



March 7, 2016

Richard Hodges, Director  
Ohio Department of Health  
246 N. High St.  
Columbus, Ohio 43215

Dear Mr. Hodges:

This is a letter of complaint related to substandard care and inadequate, unsafe facilities at the Preterm abortion facility, located at 12000 Shaker Blvd. in Cleveland, Ohio.

Since our last complaint regarding the March 28, 2014, death of Lakisha Wilson after an abortion, new evidence has come forth that we believe merits review by your department.

We understand that the Wilson death has already been investigated and closed without any action being taken by your department. However, since then, we have come into possession of the Ohio Department of Health investigative files and have discovered several areas of concern that were overlooked or ignored during the previous investigation. These issues are serious enough that we are asking you to reconsider your initial conclusions and take a fresh look at this case.

In addition, there have been three additional medical emergencies at Preterm that have required emergency transport and hospitalization of abortion patients. Combined with the information about other abortion injuries gleaned from your own files, there have been a total of 11 abortion-related medical emergencies documented at Preterm from June, 2010, until present.

### **Pattern of Abortion Injuries Lead to Questions about Patient Safety**

The following is a listing of the eleven documented abortion-related medical emergencies that required emergency treatment and hospitalization. Several of these were found documented in confidential ODH files now in our possession. No corrective or disciplinary action was taken on any of these patient injuries.

The eleven incidents are listed in chronological order:

- **June, 2010:** a 29-year old patient suffered “profuse” bleeding about two-thirds of the way through an abortion at 11 weeks. Attempts to control the bleeding were only

temporarily successful. A call was placed to 911 and the patient was transferred to the Cleveland Clinic Emergency Department. [\[Exhibit 1\]](#)

- **July 5, 2011:** A 43-year old patient submitted to a 2-day Dilation and Evacuation abortion procedure. The next day the patient returned to complete the abortion. She suffered a lacerated cervix with an estimated blood loss of 50 cc or a little under two ounces. She was transported to the emergency room. The patient was treated and released. [\[Exhibit 2\]](#)
- **March 31, 2012:** 911 was called and additional assistance was requested to carry a 300-pound patient down two flights of stairs. That woman suffered from hemorrhaging after an abortion. [\[Exhibit 3\]](#)
- **August 31, 2012:** Records show a discrepancy in fetal age during a second-trimester abortion. One note indicated that the 33-year old patient was 17.6 weeks pregnant. Later, it was noted that she was 18.6 weeks. She endured a dismemberment abortion using forceps. While attempting to remove the placenta, the patient began to hemorrhage. The procedure was stopped and the patient was transported to an unknown facility where she received a hysterectomy to save her life after losing an incredible 6 liters of blood, according to hospital records. [\[Exhibit 4\]](#)
- **March 6, 2013:** Another 33-year old woman received an abortion of her 11.5-week preborn baby. After the abortion, she continued to bleed heavily, losing an estimated 10 ounces of blood. The decision was made to transport her to University Hospital where she was diagnosed with possible uterine atony, a condition where the uterus does not properly clamp down. Luckily for her, the patient was observed for six hours and released after her bleeding subsided. [\[Exhibit 5\]](#)
- **September 27, 2013:** An 18-year old underwent a 21.5 week abortion done by an abortionist identified Justin Ross Lappen. No indication was noted concerning whether legally required viability determinations were made. In recovery, she began bleeding heavily. Measures taken to stop the hemorrhage failed. She was transported to University Hospital where she received a blood transfusion and was treated for a condition called disseminated intravascular coagulation (DIC), which is a clotting complication that can result from internal injury during abortions. Since it has resulted in maternal deaths of abortion patients, this teen is lucky to have survived. [\[Exhibit 6\]](#)
- **December 6, 2013:** A 28-year old woman underwent an abortion of her supposedly 19 week, 4 day pre-born baby, which appeared to have been born intact. Notes were contradictory concerning fetal age. A week before the abortion, some notes indicated the baby was 19 weeks 3 days. A week later, Preterm's ultrasound measured the same baby at 19 weeks, 4 days. This is another indicator that Preterm could be falsifying ultrasound measurements to keep from triggering an Ohio law that requires viability determinations at 20 weeks, with prohibitions on post-viability abortions. After the procedure, during which the patient suffered a cervical injury that required stitching, the woman began to hemorrhage. Estimated blood loss was 800 cc, or just over 27 ounces. The patient was

transferred to Case Medical Center where she was diagnosed with uterine atony, which is a condition where the uterus failed to clamp down and seal off blood vessels after an abortion or a delivery. No blood transfusion was required, according to notes.

[\[Exhibit 7\]](#)

- **March 21, 2014:** 22-year old Lakisha Wilson received a fatal second-trimester abortion at Preterm. We will go into more detail about this later.
- **March 20, 2015:** One day shy of the first anniversary of Wilson’s fatal abortion, a 15-year old African American girl was transported by ambulance to the hospital emergency room suffering an abnormally irregular and accelerated heartbeat. The young teen had no prior history of heart problems. Clinic staff told 911 that the patient was ambulatory and would be waiting for them on the first floor. The elevator repair truck was later spotted at the abortion facility. This has led to concerns that the patient, who was immediately post-abortive and required emergency care, was forced to walk down two flights of stairs to get help because a gurney had no access to the procedure rooms on the third floor.  
[\[Exhibit 8\]](#)
- **April 24, 2015:** Yet another Preterm abortion patient was transported by ambulance to the hospital. The abortionist on duty was again Lisa Perierra. Witnesses say the patient on the gurney was “wrapped like a mummy” in pink and purple blankets. Efforts to obtain 911 records have met with delays and unreturned messages from a city that was once one of the most open and cooperative in the nation. [\[Exhibit 9\]](#)
- **February 13, 2016:** A 911 emergency recording indicates that a 22-year old woman was in the process of a second trimester abortion at Preterm. More details related to this incident are discussed below.

*These eleven serious medical emergencies should be considered together and evaluated as a pattern of patient injuries, many of which were obviously avoidable. Both standard of care and facility safety issues should be re-examined by the Department.*

Women should not have to play the equivalent to “Russian Roulette” with their lives and health when they walk into a medical facility in Ohio, but that is exactly what they do when they walk into Preterm.

## **February 13, 2016 Abortion Emergency**

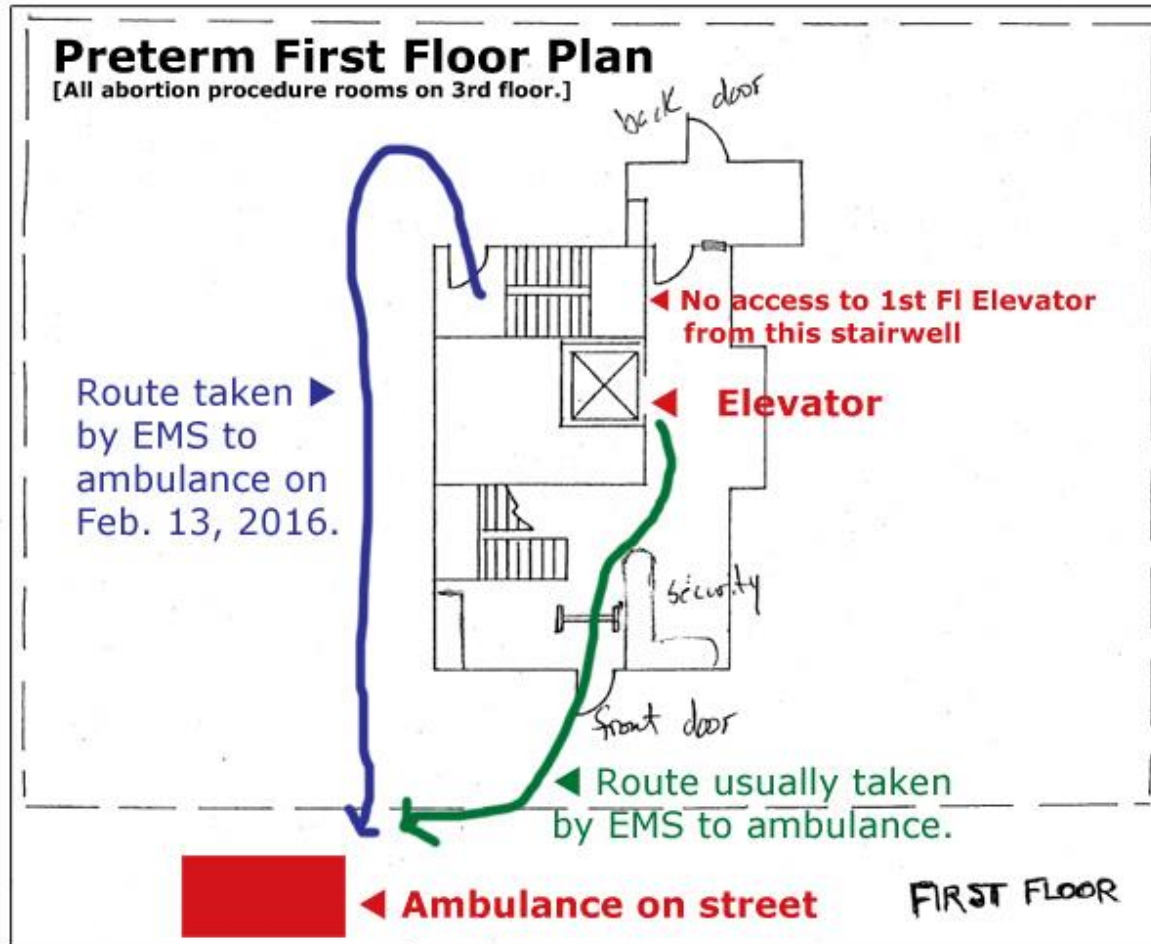
The patient transported to the hospital on February 13, 2015, was a 22-year old woman who was 21.3 weeks pregnant at the time of her Preterm abortion.



This 22-year old Preterm abortion patient was transported to a local hospital after "something went wrong" during her 21.3-week abortion procedure.

The clinic worker who placed the 911 call for help told the dispatcher, "We're an abortion facility. She was in the middle of an abortion. She's 21.3 weeks. And something went wrong during the procedure." When asked what went wrong, she responded, "I don't know, ma'am. I'm not in the room. So I'm assuming bleeding. Maybe a perforation? I don't know." [\[Exhibit 10a-c on CD includes 911 audio file and two raw, unedited video clips taken at the scene.\]](#)

EMS workers responding to the medical emergency were directed by security to use a rear entrance to a stairwell that did not have access to the elevator. The only gurney access to the third-floor procedure rooms is through the frequently malfunctioning elevator. Because of the use of the rear stairwell, we believe the elevator may again have broken down, causing the injured woman to be carried down two flights of stairs.



Graphic: OperationRescue.org

The woman was slowly pushed on a gurney to the ambulance on the street over packed snow and ice. Her head and torso were tightly covered with a doubled-over pink blanket, giving her a mummy-like appearance. Witnesses in the scene, including Mr. Frank Kosmerl, indicated that he saw no movement under the blanket and observed no evidence of medical intervention whatsoever. This led him to worry that the patient had died during her abortion.

When the patient was finally was loaded into the ambulance, a woman wearing surgical scrubs and a blue blanket around her head and shoulders climbed into the ambulance. This woman is believed to have been the abortionists on duty that day, Rebecca Lowenthal. She rode with the ambulance once it finally departed about 10 minutes after the patient was loaded.

During the time the ambulance sat on the street with the patient inside, we suspect live-saving medical intervention was finally taking place. This mirrors events that transpired during the Lakisha Wilson emergency.

The ambulance finally departed in the direction of University Hospital Case Medical Center without lights or sirens.

We believe there is a possibility that this patient did not survive. It made no sense to take her out the back stairwell and trudge through the ice and snow to the ambulance. In addition to the possibility that the elevator did not work, it is possible that the woman was removed from the facility out the back door was to keep other abortion customers from being frightened away by her corpse-like appearance.

Eye witnesses explained how the EMS responders looked particularly grim and saddened or upset. The gurney procession to the ambulance took on the resemblance of pall bearers carrying a casket at a funeral, according to witnesses. [\[Exhibit 11\]](#)

Due to her advance gestational age of 21.3 weeks, an investigation should be conducted into the possibility that this could have been an illegal late-term abortion.

*This incident requires further investigation by the Ohio Department of Health to determine the welfare of this patient and whether patient care standards were followed.*

## **Lakisha Wilson – New Information**

Based on new evidence contained in ODH investigative files now in our possession, there is enough evidence to reopen the investigation into Lakisha Wilson's death. There are several important points that it appears were overlooked or discounted by investigators that merit additional scrutiny. The evidence in your own files reveals the following:

- Illegal late-term abortion.
- Negligent or falsified ultrasound report noting an incorrect fetal gestational age.
- Discrepancies in the time-line of care that indicate an unacceptable delay in calling for emergency care.
- The use of an ill-fitting pediatric oxygen mask.
- Malfunctioning elevator that delayed emergency responders and hampered emergency treatment.

Lakisha Wilson was a 22-year old woman who went to Preterm for an elective second-trimester abortion on March 20-21, 2014. She suffered complications to the abortion on March 21, was transported by ambulance to University Hospital Case Medical Center, and was pronounced dead at that facility on March 28, 2014.

Ms. Wilson's organs were donated and an autopsy was performed, based on an *incomplete cadaver*. In addition, the remains of Ms. Wilson's pre-born baby were unavailable for autopsy, having been co-mingled with those of other aborted fetuses at the Preterm facility. This left the coroner to rely solely on Wilson's Preterm medical records for information related to the gestational age of the baby, which was said to have been 19 weeks 4 days at the time of the abortion – just three days short of Ohio's legal abortion limit of 20 weeks.

## Fetal Age Discrepancies

We question the veracity of fetal age notations in Wilson's Preterm medical records.

Preterm actually may have falsified the age of Wilson's fetus to avoid having to conduct viability tests in compliance with the law.

Wilson's medical records indicate that, ultrasound images and measurements of Wilson's baby produced at Preterm dramatically contradicted both a previous ultrasound taken at another facility and the date of her last menstrual period (LMP). [[Exhibit 12](#)]

Pamela _____		PRETERM PHONE REPORT		Appt
Name <u>Lakisha Wilson</u>		Chart # <u>181005</u>		
Age <u>22</u>	Birthdate <u>05/06/91</u>			
Pregnancy Test <input checked="" type="checkbox"/>	LMP <u>10-10</u>	HB <u>✓ morph</u>		
Home Phone ( [REDACTED] )	Alternate ( )			
Referred to Preterm by <u>internet</u>				
Pelvic/Sono Exam on <u>2/27</u>		at <u>Columbus</u>	Size <u>18.4</u>	
1) Taking Medicine		yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	

This screen shot of part of Lakisha Wilson's Preterm abortion record, clearly shows that an ultrasound taken in Columbus on Feb. 27, 2014, placed her pregnancy at 18.4 weeks, possibly 19.4 weeks. This, along with her LMP, placed Wilson at 23 weeks, not 19.4 as Preterm alleged.

Records show that Wilson received an ultrasound at a facility in Columbus, Ohio, on February 27, 2014, showing Wilson's baby to be 18 weeks 4 days of age. However, that notation on her Preterm records appeared to have originally been 19.4 weeks, with the 9 being marked over to appear as an 8.

Written on the Preterm records in her own hand was Wilson's notation that her LMP was October 10, 2013, which would have made her exactly 20 weeks at the time of her first ultrasound on February 27, (closer to the original notation that was written over on her Preterm record). This means Wilson would have been 23 weeks 1 day at the time of her abortion on March 21, 2014.

4. Number of days between periods:	<u>30</u> days
5. Are your periods usually regular?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Last period started on:	<u>10/10/13</u>
It seemed	<input type="checkbox"/> normal <input type="checkbox"/> not normal

Wilson recorded her LMP and noted that her periods were regular, making the LMP more reliable for determining fetal age than if her cycle was irregular.

Preterm's one and only ultrasound examination on March 7, 2014, determined that Wilson was 17 weeks, 4 days pregnant. No other examination was done on her. The conclusion that Wilson was 19 weeks 4 days pregnant at the time of her abortion on March 21 was made simply by adding 2 weeks to her March 7 ultrasound results.

The records further indicate that Preterm's measurement of the Biparietal Diameter of the skull (BPD) that the fetal age was based upon was not done in accordance with accepted ultrasonography standards.

The measurement marks appear on the ultrasound located on page 25 of the Confidential File show that the measurements were taken from the inside of the skull, rather than the outside, which is the accepted standard. It also shows that the measurement was taken at an improper angle across the skull instead directly on opposite edges of the skull at its widest part. This would result in a grossly inaccurate young fetal age determination. [See [Exhibit 13 and 14](#)]

In addition, documented fetal foot measurements and tissue weights indicate a fetus older than 20 weeks and closer to 23 weeks. These measurements are consistent with the LMP and the original February 27, 2014, ultrasound results. [[Exhibit 15 and 16](#)]

Preterm Tissue Report			
Patient Name	<u>LAKISHA WILSON</u>		Chart # <u>191005</u>
LMP	<u>10/10</u>	Gestational Age	<u>19.4</u> (weeks)
<b>Observed:</b>			
fetal tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
placental tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	total tissue weight <u>473</u> gm
gestational sac	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	foot measurement <u>32</u> mm
villi	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
decidua only	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	
small tissue (<11gm)	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	
molar pregnancy	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	
notified: MD _____ Proc. Nurse _____ RR Nurse _____			
Tissue viewed	<input type="checkbox"/>	Tissue not viewed	<input checked="" type="checkbox"/> Reason not viewed
Examiner	<u>[Signature]</u>	Physician	<u>[Signature]</u> Date <u>3-21-14</u>
<small>H:\admin\ORMS\issue report.doc/3/18/2010</small>			

There is a huge discrepancy between 19 weeks and 23 weeks. The latter fetal age would represent a higher-risk procedure than one done at 19 weeks. Risks to abortion increase with each additional week of fetal development.

This is an important point that appears to have been overlooked by the original ODH investigators.



## **Falsification of Fetal Age through Ultrasound Manipulation**

It is a well-documented fact that ultrasound results can be inaccurate if the ultrasound imaging is not done according to standards. In fact, an ultrasound can be made to record just about any fetal age desired.

Falsification of fetal age using manipulated ultrasound images has been documented at abortion facilities.

For example, such deceptive manipulation of ultrasound results was testified to in court in the Pennsylvania criminal prosecution of late-term abortion provider Kermit Gosnell. Steven Massof was a co-defendant of Gosnell's who worked for him as an unlicensed abortion provider. Massof testified against Gosnell as part of a plea bargain agreement. He told the court under oath that falsification of fetal ages via ultrasound manipulation was routinely done at Gosnell's abortion clinic. Illustrating with his hands, he described how the transducer can be lifted slightly or shifted to a different plane to get a lower gestational age reading. [\[Exhibit 17\]](#)

Also, measuring the head from the inside of the skull or on the wrong axis can also produce false fetal ages. As already mentioned, it appears that the BPD for Wilson's baby was wrongly determined using measurements from inside the skull and not on the true diameter, which would result in an inaccurate measurement and faulty age determination.

In addition, Operation Rescue documented in January, 2009, ultrasonic manipulation by a clinic worker at Wichita, Kansas, abortion facility. The worker rendered a false fetal age on a pregnant woman that showed her to be earlier in her pregnancy than she really was. This was after the woman indicated that she thought the first measurements taken that showed an older baby might not be correct. Operation Rescue had the actual age of the volunteer's pregnancy confirmed by two independent ultrasound exams done by reputable providers. [\[Exhibit 18\]](#)

Given the discrepancies already discussed in the Wilson records, an investigation into ultrasound results and technician competency at Preterm are certainly in order.

## **No Viability Testing/Illegal Late-Term Abortion**

There is no evidence in the record that a viability test, required at 20 weeks and later, was ever done by Dr. Perierra or anyone else at Preterm on Wilson's baby.

A recent study published by the National Journal of Medicine shows that many babies can survive outside the womb at 22 weeks gestation and many medical professionals now consider 22 weeks to be the viability benchmark. Certainly at 23 weeks, most consider a pre-born baby to be viable based on the current medical data. [\[Exhibit 19\]](#)

If Wilson was really 23 weeks pregnant with what was clearly a viable baby, her abortion would constitute an illegal late-term procedure.

## Pediatric Oxygen Mask

According to the EMS report included in the ODH files, when the emergency responders were finally able to overcome the delays caused by a faulty elevator at Preterm, they found Lakisha Wilson sprawled on the abortion table with no pulse or respiration. She was wearing a pediatric Bag Valve Mask (BVM) that was unsuitable for an adult female of her size and weight of 5'5" and 134 pounds.

Emergency responders removed the pediatric BVM and replaced it with a properly-sized adult mask.

According to [www.TheEMStore.com](http://www.TheEMStore.com), there is a significant difference in the bag volume between pediatric and adult BVM sizes. Adult bag volume is 1488 ml, while the pediatric bag volume is 665 ml. It is doubtful that bagging Wilson with a pediatric BVM could have provided adequate oxygenation for an adult woman of her size. [\[Exhibit 20\]](#)



Bag Valve Masks showing the difference in size between infant (bottom), child or pediatric, and adult at the top.

<http://www.theemsstore.com/store/product.aspx/productId/337/Allied-Healthcare-Disposable-Oxygen-Bag-Valve-Mask/>

If the oxygen mask did not fit, it would have leaked. Wilson may not have received an adequate supply of oxygen due to a bag that did not push enough air and ill-fitting, leaky face mask. This could have contributed to hypoxia suffered by Wilson.

Notes made by the investigator Beverly Slaggy on 4/4/2014 indicated she spoke with Angel Rucker, RN, Director of Clinical Services concerning the use of a pediatric BVM to oxygenate Wilson. Rucker stated that she spoke with the abortion doctor, Lisa Perriera, who indicated she (Perriera) applied the mask and that it “fit appropriately for proper oxygenation.”

Why did Slaggy accept that answer instead of talking to Perriera herself about it? This third party hearsay begs the question: If the pediatric mask failed to provide adequate oxygenation, it is doubtful if Perriera or Rucker would have admitted it.

## Evidence of Hemorrhage

Wilson began to hemorrhage during her abortion on March 21 and her blood pressure began to drop. Instead of stopping the abortion and tending to her patient, Perierra continued the abortion until Wilson went into hemorrhagic shock, suffered cardiac arrest, and stopped breathing.

Records indicate that the abortion began at 10:31 a.m. and that her blood pressure began to drop dramatically eight minutes into the procedure. By 10:50, Wilson suffered cardiac arrest and stopped breathing. CPR was started and she was shocked once, but those efforts were not successful at restarting her heart or respiration. Nine minutes later, a 911 call for help was placed.

Chart # 10/000 Date 3.21.14

		Procedure Room Anesthesia/Conscious Sedation Record							
Time		1031	1033	1035	1039	1044	1050	1055	1100
IV Fluid		NS	SDO						
Fentanyl cc		4	2						
Versed mg		4							
Ketamine mg									
Diprivan mg									
EKG									
ETC O <sub>2</sub>									
O <sub>2</sub> Sat		100	100	95	92	85	84	71	71
Mask O <sub>2</sub>		3	3	4	6	8	10	15	15
LOC*		0	0	2	4	4	4	4	
	220								
	200								
	180								
	160								
	140								

Handwritten notes on the left side of the table:

- 2.4 1030 IV
- 1.4 1050 IV
- 0.4 1055 IV
- 1055 IV

Handwritten notes on the right side of the table:

- CPR started @ 1050
- 20 shockable rhythms 1055
- shock administered 1105
- 1105

## Faulty Elevator Delays Emergency Care

Preterm conducts abortions in five surgical rooms located on the third floor of the building located at 12000 Shaker Blvd. in Cleveland. Those surgical rooms are accessible by stairs and by an elevator.

However, according to documents now in our possession, the elevator malfunctioned on the day that Ms. Wilson suffered her medical emergency at Preterm. That malfunction delayed the EMTs from accessing the surgical rooms and delayed emergency care to Ms. Wilson, who was not breathing at all when 911 was called and when the EMTs finally were able to get to her.

In addition, the size of the elevator prevented the EMTs from providing advanced life support measures in a timely manner. EMTs were prevented from intubating Ms. Wilson, which must be done in a supine position with the patient strapped to a backboard. They also were not able to reinstall an IV that was apparently pulled out of her arm during the confusion within the small operating room. Instead, EMTs were forced to sit Ms. Wilson up on the gurney in order for it to

fit in the elevator. Once inside the ambulance, EMTs were able to properly intubate Ms. Wilson and reinstall her IV line. [\[Exhibit 21\]](#)

It was only once Wilson was extracted from Preterm's building and loaded into the ambulance that she was able to be intubated and her IV line reinserted.

It is likely that the delay caused by the elevator malfunction and the small size of the elevator contributed to the death of Lakisha Wilson, according to documentation in our possession.

Unfortunately, the Preterm elevator has caused emergency care delays for other patients as well.

According to 911 records obtained by Operation Rescue, on March 31, 2012, (previously mentioned in the list of 11 documented emergencies) an ambulance was called for a 32-year old patient weighing approximately 300 pounds who was hemorrhaging. The woman's estimated blood loss was 600 cc's, or in American measures, over 20 ounces.

However, Preterm's elevator was broken and the Preterm caller had to request additional responders to help carry the woman down from third floor in order to extricate her from the building so she could get the emergency help she needed.

The elevator is unreliable and inadequate in size to assure proper gurney access in the event of a medical emergency. This dangerous situation is well known by Preterm owners and staff as well as the Ohio Department of Health. To allow surgeries to take place at Preterm under these unacceptable conditions poses a clear danger to the public. Not addressing this danger, but continuing to endanger women is gross negligence that we believe rises to the level criminal negligence for Preterm's owners and staff as well as the OHD, which has permitted this unsafe condition to continue knowing the emergency care delays it has caused.

The elevator situation at Preterm is an ongoing problem and local activists frequently see an elevator repair truck parked at Preterm, indicating reliability issues persist.

## **Prayer**

These are very serious allegations related to the unnecessary death of a healthy young woman who was in the later stages of a healthy pregnancy, which we maintain are fully documented by evidence we possess.

In order to protect the public from further harm and for the sake of justice for Lakisha Wilson, we urgently request a full investigation of the eleven documented medical emergencies that have occurred at Preterm and a re-investigation into Wilson's death.

We also seek aggressive prosecutions of those responsible for causing patient injuries and/or death(s), whether they be agents of Preterm, University Hospital Chase Medical Center, or the Ohio Department of Health.

Please keep us informed as to the progress and outcome of matter.

Sincerely,

/s

Cheryl Sullenger  
Senior Vice President  
Operation Rescue

Denise Leipold  
Executive Director  
Right to Life of Northeast Ohio

Molly Smith  
President  
Cleveland Right to Life Education, Inc.

Denver Sallee  
President  
Lake County Right to Life

Jacqui Fetsko  
Executive Director  
Lake County Right to Life

Mark Harrington  
Executive Director  
Created Equal

Mary Lequyea  
President  
Cleveland Prays for Life

Pastor Walter S. Moss  
National Black Pro-Life Coalition

Pastor Ernie Sanders  
Executive Director  
Geauga County Right to Life

Thomas Raddell  
Director  
Life Link

Pastor Roscoe J. Heath  
New Praise Ministries

Diane Stover  
President  
North East Ohio Value Voters

Ed Sitter,  
Executive Director,  
Toledo Right to Life

Cc: Gov. John Kasich  
Attorney General Mike DeWine