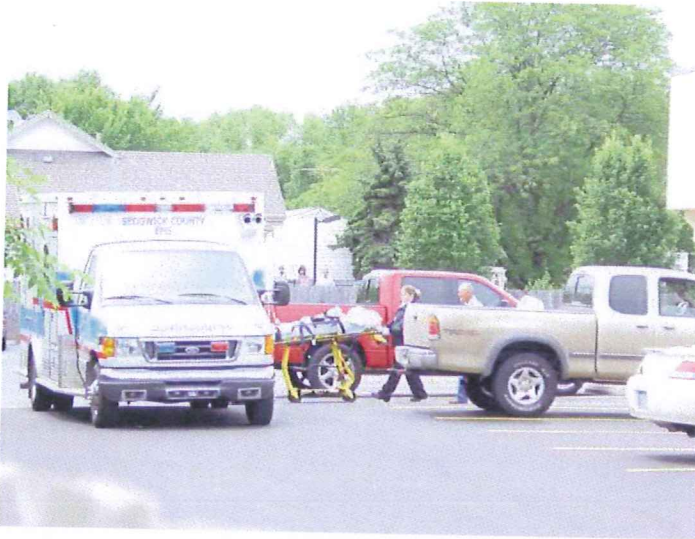
CELL: 402-510-7419

Botched Abortions Requiring Emergency Hospitalization With Carhart on Duty, Wichita, Kansas, June 4, 2004 – May 11, 2005

(Source: Operation Rescue, Cheryl Sullenger)

Note: Monthly schedules were published on Women's Health Care Services' public web site, which is no longer online

INCIDENT 1: June 4, 2004



Dr. Tiller - Monthly Schedule

Page 1 of 1

June 2004

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|-----------------|------------------|------------------|---------------------------------|---------------------------------|----------|
| | | 1 Dr. Tiller | 2 Dr. Tiller | 3 Dr. Carhart Dr. Tiller | 4 Dr. Carhart Dr. Tiller | 5 |
| 6 | 7 | 8 Dr. Tiller | 9 Dr. Tiller | 10 Dr. Carhart Dr. Tiller | 11 Dr. Carhart Dr. Tiller | 12 |
| 13 | 14 Dr. Sella | 15 Dr. Sella | 16 Dr. Sella | 17 Dr. Sella | 18 Dr. Sella | 19 |
| 20 | 21 | 22 Dr. Tiller | 23 Dr. Tiller | 24 Dr. Carhart Dr. Tiller | 25 Dr. Carhart Dr. Tiller | 26 |
| 27 | 28 | 29 Dr. Tiller | 30 Dr. Tiller | | | |

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INCIDENT 2: September 2, 2004

Dr. Tiller - Monthly Schedule

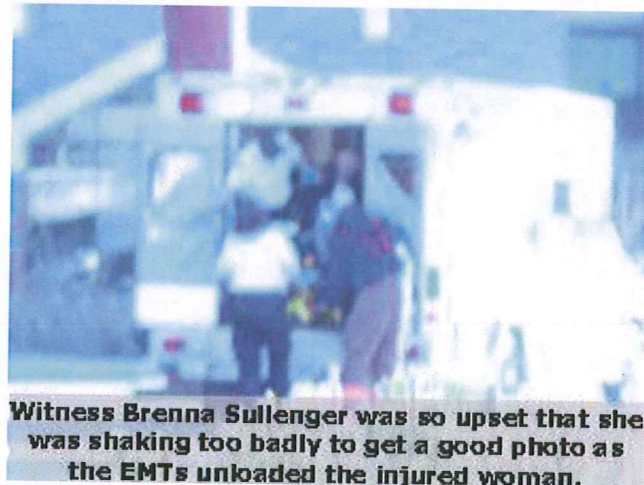
Page 1 of 1

September 2004

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------|-----------------|------------------|------------------|-------------------|-------------------|--------------|
| | | | 1 Dr. Tiller | 2 Dr. Carhart | 3 Dr. Carhart | 4 Closed |
| 5 Closed | 6 Closed | 7 Dr. Carhart | 8 Dr. Carhart | 9 Dr. Carhart | 10 Dr. Carhart | 11 Closed |
| 12 Dr. Sella | 13 Dr. Sella | 14 Dr. Sella | 15 Dr. Sella | 16 Dr. Sella | 17 | 18 Closed |
| 19 Closed | 20 | 21 Dr. Tiller | 22 Dr. Tiller | 23 Dr. Carhart | 24 Dr. Carhart | 25 Closed |
| 26 Closed | 27 | 28 Dr. Sella | 29 Dr. Sella | 30 Dr. Sella | | |

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INCIDENT 3: January 13, 2005



Incident History for: #EM05001664 Xref: #WP05011102 #RC05003962
 Agency: #EM05019016 #EM05001623 #QA05001565
 Entered 01/13/05 08:48:29 BY PHN2 24
 Dispatched 01/13/05 08:48:37 BY EMSD 205
 Enroute 01/13/05 08:49:30 C/19
 Onscene 01/13/05 08:57:23
 Trans 01/13/05 09:14:02 TR/BL C/19
 Trnsc 01/13/05 09:18:46
 Closed 01/13/05 10:00:24

Initial Type: UNKENS Initial Alm Lvl: 1
 Final Type: ABDOMC (ABDOM PAIN - LEVEL C) Pri: E Alm Lvl: 1
 Final Dispo: Five Dispo: EMS Dispo:
 Zone 71 Map Page: 5846 Boat: Src: 02 First Rsp: N
 Control Group: EM Location Group: EM Resource Group: R1 Operation Group: O1
 Loc: 5107 E KELLOGG DR, WI -- TILLES CLINIC (VI)
 Name: WOMEN S HEALTH CARE SE #1107 E KELLOGG, WI Phn: 316-684-5155

0848 (24) J ENTRY BUSH
 0848 (205) J DISP EMS
 0848 ASNDG M16 #EM05001623
 0848 \$PAGER M14 ,UPGR: 5056; ** DISPATCH **
 0848 (24) J SUPP TXT: CP BEING VERY EVASIVE, PUT ON HOLD
 0849 (265) J ENRGT M14 TXT: CP IS MARGARITE - 684-5108
 0849 (24) J SUPP TXT: CP REFUSED TO GIVE ANY INFORMATION, JUST
 0850 SUPP SAYING NEED EMS, CONFIRMED THAT PD IS NOT NEEDED
 0856 (187) J SUPP TXT: EMS ENTER THE REAR OF THE STRUCTURE OFF E
 0857 SUPP LUCKLEY
 0857 (205) J ONSCNE M14 TXT: PER S09 TR/BLU
 0858 ASSTER M1 [5107 E KELLOGG DR, WI]
 0858 \$PAGER M1 #EM0501 BREWER, MAKE
 0907 ONSCNE M1 \$M1A EXTRA RADIO
 0907 SUPP ,UPGR: 5720; ** DISPATCH **
 0914 TRANS M14 TXT: PER M14, ADV NMC OF TR/BL 32YO FR...NTA
 0918 TRNMC M14 10 MIN C/19 (NMC)
 0924 CLEAR M1 , PER M2
 0937 (24) J CHNGS TYP: UNKENS
 3937 PROQA --- ICA
 1938 PROQA #24 5107 E KELLOGG DR, WI3166845155 PATS:1 AGE
 1938 PROQA 51Years SEX:Female COM:Yes BBE:Yes CC:1
 1938 PROQA ICA
 1938 PROQA The caller is with the patient.
 1938 PROQA She does not have chest pain.
 1938 PROQA She is completely awake (alert).
 1938 PROQA She has not fainted.
 1938 PROQA She has pain above the belly button (navel).
 1938 PROQA No more information found in export file
 1938 PROQA ICA
 1938 PROQA No more information found in export file

Computer aided dispatch transcript obtained from the Sedgwick, Kansas, Department of Emergency Communications.

(911 audio file available upon request.)

INCIDENT 4: February 17, 2005**February 2005**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|-------------------------------|------------------------------|------------------------------|-------------------|-------------------|--------------|
| | | 1 Dr. Tiller | 2 Dr. Carhart | 3 Dr. Carhart | 4 Dr. Tiller | 5 Closed |
| 6 | 7 | 8 Dr. Sella Dr. Tiller | 9 Dr. Sella Dr. Tiller | 10 Dr. Sella | 11 Dr. Sella | 12 Closed |
| 13 | 14 | 15 Dr. Tiller | 16 Dr. Tiller | 17 Dr. Carhart | 18 Dr. Carhart | 19 Closed |
| 20 | 21 | 22 Dr. Tiller | 23 Dr. Tiller | 24 Dr. Carhart | 25 Dr. Carhart | 26 Closed |
| 27 | 28 Dr. Sella Dr. Tiller | | | | | |

[Print this Page](#)

INCIDENT 5: May 11, 2005

Ambulance being loaded at abortion clinic.



Ambulance about to enter hospital parking lot.

Dr. Tiller - Monthly Schedule

Page 1 of 1

May 2005

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|-----------------|------------------|---------------------------------|---------------------------------|-------------------|----------|
| 1 | 2 | 3 Dr. Tiller | 4 Dr. Tiller | 5 Dr. Carhart | 6 Dr. Carhart | 7 |
| 8 | 9 Dr. Tiller | 10 Dr. Tiller | 11 Dr. Tiller Dr. Carhart | 12 Dr. Tiller Dr. Carhart | 13 Dr. Carhart | 14 |
| 15 | 16 Dr. Sella | 17 Dr. Sella | 18 Dr. Sella | 19 Dr. Sella | 20 Dr. Sella | 21 |
| 22 | 23 | 24 Dr. Tiller | 25 Dr. Tiller | 26 Dr. Carhart | 27 Dr. Carhart | 28 |
| 29 | 30 | 31 Dr. Tiller | | | | |

Print this Page

After this incident, Women's Health Care Services, where Carhart was employed at the time of these emergencies, stopped calling ambulances for patients and began the dangerous habit of transporting women to the hospital emergency room in private vehicles. (Documentation of this found at <http://www.operationrescue.org/archives/patient-feared-for-her-life-during-botched-abortion/>.)

<http://www.operationrescue.org/noblog/in-memory-of-christin-gilbert-1985-2005/>

In Memory of Christin Gilbert, 1985-2005

Christin Gilbert died from a botched third trimester abortion obtained at the now closed Women's Health Care Services late-term abortion clinic in Wichita, Kansas. The following narrative is based on information gathered from the official autopsy report, 911 communications, members of Christen Gilbert's family, first-hand accounts of eye-witnesses to the emergency transport, and information provided by a member of a 2006 Sedgwick County grand jury that investigated George Tiller's part in the death of Christin Gilbert.

We remember her life and her heartbreaking death, with the hope that her tragedy might prevent others from experiencing her fate. Let her memory not be forgotten.

[Click here for a list of women who have died from so-called "safe, legal" abortion.](#)



**Christin Gilbert
1985-2005**

Christin's Life

Christin Alysabeth Gilbert was born on May 30, 1985 in Austin, Texas, but spent most of her life in the small Texas town of Keller. Christin had Down Syndrome, but that did not stop her from embracing life and living it to the fullest. Christin was raised by her family, which consisted of her mother, father, and sister.

Christin became involved in sports early in her life because it helped her meet people and make friends. She became very active in the Special Olympics and participated proudly for ten years. In 2003, she won the gold medal in the softball throw.

Christin graduated from the Special Education Program of Keller High School in 2004. While in high school, Christin became the inspirational member of the girl's softball team, serving as their batgirl. Team members were never allowed to get down during a tough game because Christin would meet them at the dugout with hugs, telling them that she loved them. This kept spirits high and eventually her team won a state championship, an accomplishment of which Christin and her family were especially proud.

In life, Christin was a joy to be around. She happily made everyone who came near her the recipient of her many hugs. She was the center of attention when she walked into a room because of her outgoing and loving spirit.

Christin was loved by all who knew her and her death has left a void in the lives of her family and community. Christin was cremated and a private funeral service was held for her in her hometown of Keller, Texas, on January 21, 2005. In her obituary, Christin was called "one of God's angels." The 2005 Keller Special Olympics was dedicated to her memory.



Christin Gilbert (right) shares a moment with her older sister.



Christin shows off her gold medal from the Special Olympics.

What happened to Christin?

Tragically, sometime in 2004, Christin A. Gilbert was sexually assaulted in the State of Texas. As a result of the sexual assault, Christin became pregnant. A [grand jury](#) was convened in Tarrant County, Texas, to investigate Christin's rape. However, no perpetrator was ever identified.

Christin's mother only became suspicious of Christin's pregnancy after noticing her enlarged abdomen while helping Christin bathe. She made an appointment for Christin with a local doctor, who confirmed that Christin was with child.

On Monday, January 10, 2005, Christin was brought by her family to Women's Health Care Services, (WHCS), in Wichita, Kansas, for a third-trimester abortion at 28 weeks of pregnancy.

A confidential family source told Operation Rescue that Christin could not have legally consented to sexual activity because of the severity of her Down Syndrome condition, and that she never would have chosen abortion for her baby, leading to concerns that Christin was not made to understand what was about to happen. Christin was likely, according to the family member, a victim of an illegal forced abortion.

Neuhaus' illegal relationship with Carhart and his employer, George Tiller

She was evaluated by a doctor who was purported to the family to be a "psychologist," Dr. Ann Kristin Neuhaus, of Lawrence, Kansas. According to [Kansas law](#), post-viability abortions may only take place when there is an agreement from a second doctor who is not legally or financially associated with the abortionist.



Abortionist Ann Kristin Neuhaus, as she testified during the Tiller criminal trial.

Christin's abortionist was LeRoy Carhart of Bellevue, Nebraska, who was employed by George Tiller, MD, the owner and medical director of WHCS. At the time of Tiller's death on May 31, 2009, he was facing [disciplinary action by the Kansas State Board for Healing Arts](#) – which could have resulted in the revocation of his medical license – on 11 counts of violating this provision of K.S.A. 65-670. The petition alleged that Tiller had a prohibited legal and financial relationship with Neuhaus, who exclusively provided the second signature for late-term abortions at WHCS from at least 2003, until January, 2007. This includes the time of Christin's death. [Note: Solely due to his death, the Tiller petition has now been dismissed.]

Carhart begins the third-trimester abortion

After the possibly illegal Neuhaus evaluation, Christin was seen by Carhart an employee of WHCS, who gave her baby a fatal digoxin injection to the heart. Christin was prepared for labor and delivery of her dead child. Her cervix was filled with laminaria and she was sent back to her hotel room at the La Quinta Inn, located about 1-2 miles from WHCS on East Kellogg in Wichita. [Note: The La Quinta Inn [terminated their arrangement](#) to provide accommodations to Tiller's patients and his staff in soon after Gilbert's death. The hotel has been torn down and rebuilt at a different location.]

Christin did not eat dinner that evening.



Abortionist LeRoy Carhart

The following morning, January 11, Christin was loaded into the family van where she expelled her dead baby on the way to the abortion clinic.

Christin arrived at WHCS where a D&C procedure was done on Christin and a “tear in the uterus” was sutured.

Fatal use of RU 486?

At this point, Carhart allegedly administered the abortion drug [RU 486](#) to Christin. This drug is approved for medical abortions in pregnancies prior to the 6th week of gestation. The drug has been responsible for at least [six deaths](#) in the United States between 2001 and 2006.

RU 486 was apparently meant to be an “insurance policy” to make sure everything had been expelled from the uterus, but the drug was not approved by the FDA for that purpose. RU 486 was also approved as an oral medication, not as a vaginal suppository, which many believe contributed to life-threatening complications and deaths in women who used it in this way. It is believed that Carhart administered RU 486 to Christin as a vaginal suppository even though her uterus had suffered a laceration and was susceptible to infection.

Symptoms that Christin experienced after the administration of RU 486 were [comparable to the symptoms of other women who have died from RU 486 nationwide](#), which include hemorrhage and sepsis.

Christin’s condition deteriorates

Christin was again sent back to her hotel, which doubled as both labor and recovery room for Tiller’s abortion business. This hotel was not equipped to handle the life-threatening complications that are known to result from dangerous third-trimester abortions. There, Christin’s condition began to worsen.

She returned once again to WHCS on Wednesday, January 12, and was diagnosed with “dehydration” although the sepsis was already spreading rapidly through her body. She was given intravenous fluids, but the clinic staff made no documentation of her treatment, or how much fluids were administered to her that day. That lack of documentation proved to be a prominent factor on the day Christin died.

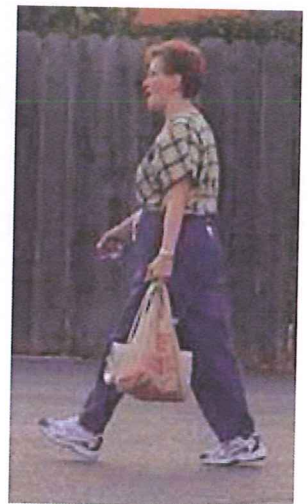
Christin was again sent back to her hotel where her condition continued to deteriorate. Wednesday evening, the family went out for dinner, but Christin would not eat.

LeRoy Carhart is missing

Sometime that evening, Christin was cramping, bleeding, and vomiting, at times passing out. According to one physician who reviewed the autopsy report, aspiration of vomitus was the likely cause of her acute bronchopneumonia mentioned in the [autopsy report](#).

By now, Christin was in serious trouble. Between midnight and 4 AM — there is a discrepancy in the [testimony before the grand jury](#) that investigated Tiller’s part in Christin’s death — the family called Tiller employee Cathy Reavis who was staying at the La Quinta Inn on call. Reavis was Tiller’s longest employee, having worked for him for 29 years at the time of Christin’s death. Reavis is identified as Tiller’s “patient coordinator” or “head nurse,” but she is not licensed in Kansas or any other state.

Christin was placed into a warm bath, which may have contributed to extra bleeding and infection. Reavis then helped get Christin cleaned up and back to bed.



Cathy Reavis, an unlicensed “nurse,” has been a Tiller employee for 29 years.

Reavis called Carhart, who was supposedly also staying at the La Quinta Inn and was on call for emergencies. Carhart never responded and never saw Christin at the hotel. The whereabouts of Carhart during this time is unknown, as is the reason he did not respond to calls for help.

Final trip to WHCS

The next morning, Thursday, January 13, Christin's family tried to get her ready to go to the clinic. Christin fainted and could not be revived. Instead of taking her to the hospital or dialing 911, Christin's family loaded their bleeding, unconscious daughter on a luggage rack and wheeled her to the family van in which they returned her to WHCS at approximately 8:00 AM.

Once at the clinic, Christin awakened enough to walk through the door with assistance, but then collapsed. Her heartbeat and respiration stopped, or as the [autopsy report](#) stated, "she became unresponsive."

Some efforts were supposedly made to revive Christin, but according to a [grand jury source](#) who inspected the medical records, for the next 40-45 minutes, there are no notations in the medical records about the care and treatment of Christin Gilbert.

Christin's family was sequestered in a separate room and was unaware of what kind of treatment their daughter was receiving.

Possible perjury and a call to 911

Cathy Reavis testified before the 2006 grand jury that she had overslept on the morning of January 13, 2005, and was not at the WHCS until after Christin was taken away to the hospital. However, former Tiller employee Marguerite Reed told the grand jury that Reavis met her in the hallway of the clinic and instructed her to place the call to 911 that morning. Photographs taken by pro-lifer Judi Weldy clearly show Reavis' vehicle in the clinic parking lot as the ambulance arrived and rounded the corner of the clinic.

At 8:48 AM on Thursday, January 13, a [911 call](#) was placed by Reed, who pleaded with the 911 dispatcher, "Please, please, please! No lights, no sirens!" She was evasive with the dispatcher and placed him on hold for 45 critical seconds while she inquired of Reavis about how much she should tell him. Reavis told Reed that she couldn't tell her why, but that she just needed to get the ambulance. Reed clearly downplayed the true nature of Christin's rapidly deteriorating condition. Sensing no urgency, [emergency responders arrived on the scene at 8:57 AM](#), a full nine minutes after the call was placed.



This photo was taken by pro-life sidewalk counselor Judi Weldy on the morning of January 13, 2005, at Women's Health Care Services in Wichita, KS. The ambulance (center) had just arrived after being directed by Fire Department personnel (right). Cathy Reavis told the Grand Jury she overslept at the La Quinta Inn and arrived only as Gilbert was being taken away in the ambulance, yet her vehicle is clearly seen in the red circle at the left. Could Reavis have committed perjury? The grand jury was denied access to these photos despite the fact they were submitted as evidence twice by the grass roots coalition that convened the grand jury.

Paramedics arrive

When paramedics arrived, they saw Christin lying in what was described as “huge amounts” of “coffee grounds” blood and fluid — “way more than you would normally see.”

LeRoy Carhart was on top of her trying to physically force fluids from her stomach. Paramedics indicated that they first thought he was a male nurse who may not have known what he was doing. The paramedics ordered Carhart away from the girl but he did not comply. A male paramedic was forced to “very sternly” demand that Carhart step away from the girl. One report indicated that the paramedics may have actually pulled Carhart off her.

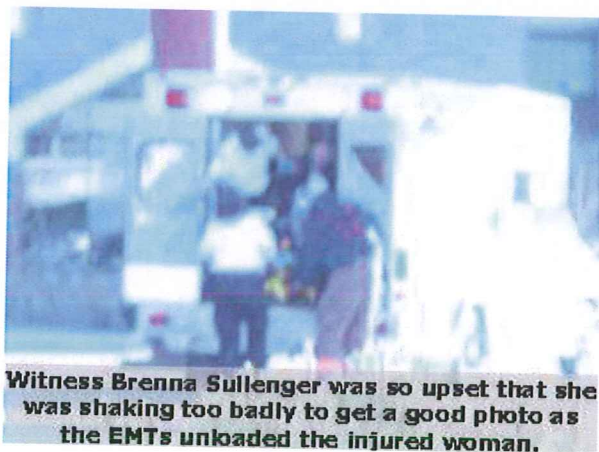


The ambulance leaves WHCS “code blue” with Christin Gilbert on board.

The ambulance crew spent 15 minutes treating Christin’s dire condition, which included cessation of respiration and cardiac arrest, from which she was resuscitated. At 9:14 AM, Christin was transported via ambulance with all haste to Wesley Medical Center’s Emergency Room, and arrived at 9:18 AM after a four minute ambulance ride. Pro-lifers photographed the ambulance at WHCS and George Tiller’s arrival at the ER.

At Wesley Medical Center

Once at Wesley Medical Center, the [autopsy report](#) showed evidence that Christin was bleeding from the mouth, vagina, eyes, and every other orifice. The emergency team who treated Christin worked aggressively to save her life, but it was too late. The family was advised of her condition, and reacted by telling the doctors to harvest her organs for donation. Huge amounts of antibiotics were pumped into her failing body, but to no avail. Because the sepsis was not treated in time, Gilbert suffered from systemic organ failure. All the blood vessels in her reproductive organs were clotted.



Witness Brenna Sullenger was so upset that she was shaking too badly to get a good photo as the EMTs unloaded the injured woman.

Christin was given pain medication, but little else could be done. She was pronounced dead at 4:14 PM, January 13, 2005.

Christin’s eyes were donated but the rest of her organs showed signs of hemorrhage and were not suitable for donation.

Christin’s unclothed body, with medical implements that had been used in an attempt to save her life still attached, was sent to the Sedgwick County Regional Science Center on January 14 for autopsy. Seven months and ten days later, the report was released to the public with evidence of her botched abortion.

Operation Rescue goes public and seeks answers

Operation Rescue broke the story when it dropped a [press release](#) on January 13, 2005, announcing the documentation of an emergency transport from WHCS. Efforts to conceal Christin’s death were already underway. A KNSS reporter was expelled from the WHCS property after seeking answers about the incident.

On January 19, 2005, while conducting a first amendment activity outside Wesley Medical Center, Troy Newman was contacted by a member of law enforcement who told him, under the condition of anonymity, that the abortion patient that we had seen transported to Wesley on January 13, had in fact died.

Conversation with Vicki Buening

On January 21, 2005, Troy Newman and other members of Operation Rescue [visited the office of the governor](#) and spoke with Vicki Buening, the governor's Director of Constituent Services. When showed a number of photos of several ambulance runs from WHCS to the local hospital, Mrs. Buening told Newman that if women were unhappy with the care they received at WHCS, they were free to file a complaint with the Kansas State Board of Healing Arts. Mrs. Buening was the wife of Larry Buening, who at that time was the Executive Director of the Kansas State Board of Healing Arts.



Troy Newman was not impressed with the evasiveness with which Vicki Buening answered questions about a spate of abortion injuries, which included Christin's death.

The following is an exchange between a visibly nervous Vicki Buening and Operation Rescue's Senior Policy Advisor, Cheryl Sullenger, which took place during that meeting:

Buening: "Now individuals involved in any of these kinds of mishandling of their medical care have the option to file a complaint against their provider with the Board of Healing Arts."

Sullenger: "If they're still alive."

Buening: "Certainly that is true. Whether, uh— [pause] — Yeah, you're right. But I, uh..."

Sullenger: "If they are dead, they can't file a complaint, can they?"

Buening: "I don't have an answer to that question."

The impression gathered from that conversation by Sullenger was that Buening was aware of Christin's death, but was hiding it.

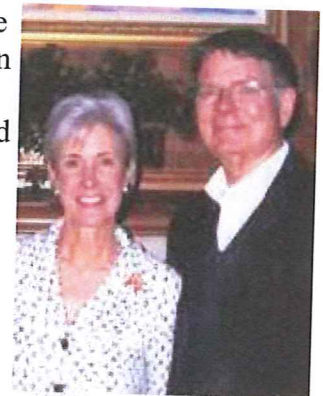
Operation Rescue issued a press release on January 25, 2005, announcing that it had confirmed that Christin and in fact died from her botched abortion.

KSBHA complaint filed

Sullenger filed a complaint with the Kansas State Board of Healing Arts against George Tiller in the death of Christin Gilbert, since Christin obviously could not file on her own behalf. Sullenger received a [letter](#) dated January 26, 2005, from Shelly Wakeman, KSBHA Disciplinary Counsel, advising her that an investigation had been opened based on Sullenger's complaint.

Sebelius intervenes for political reasons

Meanwhile, a bill was introduced in the Kansas House of Representatives, [HB 2503](#), which would have placed regulations on clinics that do abortion. The bill was strongly opposed by then Gov. Kathleen Sebelius and Tiller's now-defunct Political Action Committee, ProKanDo.



Kathleen Sebelius and her political crony, George Tiller.

Sebelius received large campaign contributions from Tiller and ProKanDo during her 2002 campaign for governor.

On February 2, Sebelius sent a letter to Larry Buening asking him to look into the death at WHCS.

March 15, 2005, Operation Rescue held a press conference in the Capitol rotunda opposing HB 2503. A former Tiller patient told of her horrific experience at WHCS a number of years ago and of her inability to bear children since suffering abortion injuries. Sullenger discussed the death of Christin Gilbert. A legislator who was present at the press conference believed the statements would be beneficial to the bill and asked them to testify before an upcoming committee hearing.

On March 22, 2005, Sullenger and Cramer testified before the Senate Public Health and Welfare Committee in support of HB 2503, even though Cramer had been contacted by ProKanDo Director Julie Burkhart in what Cramer viewed as an effort to intimidate her to keep her from testifying.

On March 23, 2005, Operation Rescue issued an e-mail containing the former Tiller patient's story along with Sullenger's testimony that was distributed throughout the United States, urging supporters to voice support for HB 2503.

On March 25, 2005, Larry Buening issued a letter (pg. 1, 2) to Gov. Sebelius with an "interim" report on the Gilbert death indicating that their preliminary determination was that Christin had received care that "met the standard of accepted medical practices," even though the autopsy report had not been released and a cause of death had not been determined.

Buening noted in that letter, "The Board is aware that office-based procedures and clinic licensure are currently being considered by the Legislature and wanted to provide you with an interim report."

This statement gives cause to believe that the Buening letter was politically timed and motivated, and that his determination was such as to please the governor.

But Buening's efforts to minimize Christin's death before the legislature were partly unsuccessful. Later that day, the Senate passed HB 2503 with an unexpected two-thirds majority, due in part to the pro-life testimony, and lobbying efforts made by Operation Rescue highlighting Christin's death.

Sebelius later vetoed the bill, basing her decision in part on the premature conclusions drawn by Buening in his hastily written letter of March 25, 2005. An attempt to override failed.

Autopsy report released

On August 24, 2005, the autopsy report on Christin's death was finally filed, indicating that she "died as a result of complications of a therapeutic abortion." The report made no mention of the names of physicians who treated Christin, nor did it mention the name of the abortion clinic. Other autopsy reports filed by the Sedgwick County Coroner routinely included such information.



In spite of huge public support, Sebelius vetoed clinic regulations in 2005, using the KSBHA's premature findings in their investigation into Christin's death as an excuse.

KSBHA quietly sweep Christin's death under the rug

On the afternoon of November 23, 2005, the day before Thanksgiving, the KSBHA released its final determination that absolved Tiller and his staff of wrongdoing and closing the case both in a detailed letter to Sebelius [pg. [1,2,3](#)] and in a terser, less informative [response](#) to Sullenger who filed the original complaint.

After dismissing the complaint, KSBHA Director Larry Buening was questioned as to why the official autopsy report findings were essentially ignored by the Board. Buening told reporters that the autopsy report released by the Sedgwick County Forensic Science Center was merely one "opinion."

Pro-life groups suspected a cover-up involving Sebelius, who had received a great deal of campaign support from Tiller.



KSBHA Ex. Dir. Larry Buening

Citizen-called grand jury

Unsatisfied with the Board's decision, and believing strongly that the determination was politically motivated, Operation Rescue and Kansans for Life launched a citizen's petition to call a [grand jury](#) to investigate Tiller in the death of Christin Gilbert.

On April 19, 2006, the grand jury petitions were certified and on May 22, 2006, the grand jury convened and began its investigation.

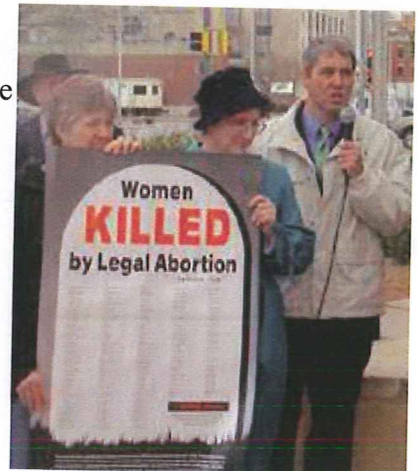
But on July 31, 2006, District Attorney Nola Foulston [announced](#) that the grand jury had dismissed without issuing an indictment.

Grand jury foreman comes forward with new information

However, the man who served as foreman on the grand jury contacted Troy Newman shortly after the grand jury dismissed and offered an interview. Newman and Sullenger met the grand jury member and recorded the interview. Based on his information, Operation Rescue published via the Internet a four-part series called "[Justice Aborted](#)," which detailed information uncovered by the grand jury investigation, and revealed the fact that the grand jury failed to indict Tiller on four counts by only one vote. That series was published between August 10 and 17, 2006.

In that interview it was learned that the grand jury had attempted to subpoena LeRoy Carhart, but was unable to because Carhart dodged the subpoena, and Asst. District Attorney Ann Swegle, who was assisting the grand jury, would not issue the subpoena in Nebraska, where Carhart lived.

The grand jury also tried to get a copy of Neuhaus' record to see why she thought that Christin's third-trimester abortion was legally justified. Swegle told the grand jury foreman that it would take an "act of God" to get that record. She made no further efforts to obtain the record, which impeded the grand jury's ability to make an informed decision about the legality of Christin's abortion.



Troy Newman addresses the media just before the petitions were submitted asking for a grand jury to investigate Christin's tragic death.

KSBHA Arrogance

Two representatives from the Kansas State Board of Healing Arts (KSBHA) appeared before the grand jury. One was attorney Mark Stafford and the other was an unidentified woman. Their testimony did little to answer questions about the care Christin received, especially during the 45 minutes she was at the clinic on the day she died.

“These people all had attitudes,” said a confidential source inside the grand jury process that spoke with Operation Rescue. “The people involved from the Healing Arts, those people were arrogant, ‘We’re better than you.’ Their attitude was, ‘We can do no wrong.’”

Standard Protocol?

The KSBHA representatives did not reveal details of their investigation to the grand jury. It seemed that they expected the grand jury to simply accept their findings, without question.

“‘You know what this is, just normal protocol,’ were the words they all kept using,” said the source.

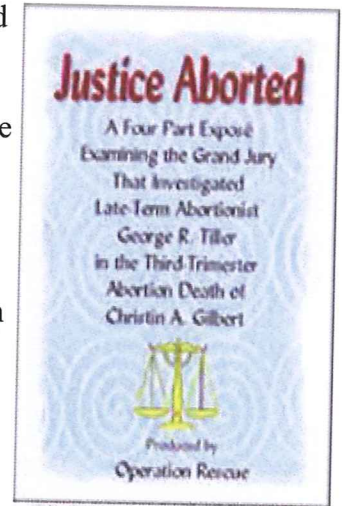
“‘This is standard protocol, and we had our own investigator, and he found no fault in what was going on.’ It was just the whole attitude from all these people that are in — in my opinion — a small fraternity.”

But details that have surfaced indicate that Christin’s third-trimester abortion was anything but “standard protocol.” Irregular treatment included a gross misuse of RU 486, which is approved only for use in early abortions under six weeks gestation. Abortionist LeRoy Carhart instead used the dangerous drug, which is responsible for at least 6 U.S. deaths since 2001, as an “insurance policy” to make sure the contents of the uterus were expelled in case Carhart left something behind after the D&C.

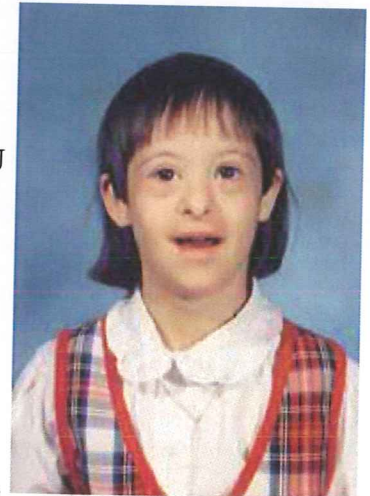
“If a doctor cannot competently perform a D&C, he is incompetent to practice medicine,” said Operation Rescue’s Troy Newman. “There is just no gray area here or any question. Carhart’s misuse of RU 486 put Christin’s life at risk and may have killed her. That is not ‘standard protocol’ in anyone’s book.”

Also irregular was the lack of notation as to the amount of fluids Christin received for dehydration on the second and third days of her abortion, and the lack of documentation of the treatment Christin received during the 45 minutes she was at Tiller’s clinic on the day she died.

“Is it standard protocol to pump someone’s stomach when she hasn’t been breathing or had a heartbeat for 40 minutes? Is it standard protocol not to call 911 for 40 minutes after someone has gone into cardiac and respiratory arrest? Is it standard protocol to omit from a patient’s chart the care received, especially during a fatal incident?” asked Newman. “These questions were not answered by the KSBHA or any other witness.”



[Click to read the booklet.](#)



Christin Gilbert at eight years old.

The grand jury source indicated that the jurors were given the run-around by KSBHA witnesses. “‘No, no, no, we had our own investigator, Mr. So-and-so, da-da, da-da, da-da.’ And that’s really how this thing went,” said the source. The KSBHA representatives expected the grand jury not to question their findings, and addressed questioning with condescension.

“The thing was just — from the Healing Arts people we interviewed — it’s like there is no ‘wrong.’ But yet, there’s someone dead over this,” said the source.

“Three and Out”

The grand jury was told that the KSBHA has a “three and out” policy, meaning if a doctor appears before the Board three times and is convicted, he loses his license.

It was asked how many times Tiller had appeared before the Board. The response was seven times.

“We asked, ‘Well, what happened to your ‘three and out’ policy?’ ‘Well...’ and they go into their little justification of Tiller,” the source said.

When the source was asked if he believed that the KSBHA was covering for Tiller, the source said, “That’s right! That’s exactly what it is.”

New investigation requested

Based on the new information that surfaced after the KSBHA closed the complaint against Tiller, Operation Rescue became convinced that LeRoy Carhart was primarily responsible for Christin’s death and that Tiller was only minimally involved in Christin’s abortion, yet bore some responsibility as Carhart’s employer and as the owner and medical director of WHCS.

In April, 2008, the Executive Director of the Kansas State Board of Healing Arts [Larry Buening resigned](#) under pressure and amid scandal for failure to discipline physicians. Buening was a personal friend of George Tiller, and was allegedly responsible for allowing the [improper Neuhaus relationship](#) to be overlooked by the Board. The next day, General Counsel [Mark Stafford](#) also resigned. Stafford had repeatedly stonewalled pro-life groups as they sought answers and demanded action in Christin’s death.

These resignations led to a wholesale purging of the KSBHA that took place over the course of several months.

Former Tiller and Sebelius cronies were replaced with an executive staff that did not have the connections to the abortion lobby.

Operation Rescue believed that the investigation into Christin’s death under Buening was politically timed and its determinations politically motivated, casting suspicions on the Board’s determination to close the case. After the Buening/Stafford resignations and other personnel changes, the Board appeared to have been purged of corruption. Because of this, Operation Rescue filed a complaint in February, 2009, asking that the inquiry into



Christin's family gathers around as Christin reads her birthday cards in 2003, just two years before her death.



Christin Gilbert was known for her loving hugs. She was an inspiration to her high school championship softball team.

Christin's death be reopened, this time focusing on Carhart's role in her abortion. However, the KSBHA later notified OR that it would not reopen the case.

WHCS permanently closes

Then on March 31, 2009, Tiller was murdered in Wichita, Kansas, an act of violence strongly denounced by Operation Rescue. The Tiller family made the decision to permanently shutter WHCS, an action that closed a chapter in the nation's debate over late-term abortions and liberated Kansas from the reputation as the Abortion Capital of the World.

LeRoy Carhart then promised to begin providing late-term abortions at his abortion clinic in Bellevue, Nebraska, while he continued some attempt at reopening a late-term abortion mill somewhere in Kansas.

As of this writing, however, neither of Carhart's plans have come to fruition. Currently, there remains no one in Kansas that will provide post-viability abortions.

Christin Gilbert's death was a catalyst that helped open the eyes of the people of Kansas, including the Legislature, to the horrors of late-term abortions. If her story can warn others and spare even one life, then her death was not in vain.



An investigative report from
OPERATION RESCUE

Fetal Age Deception

With NEW info
about the
CARHART
CONNECTION!

HOW
ABORTION CLINICS
FALSIFY FETAL AGE TO
AVOID COMPLYING
WITH THE LAW

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An Operation Rescue
Investigative Report:

Fetal Age
Deception

**How abortion clinics
falsify fetal age to avoid
complying with the law**

**By Cheryl Sullenger
Senior Policy Advisor for Operation Rescue**



**Fetal Age Deception
By Cheryl Sullenger**

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Illegal Fetal Age/Viability Deception Scheme Uncovered At Abortion Clinics In Two States

Sonogram images, sworn statements show that Women's Health Care Services intentionally underestimated fetal age and viability to avoid compliance with Kansas law.

Now new evidence suggests that the same thing may be happening at LeRoy Carhart's Bellevue, NE, abortion mill.

Operation Rescue conducted an undercover investigation of late-term abortions in October, 2008, at George Tiller's now closed Women's Health Care Services, (WHCS) in Wichita, Kansas. The focus of the investigation was on how the clinic made the determination of fetal age and viability. Operation Rescue discovered compelling evidence that WHCS intentionally underestimated fetal age, and therefore viability, in order to avoid compliance with the Kansas ban on post-viability abortions.



Women's Health Care Services in Wichita, KS was the subject of this investigation. The late-term abortion clinic, where LeRoy Carhart of Nebraska once worked, is now permanently closed.

Now new information has surfaced that indicates Nebraska abortionist LeRoy Carhart is also engaging in similar practices.

Background

Operation Rescue interviewed several former WHCS patients concerning the determination of fetal age and viability, and had reason to believe that WHCS employees routinely underestimated the gestational age of pregnancies, and/or determined that viable pregnancies were non-viable in order to avoid having to obtain the concurring opinion from a second Kansas physician indicating that the late-abortion met the strict exceptions outlined in K.S.A. 65-6703.

That law states in part:

No person shall perform or induce an abortion when the fetus is viable unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman.

If the physician determines the gestational age of the fetus is 22 or more weeks, prior to performing an abortion upon the woman the physician shall determine if the fetus is viable.

Viability is defined by law as when a baby can survive for an indefinite period outside the womb with natural or artificial life-supportive measures. Babies have been known to survive at 22 weeks¹ and earlier, although 23 weeks² is generally considered the threshold of viability in the United States, where there exists superior neonatal technology. At 24 weeks, the viability of healthy babies born to healthy mothers is undeniable in the medical community worldwide. Kansas law requires that each case be individually reviewed and tested for viability beginning at 22 weeks gestation.

Mental health risks are interpreted to be included in K.S.A. 65-6703 as a "major bodily function" as long as the condition is both substantial and irreversible.

Examples of violations surface

Most notable among those interviewed were Michelle Armesto-Berge and a botched abortion victim referred to as "Patient S."

Mrs. Armesto, (maiden name Berge), came forward in 2007, and testified before a joint legislative committee that she was given an abortion at WHCS against her will on May 13, 2003, in her 24th week of pregnancy. She and her mother arrived late for her abortion appointment and missed the time when the other late-term abortion patients saw the second physician. Mrs. Armesto discovered only after receiving her medical records years later that abortionist Shelley Sella had made a determination that her baby was non-viable.³ Mrs. Armesto testified that she was in good health with an uncomplicated pregnancy and had no reason to believe that her baby was not viable.



"Patient S." tells a sidewalk counselor of her horrific abortion experience that nearly cost her life. She insists that her baby's age was intentionally low-balled at WHCS.

Patient S. had an abortion at WHCS in September, 2008. She told Operation Rescue that she was 23 weeks pregnant at the time of the abortion, but WHCS staff members told her that she was only 19 weeks. She said she knew that was wrong, but did not say anything fearing the price of the abortion would go up if she did. Patient S. received no concurring signature from a second Kansas physician before her abortion that ended in life-threatening complications and an emergency hospitalization. [Documentation at <http://www.operationrescue.org/archives/tiller-patient-feared-%e2%80%9cthey%e2%80%99re-liable-to-kill-me%e2%80%9dduring-botched-abortion-that-hospitalized-her/>]

The investigation begins

A pregnant volunteer, who we will refer to only by her first name, Shaye, offered to make an appointment for and procure a sonogram at Women's Health Care Services.

Shaye had been under the care of a physician prior to the investigation. She and her pre-

born baby were found to be healthy and her pregnancy was progressing normally, without complications.

Gestational age is often determined using the first day of a woman's last menstrual period (LMP). For Shaye, that date was April 18, 2008. According to that date, Shaye would have been 25 weeks 5 days along in her pregnancy, well past the 22 weeks when viability must be determined under Kansas law.

The undercover aspect of this investigation was conducted on October 16-17, 2008. All telephone calls made to WHCS were recorded.

Misleading information from WHCS employee

On October 16, Shaye placed a phone call to WHCS in an attempt to schedule an abortion. She spoke with WHCS employee Diane Warren, who erroneously told her that Kansas law says abortion is a woman's choice up to the 24th week of pregnancy.

Warren seemed confused about exactly how to calculate Shaye's pregnancy using her LMP and first told Shaye that she was between 31 and 32 weeks of pregnancy. When Shaye told her she could not be that far along, Warren told Shaye to procure a sonogram and bring her the BPD number so that they could determine whether they would do the abortion and how they would set her fee.

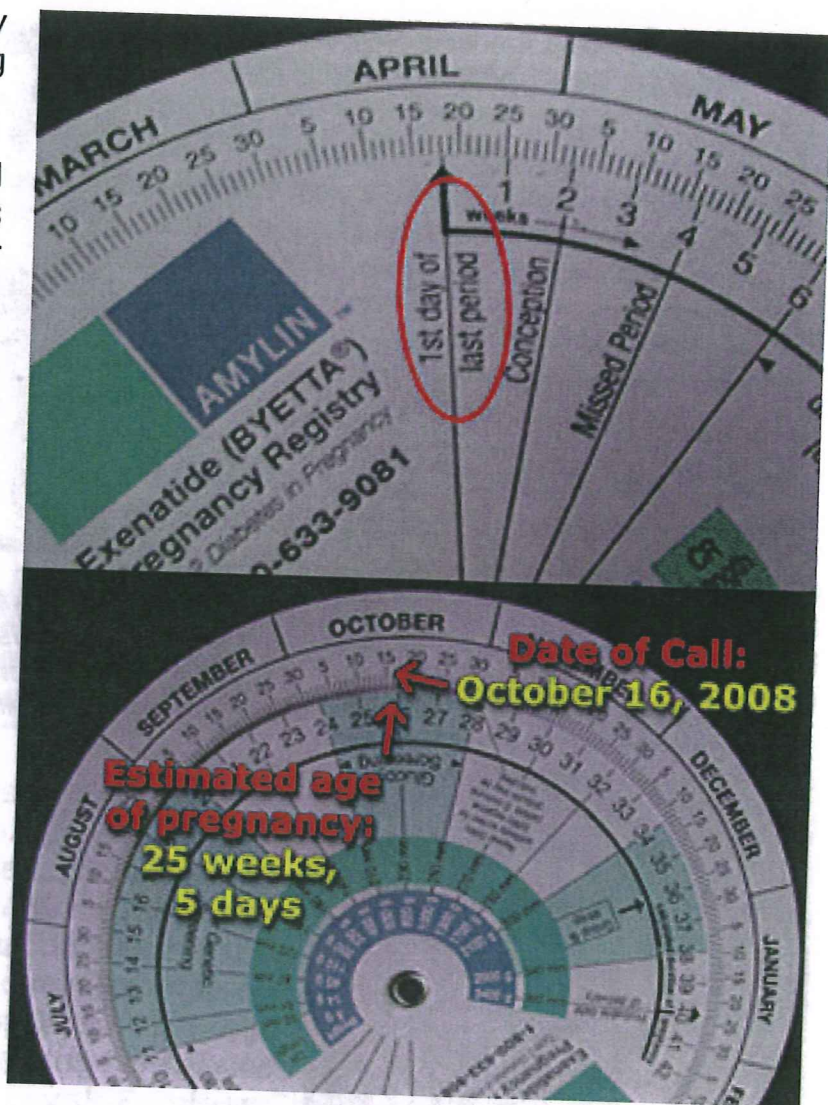
The BPD number is the Biparietal Diameter, or the measurement across the baby's head that can be used to determine fetal age.

Shaye was given an appointment for a sonogram the next day, on October 17, 2008.

First Sonogram Measurement Trashed

The following is an excerpt from a sworn statement made by Shaye concerning her experience at WHCS that day.⁴

The woman who gave me the ultrasound at WHCS was Lindsey Alejandro. She informed me that my baby was 24 weeks, 6 days gestation. I told her that I did not think I could be that far along, so she told me she was going to try something else.



The gestational age of Shaye's baby, as calculated using a standard pregnancy wheel.

At that point, Ms. Alejandro tore off the ultrasound photo that showed 24 weeks, 6 days gestation and threw it into a trashcan. She remeasured the baby from another angle and the measurements came up as 23 weeks gestation.

Ms. Alejandro told me that I could have the abortion because it is a woman's choice up until 24 weeks.



Actual WHCS sonogram of Shaye's baby. This is the second, younger measurement taken after the older measurement was thrown away by a WHCS employee.

Shaye was directed to another WHCS employee, Deborah Esquina, and given an appointment for an abortion at WHCS for the following week with abortionist **LeRoy Carhart**, and told her abortion would cost \$3500 – up front – plus \$65 for medication.



Former WHCS employee Lindsey Alejandro now works for LeRoy Carhart in Bellevue, Nebraska.

She was instructed to return on Monday, October 20, for her final consultation, and was told the actual abortion would begin on Tuesday, October 21, 2008. She received no appointment with a second Kansas physician for the purpose of concurring on the medical necessity of Shaye's pregnancy, even though she would have been **24 weeks, 3 days at the time of the abortion** according to WHCS's own second and lower determination of fetal age. This was past the medically and legally accepted threshold of viability.

WHCS employee Linda Joslin took Shaye's medical history and was aware that she and her pregnancy were healthy and without physical or mental health complications. WHCS was specifically aware that Shaye did not suffer from depression.

Two more sonograms confirm later gestational age

In order to confirm the actual gestational age of Shaye's baby, she received a second sonogram on October 17, 2008, at **Via Christi-St. Joseph's Hospital** in Wichita. According to that hospital's measurements, Shaye's pregnancy was **24 weeks 3 days**. This would have placed the gestational age of Shaye's baby at **25 completed weeks on the day the abortion** was scheduled to begin.⁵

As an extra confirmation, Shaye received a third sonogram on October 17, 2008, from **Baby Waves** in Wichita, which determined that Shaye's pregnancy was **24 weeks, 4 days**. This would have placed the gestational age of her baby at **25 weeks, 1 day, on the day the abortion** was to begin.⁶

| Determinations of Gestational Age of Shaye's Baby | | |
|--|--|--|
| Determiner | Age on Oct. 17, 2008 (Sonogram day) | Age on Oct. 21, 2008 (Scheduled abortion day) |
| LMP | 25 weeks, 5 days | 26 weeks, 2 days |
| WHCS (1st) | 24 weeks, 6 days | 25 weeks, 3 days |
| WHCS (2nd) | 23 weeks, 6 days | 24 weeks, 3 days |
| Via Christi | 24 weeks, 3 days | Exactly 25 weeks |
| Baby Waves | 24 weeks, 4 days | 25 weeks, 1 day |
| Kansas law states that a determination of viability must be made at 22 weeks gestation, when viability is possible. The commonly accepted threshold of viability is 23-24 weeks. | | |

According to **four independent determinations**, including Shaye's LMP, the first (and discarded) WHCS measurement, and sonograms from Via Christi Hospital and Baby Waves, Shaye's baby was past the most conservative threshold of viability.

The **only** measurement that actually placed the gestational age of Shaye's baby under 24 weeks, when there could still be some question as to viability, was the second ultrasound measurement taken after WHCS employee Lindsey Alejandro trashed measurements that showed Shaye's baby was clearly past the threshold of viability. That **second measurement** was the measurement used to schedule an abortion for Shaye's baby.

But even that measurement was beyond the 22-week barrier encoded in Kansas law at which time viability must be determined, and would have placed her pregnancy at 24 weeks, 3 days – beyond the most liberal threshold of viability – at the time the abortion was scheduled to begin.

Shaye later procured copies of her sonogram records from all three locations and provided them to Operation Rescue with permission to publish them.

The Carhart Connection

Nebraska abortionist LeRoy Carhart was employed by Women's Health Care Services in Wichita during this time. In fact, as already mentioned, Shaye was scheduled for an abortion with Carhart at WHCS even though all her ultrasound images indicated that she would have been beyond the legal limit in Kansas at the time of her scheduled abortion.



In August, 2009, a former employee of LeRoy Carhart's Bellevue, Nebraska, abortion clinic, The Abortion and Contraception Clinic of Nebraska, (ACCON), came forward and told Operation Rescue that similar fetal age manipulation was common at his clinic during her tenure of employment.

She said that if an ultrasound showed a woman too far along in her pregnancy, Carhart would redo the ultrasound himself and come up with a younger gestational fetal age in order to avoid the legal limits on gestational age in Nebraska. Quote:

"If we found [a woman] to be gestationally 'such and such', which would be over the legal limit, Dr. Carhart would go back in there with the same ultrasound machine, he would do another ultrasound, and somehow they would be within the legal limit. And if they were over the legal limit, I mean horribly over so there was nothing he could really do with the pictures or anything, then he would not write on their chart at all."



Abortionist LeRoy Carhart

It is likely that Carhart trained Lindsey Alejandro how to manipulate the fetal age in order to avoid compliance with the law. After the closure of WHCS, Alejandro was hired by Carhart and, as of this writing, works for him at his Bellevue abortion clinic, which is currently under investigation by the Department of Health.

Conclusion

Kansas law states that "no person shall perform an abortion when the fetus is viable."

- **Health and viability:** Shaye's baby was past the medically accepted threshold of viability according to **four independent determinations**. There was no condition that threatened Shaye's health, either physically or mentally. In fact, Shaye enjoyed a healthy pregnancy and safely delivered a healthy baby boy in early February, 2009.

- **Misrepresentation of Kansas law:** Shaye interacted with a total of four WHCS employees, none of which gave her correct information about Kansas law. At least two employees of Women's Health Care Services misinformed Shaye that before the 24th week of pregnancy, Kansas law says abortion is a woman's choice. However, Kansas law places the limit of unrestricted abortion at 22 weeks gestation, when viability is possible and a determination of viability must be made. **The 24th week of pregnancy is not even mentioned in Kansas law.**



Shaye, who helped uncover an illegal fetal age/viability deception scheme at WHCS.

- **Intentional underestimation of fetal age:** When the first determination of fetal age showed Shaye's pregnancy beyond the legal limit, a WHCS employee destroyed that measurement and came up with a new, earlier fetal age. The employee then advised Shaye that she could proceed with the abortion, knowing full well that the baby was beyond the threshold of viability.
- **Violation of second concurring physician requirement:** Shaye all too easily obtained an appointment for a post-viability abortion without being referred to or obtaining the signature of a second Kansas physician as required by law.
- **Violations of Informed Consent:** Kansas also has an informed consent law that requires that abortionists tell women the gestation age of their babies, among other facts. Women's rights to informed consent were violated when WHCS misrepresented Kansas law to women considering abortions. This misrepresentation of the law, coupled with the intentional underestimation of fetal age and viability, forced women to make serious, life-altering decisions based on false information, violating the purpose of the informed consent statute.

Shaye told Operation Rescue that it was her understanding that WHCS would have stopped at nothing to give her an abortion, even offering her a number to call for financial aid so money – a hefty \$3500 fee – would not be an issue that would prevent her from getting the abortion.

Shaye's case is not an isolated incident. When taken into consideration with interviews from other former WHCS patients, it shows a pattern of abuse. There is every reason to believe that the gestational age of pregnancies and viability were routinely and intentionally underestimated at Women's Health Care Services to avoid having to comply with Kansas law.

In light of new information provided by the former Carhart employee, it is likely that similar abuses regarding the determination of fetal age are occurring with regularity at his abortion clinic in Nebraska.

It is clear that WHCS and ACCON coyly attempted to appear as if they were following the law, without actually doing so, even according to evidence in their own records presented here. WHCS and ACCON employees led women to believe that their late-term abortions were being done in compliance with the law when, in fact, the evidence in this report shows that they were not.

This kind of deception is placing women's lives in danger, since the risks of serious abortion complications increase as the gestational age of the baby increases. There are physical dangers to doing abortions on women whose gestational age has been miscalculated. In addition, the deception of WHCS and ACCON has also needlessly cost the lives of viable babies that the laws were enacted to protect.

For more information about this and other Operation Rescue investigations, please visit our website at www.operationrescue.org.

Attachments

ATTACHMENT 1

Born at just 22 weeks - Amilla is not yet allowed home

By NICK McDERMOTT, The London Daily Mail

Last updated at 16:12 22 February 2007

A girl born after just under 22 weeks in the womb - among the shortest gestation periods known for a live birth - will remain in a hospital a few extra days as a precaution, officials said.

Amillia Taylor, who weighed less than 10 ounces (283 grams), had been expected to be sent home this week.

However, routine tests indicated she was vulnerable to infection, said Dr. Paul Fassbach, who has cared for the baby since shortly after she was born.

"She has been fine," Fassbach said, but doctors are being extra cautious "now that she's going into the world."

Doctors say she is the first baby known to have survived after a gestation of fewer than 23 weeks. But full-term births usually come after 37 to 40 weeks. Amillia was just 9 1/2 inches long and weighed less than 10 ounces when she was delivered by Caesarean section. She now weighs 4 1/2 pounds.



She has suffered respiratory and digestive problems, as well as a mild brain hemorrhage, but doctors believe the health concerns will not have major long-term effects.

"Her prognosis is excellent," said Dr. Paul Fassbach, who has cared for Amillia since her second day.

Amillia was conceived in vitro and has been in an incubator since birth. She will continue to receive a small amount of supplemental oxygen even after she goes home.

Her parents Sonja and Eddie, from Homestead, Florida, were visiting friends in Miami



when Mrs Taylor went into labour at just over 19 weeks pregnant, having conceived by IVF.

Doctors attempted to delay the birth but eventually were forced to carry out an emergency caesarean.

Amillia Taylor weighed just under 10oz and was only 9 1/2 inches long at birth

Dr Guillermo Lievano, who delivered Amillia, said he was not expecting her to survive.

prepared to break the bad news to the mother."

Amillia responded to treatment, however. During two months in an incubator, she even had plastic surgery after her left ear was partially torn off during the delivery.

"I'm still in amazement," said Mrs Taylor, 37, a teacher. "I wanted her to have a chance and I knew in my heart that she was going to make it.

"It was hard to imagine she would get this far. But now she is beginning to look like a real baby. Even though she's only 4lb now, she's plump to me."

Ten ounces of determination: Amillia was little longer than this pen.

William Smalling, neonatologist at Baptist Children's Hospital in Miami, said: "She's truly a miracle baby. We didn't even know what a normal blood pressure is for a baby this small."



Amillia's incredible story will reignite the debate over Britain's abortion laws, which campaigners say must be updated in the light of recent medical advances.

Babies can still be aborted for non-medical reasons at up to 24 weeks. Recent evidence shows that, of those born at 25 weeks, half of them manage to live.

ATTACHMENT2

<http://www.nrlc.org/news/1998/NRL2.98/wright.html>

Viability, Fetal Pain, In Utero Surgery, and Roe v. Wade

Editor's note. The following is excerpted from the testimony of Dr. Jean A. Wright, presented at a Senate Judiciary Committee hearing that took place January 21. Dr. Emery is an Associate Professor of Pediatrics and Anesthesia at Emory University School of Medicine in Atlanta.

Mr. Chairman and members of the committee. My name is Jean A. Wright, M.D., M.B.A. I am a practicing pediatric intensive care physician. I am board certified in pediatrics, anesthesia, and in both sub-boards of critical care medicine. I would like to focus my remarks today from the perspective of a practicing pediatrician and clinical investigator. I was a pre-medical student in 1973, and my own personal career in medicine since then, in many ways, parallels the changes that have taken place since the Roe v. Wade decision.

Although I have spent the majority of my career in the academic medical center, the knowledge available to me today as a practicing clinician is as available to all physicians and to much of the public as well (due in part to the Internet). I am speaking for myself, and not on behalf of any organization.

I would like to focus my remarks on the changes we have seen in the field of pediatrics, particularly the areas of neonatology, surgery, anesthesia, and intensive care. Medical knowledge in those areas provides a new standard of science upon which a very different conclusion might be reached if Roe v. Wade were decided in 1998, rather than the limited information that was available in 1973.

The Science of Neonatology: A New Definition of Viability for the Premature Infant

In 1973, neonatology was in its early years as a separate subspecialty of pediatrics. The understanding of the physiology of the pre-term infant, and the equipment, medications, physicians, and specialized units available to care for them were present, but limited or primitive. By contrast, today there are thousands of neonatologists, hundreds of neonatal intensive care units, and breaking discoveries in the world and womb of the developing fetus and neonate....

In 1973, the scientific discussion heavily focused on the issues of fetal viability. At that time, the common understanding was that infants born before 28 weeks could not survive. Today, that age of viability has been pushed back from 28 weeks to 23 and 24 weeks. And some investigators are working on an artificial placenta to support those even younger.

In fact, while the number of children that are born and survive at 23 to 28 weeks gestation are still a minority of the infants in a NICU, they are common enough that the colloquial term "micro-preemie" has been coined to describe them, and an additional body of neonatal science has grown to support the care of the very premature infant. So in 25 years, we have gone from a practice in which infants once thought to be nonviable are now beneficiaries of medical advances to provide them with every opportunity to survive.

The Science of Anesthesia: A Better Understanding of the Development of Pain Perception

1. The new knowledge of the development of pain in the fetus.

...Several types of observations speak for the functional maturity of the cerebral cortex in the fetus and neonate. First are reports of fetal and neonatal EEG patterns, including cortical components of visual and auditory evoked potentials, that have been recorded in pre-term babies of less than 28 weeks gestation. Cortical evoked potentials to somatosensory stimuli (touch, pain, heat, cold) were also recently documented in pre-term neonates from 26 weeks gestation.

Ultrasonographic findings report specific fetal movements in response to needle punctures in utero (Robinson and Smotherman, 1992; Sival, 1993). Moreover, a controlled study of intrauterine blood sampling and blood transfusions in fetuses between 20 and 34 weeks of gestation showed that hormonal responses that were consistent with fetal perception of pain, and were correlated with the duration of the painful stimulus (Gianna-koulopuolos et al., 1994).

Pre-term neonates born at 23 weeks gestation show highly specific and well-coordinated physiologic and behavioral responses to pain, similar to those seen in full-term neonates, older infants, and small children (Pain in Neonates, Anand and McGrath, 1993).

All of the scientific references I have just made are from research breakthroughs in the last 10 years. This information was not available in 1973. As a result of this newly emerging understanding of fetal pain development, Anand and Craig, in a 1996 editorial in the journal PAIN, called for a new definition of pain, a definition that is not subjective, and that is not dependent on the patient's ability to provide a self-report.

2. Increased sensitivity to pain in pre-term infants.

Contrary to previous teachings current data indicate that pre-term neonates have greater pain sensitivity than term neonates or older age groups. Several lines of scientific evidence support this concept....

[S]tudies ... indicate the presence of the pathways needed for the conduction of pain, and a lower pain threshold in pre-term neonates, with the occurrence of further decreases in pain threshold following exposure to a painful experience (Fitzgerald).
The Science of Pediatric Surgery and Pediatric Anesthesia: New Concepts of Fetal Surgery and Perinatal Hospice

In the early 70s, many pre-term infants were considered too ill to tolerate the effects of anesthesia in order to undergo their needed surgery. Even by the early 80s (the time I entered my first years as a pediatric anesthesiologist), pre-term infants still received

minimal anesthesia in the operating room and NICU. It wasn't until two landmark articles published in 1987 ... that the practice of pediatric anesthesia began to change broadly.... Today we are the beneficiaries of an enormous fund of new medical knowledge, and I believe we should incorporate that into our approach to protecting the life of the unborn.

Furthermore, places such as the University of California, with its Fetal Surgery Center, are doing just that. Exciting surgical advances which allow for the surgeon to partially remove the fetus through an incision in the womb, fix the congenital defect, and then slip the "pre-viable" infant back into the womb should make us reconsider the outcome and viability of many pre-term infants, particularly those with challenging congenital defects.

And should a family be stricken by the terrible news that their anticipated newborn has a condition that is likely to be fatal upon delivery, the concept of "perinatal hospice" is now available. Many grieving parents have relayed to me how precious those few hours were when they held their newly delivered baby in their arms before it died. For a few hours, they were a family. The family was able to embrace its newest member, celebrate its short life, and then move on to the grieving stage. Just as adult hospice programs have helped many of us deal with the last days and hours of a loved one's life, hospice care in the NICU can bring meaning to a very dark hour in a family's life.

The Changes in Public Attitude on Abortion: Decreased Total Numbers and Decreased Support

Popular polls and population surveys indicate that the country has changed its opinion regarding abortion. As reported ... in the Journal of the American Medical Association, the number of abortions in this country has decreased. In the Atlanta Journal, on January 16, they report that since 1989, "supporters of generally available legal abortion have slipped to 32% from 40%, ... and those who said abortion should be available [but under more restricted circumstances] have increased to 45% from 40%" in 1989 (quoting a New York Times/CBS News poll). Perhaps one of the many reasons that have led to these changes in public opinion is the overall concern our citizens have demonstrated towards other vulnerable segments of our population now is being applied to the unborn child....

Conclusions

The scientific literature reviewed above and my clinical experience in the delivery of anesthesia and the care of critically ill and injured children lead me to believe that:

1. Many infants considered nonviable in 1973 are viable in today's world of advanced neonatal care.
2. There is a growing body of literature regarding the care needed for the survival of the "micro-preemie."
3. The anatomical and functional processes responsible for the perception of pain are developed in human fetuses that may be considered candidates for abortions, particularly late-term "partial-birth abortions." At this stage of neurologic development, human fetuses respond to the pain caused by needle puncture in utero in a similar manner as older children or adults, within the limits of their behavioral repertoire.
4. The threshold for such pain perception is lower than that of older pre-term newborns, full-term newborns, and older age groups. Thus, the pain experienced during abortions by the human fetus would have a much greater intensity than any similar procedures performed in older age groups.
5. Current methods for providing maternal anesthesia during "partial-birth abortions" or other forms of abortion are unlikely to prevent the experience of pain and stress in the human fetuses before their death occurs, particularly those by partial decapitation.
6. New techniques have allowed some forms of fetal surgery to provide a more promising outlook for children previously thought to have life-threatening congenital deformities.
7. Our understanding of the psychosocial needs of the family are better now, and we offer perinatal hospice care as a way of bringing meaning and purpose to a very dark time in the life of a family.

The science referred to in this presentation is a reflection of the science of the 1980s and 1990s. The medical profession did not know this in 1973. Those who made the Roe v. Wade decision did not know it. But history constantly reveals a pattern of how difficult it is for society to change paradigms once believed....

Today we are hearing evidence, both medical and legal, that was not available to our counterparts in 1973. We cannot change the [past] ramifications of their decision, but we can make better and more informed decisions today. Just as the incoming tide raises the level of the water in the harbor and in doing so all the boats rise to the same new level, so should we allow the tide of new medical and legal information to serve as a tide to raise both our medical and legal understanding of the unborn, and in doing so, lead us to making better decisions for this vulnerable population.

ATTACHMENT 3

Women's Health Care Services
George R. Tiller, M.D., P.A.

Physician Attestation of Non-Viability
22-24 Weeks Gestation

Patient: Berge, Michelle

Reported LMP: November 25, 2002

Sonogram Results: BPD: 60 FL: 44 AC: 145 HC: 217

Physical Examination: Fundal height - 24

Composite Gestation Age: 23 w 0 d

Based on physical examination, sonogram results, and last menstrual period (if known), it is my professional judgement that there is a reasonable probability that this pregnancy is not viable

George R. Tiller, M.D.
George R. Tiller, M.D., Medical Director

5/13/03
Date

ATTACHMENT 4

Statement of Shaye Stewart, taken on December 5, 2008.

I am Shaye Stewart, a resident of Sedgwick County, Kansas.

I am currently pregnant. The first day of my last menstrual period was April 18, 2008.

On October 17, 2008, I received an ultrasound at Women's Health Care Services, located at 5107 E. Kellogg in Wichita, Kansas.

The woman who gave me the ultrasound at WHCS was Lindsey Alejandro. She informed me that my baby was 24 weeks, 6 days gestation. I told her that I did not think I could be that far along, so she told me she was going to try something else.

At that point, Ms. Alejandro tore off the ultrasound photo that showed 24 weeks, 6 days gestation and threw it into a trashcan. She remeasured the baby from another angle and the measurements came up as 23 weeks gestation.

Ms. Alejandro told me that I could have the abortion because it is a woman's choice up until 24 weeks.

I was sent to another room where I filled out additional paperwork, then was sent to see Deborah Esquina, who explained pricing and other information about the abortion to me. She gave me a phone number that I could call to get financial help.

About an hour and a half later, I went to Baby Waves, located at 1861 N Rock Road, Suite 200, in Wichita, Kansas. There I received another ultrasound examination. The technician there told me my baby was 24 weeks 4 days gestation.

Later that evening, I went to Via Christi St. Joseph Medical Center, located at 3600 E. Harry Street in Wichita, Kansas, where I received a third ultrasound. The technician who examined me at Via Christi St. Joseph told me that my baby over 24 weeks gestation.

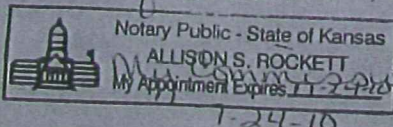
I do hereby affirm that the above statement is true and accurate to the best of my ability.

Shaye Stewart
Shaye Stewart

12-5-08
Date

State of Kansas
County of Sedgwick.

Sworn to before me this 5th day
of December, 2008, by Shaye Stewart



Allison Rockett
Notary Public

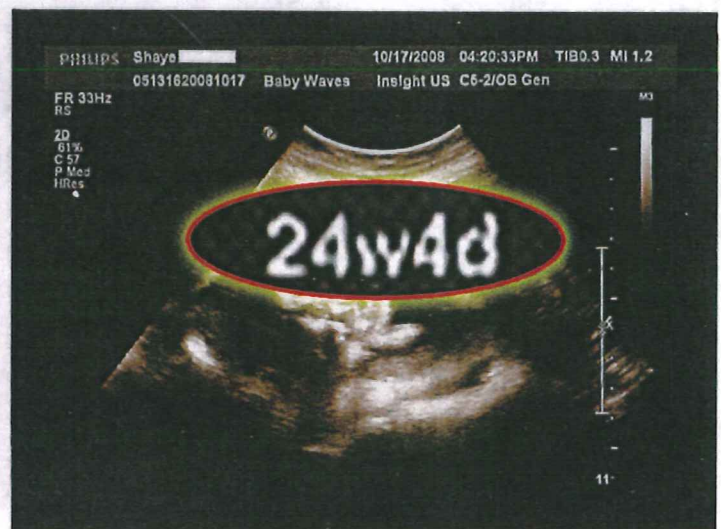
ATTACHMENT 5

SHAYE'S ULTRASOUND IMAGE FROM VIA CHRISTI



ATTACHMENT 6

SHAYE'S ULTRASOUND IMAGES FROM BABYWAVES





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<http://www.operationrescue.org/archives/abortionist-carhart%E2%80%99s-criminal-investigation-underway/>

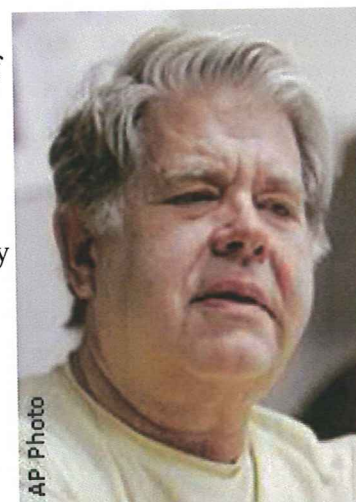
Abortionist Carhart's Criminal Investigation Underway

- Written by Operation Rescue
- Posted September 28, 2009 at 12:37 pm

Lincoln, NE – Operation Rescue has received word that criminal investigators from the Attorney General's office are in the process of interviewing former abortion employees that submitted affidavits blowing the whistle on illegal activity at LeRoy Carhart's Bellevue abortion clinic.

One of the former workers contacted Operation Rescue and told Troy Newman and Cheryl Sullenger that she had been interviewed last week.

"We are encouraged that the Attorney General's office is taking the allegations against Carhart seriously and are in the process of investigating this case," said Operation Rescue President Troy Newman. "Mr. Bruning seems to be a man of integrity and we believe that he will enforce the law once he is convinced that the laws have been broken. We are confident that once the investigation is completed, the Attorney General will find there is more than enough evidence on which to bring criminal charges."



Abortionist LeRoy Carhart

Operation Rescue, along with Rescue the Heartland, Nebraskans United For Life, and the Christian Defense Coalition, [filed a formal request for an investigation](#) in July. That request was forwarded to the Department of Health and Human Services, which maintains oversight of clinics and physicians.

On the day that Operation Rescue [announced that it had been informed that a DHHS investigation](#) was being monitored by the Attorney General's office, [Carhart "laid off" nearly half of his abortion clinic staff](#).

Some of those women [went to the press](#) with their stories of illegal activity by Carhart. Three of his former employees, some of which were not involved in the lay-offs, contacted Operation Rescue and Rescue the Heartland and agreed to [submit affidavits to the Attorney General and the DHHS](#).

Later, a [fourth former employee](#) came forward and gave a sworn statement with similar accusations of wrong-doing.

All of the women said that they did not have any medical training or licensing, yet they were instructed to perform medical duties that they were not legally qualified to do, such as starting IVs, dispensing medication, and assisting with surgeries. They claimed that drugs often came up missing, and that there was a general uncleanness about the facility, including the discovery of dried blood on instruments that had been laid out for surgery.

Some of the women claimed that they believed that Carhart was often chemically impaired while on duty, that he had poor personal hygiene, and that he rarely if ever washed his hands between patients.

Background