

VII. Case Studies
of Late-Term
Abortion Clinics
Exhibits

Exhibit 7.1



Pillsbury Winthrop Shaw Pittman LLP

Deborah B. Baum

May 23, 2016

Confidential
Via Email

The Honorable Marsha Blackburn, Chair
c/o Rachel Collins, Investigative Counsel and Clerk, Majority Staff
Select Investigative Panel on Infant Lives
H2-316 Ford House Office Building
Washington, D.C. 20515

Re: **May 5, 2016 Subpoena to** [REDACTED]

Dear Representative Blackburn:

As counsel for [Abortion Doctor #1], I write regarding the document requests set forth in the schedule (“document requests”) attached to your May 5, 2016 Subpoena (“Subpoena”). In accordance with the agreement between myself and Rachel Collins reached on Friday, May 20, 2016, [Abortion Doctor #1] provides his written responses to the Subpoena today, Monday, May 23, 2016, and will produce responsive documents on a rolling basis through Friday, May 27, 2016. We expect the first tranche of documents to be provided tomorrow. Additionally, while [REDACTED] [Abortion Doctor #1] intends to comply with the Subpoena and assist the Select Investigative Panel on Infant Lives (“Panel”) with its investigation, he asserts the following general and specific objections to the document requests.

As a threshold matter, [Abortion Doctor #1] requests that the information contained in the documents and other materials produced in response to these requests be treated as strictly confidential. I would appreciate written assurances from the Panel as to its commitment to adhere to the requirement that such confidentiality be maintained. Dr. [Abortion Doctor #1] makes this request to protect confidential business, proprietary, and personally identifiable information, the disclosure of which could pose a significant threat to [Abortion Doctor #1] and impede the care and safety of his patients. *See, e.g., Watkins v. United States*, 354 U.S. 178, 200 (1957) (“[T]here is no congressional power to expose for the sake of exposure.”); *Exxon Corp. v. F.T.C.*, 589 F.2d 582, 590-91 (D.C. Cir. 1978) (relying on the presumption that “Congressional committees will act responsibly with confidential data revealed to them”); *United States v. Poindexter*,

698 F. Supp. 300, 304 n.5 (D.D.C. 1988) (“Congress may not, of course, use its investigating power merely to call conduct it does not like to the attention of the public . . .”). Additionally, we request a further discussion regarding the date and location of the deposition, given the very real threats to [Abortion Doctor #1] personal safety and security that are regrettably an ongoing part of his life, and given that the Subpoena identifying the date, time and location of [Abortion Doctor #1] deposition was unfortunately made public in a press release.

[Abortion Doctor #1] does not intend to withhold any pertinent documents solely on the grounds of confidentiality or privilege. However, in addition to the redaction of information protected by the American Health Portability and Accountability Act of 1998 (“HIPAA”), [Abortion Doctor #1] seeks to redact personally identifiable information including names, home addresses, phone numbers, and email addresses, to the extent necessary to protect the privacy, safety, and security of the individuals identified in these documents. This precaution is especially necessary given the heightened risk harassment, violence, intimidation, and harm associated with disclosure of information related to this politically sensitive topic. *See, e.g., Judicial Watch, Inc. v. FDA*, 449 F.3d 141, 153 (D.C. Cir. 2006) (finding that privacy rights of individuals involved in the approval process for a drug used to terminate pregnancy warranted the redaction of identifying information.); *Glenn v. Md. Dep’t of Health & Mental Hygiene*, No. 48, Sept. Term 2015, 2016 WL 690513, at *4 (Md. Feb. 22, 2016) (affirming the state agency’s redaction of identifying information in light of the “history of violence” against providers of abortion services); *Nat’l Abortion Fed’n v. Ctr. for Med. Progress*, No. 15 Civ. 3522, 2016 WL 454082, at *1-2 (N.D. Cal. Feb. 5, 2016) (recognizing the legitimate privacy interests of individuals involved in reproductive health services as well the heightened risk of threats and harm associated with disclosure of identifying information); *Planned Parenthood Gold Gate v. Superior Court*, 83 Cal. App. 4th 347, 358-59 (2000) (holding that the association and privacy rights of Planned Parenthood staff and volunteers outweighed the asserted public interest in disclosure of their identifying information to facilitate civil discovery).

We do not raise these safety concerns lightly. In addition to the murder of Dr. George Tiller in his church in Kansas, there is a well-documented and ongoing threat to individuals involved in or associated with the provision of reproductive health services across the country. *See, e.g., Nat’l Abortion Fed’n v. Ctr. for Med. Progress*, No. 15 Civ. 3522, 2016 WL 454082, at *1-2 (N.D. Cal. Feb. 5, 2016) (acknowledging a “documented” and “dramatic” increase in the threatened and actual injuries inflicted on individuals and entities involved in providing reproductive health services following disclosure). We are particularly concerned insofar as we believe that

organizations linked to Scott Roeder, the convicted murderer of Dr. Tiller¹, have also directly initiated complaints against [Abortion Doctor #1] with the Maryland Board of Physicians. Those complaints reference incidents involving the very same providers of emergency services that the Panel has now also subpoenaed, suggesting strongly that those same individuals may be connected in some way with the Panel's investigation.

As stated in more detail in response to the specific requests below, [Abortion Doctor #1] has never engaged in the donation or sale of fetal tissue, nor has any infant (or fetus of greater than 17 weeks gestation) ever been born alive during any procedure performed by [Abortion Doctor #1]. In light of this information, which we realize was not previously available to the Panel, we fail to see the pertinence of any financial information—personal or otherwise related to the clinics at which [Abortion Doctor #1] works—to the stated purpose of this Panel's investigation.

As a general matter, therefore, [Abortion Doctor #1] objects to the production of any financial information at this time, and respectfully requests that the Panel explain the pertinence of this information to the investigation in light of the information above. *See Watkins v. United States*, 354 U.S. at 214-15 (“Unless the subject matter has been made to appear with undisputable clarity, it is the duty of the investigative body, upon objection of the witness on grounds of pertinency, to state for the record the subject under inquiry at that time and the manner in which the propounded questions are pertinent thereto.”); *United States v. McSurely*, 473 F.2d 1178, 1203-04 (D.C. Cir. 1972) (requiring subpoenas to seek information “pertinent” to the investigation, and holding subpoena power to have been exceeded where inquiry “diverted” into a personal investigation of subpoenaed individual); *Tobin v. United States*, 306 F.2d 270, 275-76 (D.C. Cir. 1962) (holding invalid a congressional subpoena where the “general terms” authorizing the committee's investigation failed to justify the subpoena's request for detailed information such as internal agency communications). Moreover, [Abortion Doctor #1] objects to the document requests to the extent they seek personal tax information. We do not believe that the Panel has authorization to obtain tax information. *Cf.*, 28 U.S.C. Section 6103(f)(3).

Subject to these objections, [Abortion Doctor #1] is attempting to comply fully with the Subpoena and has made his best effort to collect and produce all responsive documents in his possession custody or control. [Abortion Doctor #1] responds to these requests on behalf of himself and the entities in which he has an ownership interest, **NE Clinic** and **website**

¹ “Not a Lone Wolf,” Ms. Magazine, Spring 2010.
<http://www.msmagazine.com/spring2010/lonewolf.asp>

(“ACO”). To the extent the document requests seek information regarding or relating to MD Clinic [Abortion Doctor #1] refers the Panel directly to MD Clinic as the information sought is not in [Abortion Doctor #1] possession, custody, or control. Further, [Abortion Doctor #1] does not act as an agent of MD Clinic [Abortion Doctor #1] reserves the right to amend, supplement, or withdraw these responses as necessary.

Subject to the foregoing general objections, [Abortion Doctor #1] provides the following responses and objections to the specific document requests.

Request 1: A copy of any chart of accounts for [Abortion] or for any entity that provides abortion services and is owned by [Abortion] employs or contracts with [Abortion] accepts volunteer services from [Abortion] or employs any member of [Abortion] family (collectively, [Abortion] entities”), including but not limited to account descriptions from any financial recording system relating to [Abortion] or [Abortion] entities.

[Abortion Doctor #1] objects to this request to the extent it seeks financial information. Financial information is outside the scope of the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15.

Request 2: All accounting documents reflecting for [Abortion] and all [Abortion] entities the trial balance report and trial balance details for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

To the best of [Abortion Doctor #1] knowledge, there are no documents responsive to this request.

Request 3: All documents reflecting [Abortion] and all [Abortion] entities’ statement of revenues (i.e., a breakdown by product or service categories) for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

[Abortion Doctor #1] objects to this request to the extent it seeks financial information. Financial information is outside the scope of the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15.

Request 4: [Abortion] and all [Abortion] entities’ balance sheets for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. Audited statements should be provided, if available.

To the best of [Abortion Doctor #1] knowledge, there are no documents responsive to this request as [Abortion Doctor #1] has not historically created balance sheets.

Request 5: [Abortion Doctor] and all [Abortion D] entities' income statements, including but not limited to any profit and loss statements, statements of operations and statements of activities for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. Audited statements should be provided, if available.

[Abortion Doctor #1] objects to this request to the extent it seeks financial information. Financial information is outside the scope of the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15.

Request 6: Copies of [Abortion Doctor] and all [Abortion D] entities' filed tax returns for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

[Abortion Doctor #1] objects to the production of tax returns. [Abortion Doctor #1] financial information and that of entities he owns is outside the scope the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15.

Request 7: All of [Abortion Doctor] [Abortion Doctor] family members (only if involved in the delivery of abortion services), and all [Abortion D] entities' bank statements from any financial institution where they have maintained an account for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

[Abortion Doctor #1] objects to this request to the extent it seeks financial information. [Abortion Doctor #1] personal financial information and that of his family members and entities is outside the scope of the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how personal financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15. Even if it were pertinent, [Abortion Doctor #1] does not have possession, custody, or control of his family members' financial information (other than that of his wife).

Request 8: Documents Related to Fetal Tissue

Applicable to all subparts: [Abortion Doctor #1] never took part in the donation or sale of fetal tissue. For the sake of transparency and completeness, [Abortion Doctor #1] will provide information related to one genetic counseling research study,

conducted by Natera, Inc., in connection with an IRB, in which blood samples were taken from select mothers and fetuses with swab samples collected from the fathers. NE Clinic was paid the standard stipend paid to other hospitals and medical providers for its time and effort spent collecting the blood and swab samples. Documents related to that study—which did not involve “fetal tissue”—are included in response to the requests below.

- a. All communications and documents [Abortion D] and [Abortion D] entities utilized or currently utilize to obtain patient consent for abortion procedures and/or donation of fetal tissue. (See Instruction ¶3 below regarding HIPAA.)

An example of the standard patient consent form currently being utilized will be produced. Copies of consent forms provided in connection with the Natera, Inc. genetic counseling study will be also produced as available.

- b. All communications and documents sufficient to show the Institutional Review Board (IRB) (as defined by Title 45 of the Code of Federal Regulations, Part 46) approval assurances and compliance for any fetal tissue transferred from [Abortion D] or [Abortion D] entities.

A copy of the IRB approval in connection with the Natera, Inc. genetic counseling study involving donation of blood—not tissue—samples will be produced.

- c. All communications and documents sufficient to show the gestation of the fetal tissue transferred to, from, or by [Abortion D] or any [Abortion D] entities.

No documents responsive to this request exist as no donations or sales of fetal tissue have been made.

- d. All communications and documents, including contracts or written agreements to which [Abortion D] is a party, referring or relating to the procurement of fetal tissue from any [Abortion D] entity.

No documents responsive to this request exist. [Abortion Doctor #1] will produce documents related to the one Natera, Inc. genetic counseling study, which involved the donation of blood—not tissue—samples.

- e. All communications and documents sufficient to show all entities and/or persons to which [Abortion D] or [Abortion D] entities transferred fetal tissue and records of these transfers.

To the best of [Abortion Doctor #1] knowledge, the only instances in which fetal tissue is transported include:

- a. Transfer at the request of law enforcement in connection with an investigation (usually cases of rape and/or incest);
 - b. Transfer to funeral homes at the patient's request for cremation and/or burial purposes; and
 - c. In cases of termination in connection with severe genetic abnormalities, transfer to a medical facility at the request of the patient's physician/genetic counselor for purposes of analyzing potential genetic issues relevant to future pregnancies.
- f. All communications and documents sufficient to show anything of value, including but not limited to money or honorarium, offered to or received by [Abortion D] or [Abortion D] entities from any entity to which fetal tissue was transferred.

No documents or communications exist relative to the donation or sale of fetal tissue. Documents related to the payment of the standard stipend in connection with the participation in the Natera, Inc. study involving blood samples will be produced.

- g. All communications and documents sufficient to show all invoices sent from [Abortion Doc] to any entity, and any payments received by [Abortion Doc] from any entity referring or relating to fetal tissue for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

See response to subparagraph f, above.

- h. All documents reflecting [Abortion Doctor] and [Abortion D] entities' record of costs and expenses associated with fetal tissue acquisition for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. Such records should include a full description of expenses.

No documents responsive to this request exist.

- i. All communications and documents sufficient to show whether any current and former personnel of [Abortion D] entities had responsibilities which include(d) procuring, researching, storing, or packaging for donation, sale, or transport of any fetal tissue.

Any documents responsive to this request will be produced.

- j. All communications and documents sufficient to show the identity of persons or entities that made requests for fetal tissue and the means by which these requests are made.

Any documents responsive to this request will be produced.

Request 9: Documents Related to [Abortion Doctor] Work Schedule

- a. Documents sufficient to show the position and description of job responsibilities for each employee of the [Abortion Doctor] entities.

[Abortion Doctor #1] assumes that this request does not seek the identities of specific individuals. To the extent it does seek the identities of specific individuals, [Abortion Doctor #1] objects to this request. The disclosure of identifying information is not pertinent to this investigation. In addition, the disclosure of such information would infringe on the privacy rights of the individuals identified and likely subject them to harassment, violence, intimidation, or harm. *See, e.g., Judicial Watch, Inc. v. FDA*, 449 F. 3rd 141, 153 (finding privacy interests warranted withholding personal identifying information in the context of a government approval for a drug used to terminate pregnancy because disclosure risked exposing individuals to “abortion related violence”). For these reasons, the names and other personal identifying information of specific employees will be redacted from any documents responsive to this request that are produced.

- b. All communications and documents sufficient to show [Abortion Doctor] schedule, days and hours present, at each [Abortion Doctor] entity for May 1, 2015, through May 1, 2016.

Responsive documents will be produced. [Abortion Doctor #1] does not keep time sheets. [Abortion Doctor #1] will provide schedule sheets for both clinics at which he works, which show days on which procedures were performed, which in turn indicate days on which he was present.

- c. List the number of and type of abortions performed each day by [Abortion Doctor] for May 1, 2015 through May 1, 2016.

A chart detailing information responsive to this request for **NE Clinic** will be produced. To the extent **[Abortion Doctor #1]** provides services at **MD Clinic** as an independent contractor, **MD Clinic** will respond to this request.

- d. All communications and documents sufficient to show any other licensed physicians who were present at **[REDACTED]** **MD Clinic** while **[Abortion D]** performed abortions in 2015 and 2016.

To the best of **[Abortion Doctor #1]** knowledge, there are no documents responsive to this request except to the extent that residents and occasionally another physician may come to the **MD Clinic** for purposes of observation or training.

- e. Medical records of all patients who received services from **MD Clinic** and were subsequently transferred to any hospital. Include all communications and documents sufficient to show the reason for the transfer and the method of transportation used to transport the patient. (See Instruction ¶3 below regarding HIPAA.)

Any documents responsive to this request will be produced.

- f. All communications and documents sufficient to show all emergency numbers given to patients of **MD Clinic**

Any documents responsive to this request will be produced.

Request 10: Licensing and Discipline

- a. Documents sufficient to show all states where **[Abortion DC]** has an active, inactive, or expired medical license.

Any documents responsive to this request will be produced.

- b. All communications and documents sufficient to show all disciplinary actions taken, or threatened, against **[Abortion DC]**

To the best of **[Abortion Doctor #1]** knowledge, no such communications or documents exist as regards disciplinary actions. There have been complaints made, many by employees of Operation Rescue, but none of these complaints has ever resulted in any disciplinary action being taken or threatened to the best of **[Abortion Doctor #1]** knowledge.

- c. All communications and documents sufficient to show medical practice litigation or settlement of any threatened or actual litigation in which [Abortion Doctor #1] or [Abortion Doctor #2] entities are or have been involved.

To the best of [Abortion Doctor #1] knowledge, no such communications or documents exist. [Abortion Doctor #1] has not been involved in any medical practice litigation, threatened or actual.

Request 11: Payment for Abortions

- a. All communications and documents sufficient to show the initial communication made to patients regarding the pricing and method of payment for abortions; all intake forms used for patients to apply for government or private sector financial assistance related to payment for abortions; and all other documents and forms given to patients by [Abortion Doctor #1] or [Abortion Doctor #2] entities related to abortion services or the payment thereof.

Any documents responsive to this request will be produced.

- b. Documents stating, for each abortion performed at MD Clinic any reimbursements from the government or private sector for abortions and related expenses. (See Instruction ¶3 below regarding HIPAA.)

Responsive documents showing limited insurance reimbursements submitted by [Abortion Doctor #1] will be produced. No public funding was received by NE Clinic during the relevant time period.

- c. Documents sufficient to show all information for any account held at a financial institution on behalf of [Abortion Doctor #1] including deposit slips for any cash deposits related to abortions performed at MD Clinic

[Abortion Doctor #1] objects to this request to the extent it seeks [Abortion Doctor #1] personal financial information. [Abortion Doctor #1] personal financial information is outside the scope of the stated purpose of this investigation. [Abortion Doctor #1] respectfully requests that the Panel explain how personal financial information is pertinent to this investigation. *See Watkins v. United States*, 354 U.S. at 214-15. Subject to and without waiving the forgoing objections, [Abortion Doctor #1] states the only compensation he receives for his services performed at MD Clinic is in the form of weekly checks, and such compensation is reflected on 1099 forms each year. [Abortion Doctor #1] does not receive or deposit cash related to any services performed at MD Clinic

Request 12: Born-Alive Investigation and Disposition of Fetal Tissue

- a. All communications and documents stating the MD Clinic policy and procedures for infants born alive during an abortion, including any training provided to staff on how to care for an infant born alive.

Any documents responsive to this request will be produced.

- b. All communications and documents sufficient to show the presence of any equipment that serves infants born alive or persons trained to provide neonatal care for an infant born alive at [Abortion U] entities.

No infant (or fetus of gestation greater than 17 weeks) has ever been born alive in any of [Abortion Doctor #1] procedures. [Abortion Doctor #1] requires an ultrasound establishing lack of a fetal heartbeat before beginning any induction or D&E procedure. All staff members at NE Clinic and MD Clinic have been trained in infant CPR.

- c. All communications and documents sufficient to show the dates on which any child was born alive at [Abortion U] entities, the person(s) who assisted with the care of that child, and the disposition of the child, including any death certificates prepared for that child and any related referrals to a funeral home.

To the best of [Abortion Doctor #1] knowledge, no such communications or documents exist.

- d. All communications and documents about medical disposal, including the name of all companies [Abortion U] and [Abortion U] entities have used and the scheduled pickups of medical waste at [Abortion D] entities.

Any documents responsive to this request will be produced with the name and license number of the entity identified redacted. To the extent the Panel requires the names of the entities identified, [Abortion Doctor #1] respectfully requests that the Panel explain the pertinence of this information. *See Watkins v. United States*, 354 U.S. at 214-15.

Request 13: Staff Training

- a. All communications and documents, whether internal or external, directing the conduct of [Abortion Doctor] staff and the staff at [Abortion U] entities.

Any documents responsive to this request will be produced.
Responsive documents containing personally identifiable information
will have such information redacted.

- b. All communications and documents sufficient to show unlicensed persons who assist with abortions or who perform medical tasks at [Abortion] entities, including any rotating personnel schedule information.

Responsive documents will be produced with respect to medical assistants who (consistent with state law) assist with various tasks not performed by [Abortion Doctor #1] or licensed nurses who work at [NE Clinic] or [MD Clinic]. [Abortion Doctor #1] does not, respectfully, see the pertinence of the names of these individuals to the Panel's investigation and therefore has redacted them. If the Panel wishes to pursue this issue, we respectfully request that the pertinence of the names of those individuals be provided in light of the safety and security concerns surrounding their disclosure.

Please feel free to contact me, Deborah Baum, or Thomas Hill if you have further questions.

Sincerely,



Deborah B. Baum

CC: Thomas Hill

Rachael Collins, Investigative Counsel and Clerk, Majority Staff
Heather Sawyer, Staff Director and General Counsel, Democratic Staff

Exhibit 7.2

AFFIDAVIT OF Confidential Informant

COUNTY OF MONTGOMERY)

Confidential Informant, being duly sworn, deposes and says:

- 1) Since 2011, I have worked in conjunction with Pregnancy Center a pro-life resource and referral center located at Pregnancy Center is located directly across the parking lot, within direct sight of the office of a late-term abortionist, [Abortion Doctor #1] office, MD Clinic is located at I independently coordinate a team of 12 “sidewalk counselors” who have recorded details of [Abortion Doctor #1] abortion practice for five years with the help of Pregnancy Center. My testimony is based on hundreds of conversations that I and the other “sidewalk counselors” have had with women seeking third-trimester abortions at [Abortion Doctor #1]’s office.
- 2) I would like to challenge two prevalent beliefs about third-trimester abortions. The first is that they are necessary to save the lives of mothers. The second is that they are primarily done on babies who have either prenatal diagnoses incompatible with life or devastating anomalies.
- 3) Many of the 3rd-trimester abortions are elective—for example, the 15-year-old girl who was 29 weeks pregnant and had no compelling maternal or fetal indication for the abortion in December of 2012. Rarely do we hear that a woman has come there for a “life-saving” abortion. Here are some of the situations behind the three-to-four-day post-viability abortions that we’ve witnessed:
 - A 13-year-old was 25 weeks pregnant, and her mother told us that she was “too young to be a grandma.” We have seen young girls far advanced in their pregnancy, dragged in by the arm, sometimes in tears, by parents.
 - One of the most frequent reasons is that women already have “too many” children, suggesting that late-term abortions are being utilized for birth control.
 - Many women 25+ weeks pregnant tell us, “it’s just not the right *time* to have a baby” due to work or school schedules.
 - Young girls are brought in by older men clearly not related to them (different ethnicities), raising suspicions of illicit activities.
 - Relationship issues: One couple had broken up and neither wanted the baby, so the 3rd-trimester baby was aborted. Another young mother from North Carolina found out that the father of the baby cheated on her and thus made an appointment. Still another couple had three children together, but she was pregnant with another man’s baby.
 - Down Syndrome, both with and without comorbid conditions.
- 4) In the almost six years that [Abortion Doctor #1] has been in Maryland we have recorded over 40

such post-viability abortions being done for trivial reasons having nothing to do with the health or life of either mother or baby. These examples represent a thumbnail sketch of the women procuring late-term abortions in [MD Clinic] and they are disturbing considering that these babies would likely survive if they were delivered, not aborted at this stage.

- 5) Often parents of babies with poor prenatal diagnoses have been told by the doctors that an abortion is their only choice. Most of these parents are unaware that there are waiting lists of families who will adopt medically fragile babies, and we suggest they consider this adoption option or seek support from one of the nationwide groups listed at PerinatalHospice.org for parents in their difficult situation. Conversations happen on the sidewalk about the value of accompanying their baby through the suffering, and warnings are issued about false positive test results. Even the pro-life doctors can give a wrong prognosis, and sometimes babies survive with very little medical or surgical intervention when death has been predicted. Please see the story and video of Baby Javier on [website] for one such illustration.
- 6) Post-viability abortions are a significant percentage of the abortions done at [MD Clinic]: approximately 45% from our observations. Each year women come from over 25 states, Canada, and Europe for these late-term abortions, and yet, with a little encouragement from our sidewalk counselors, 367 women have changed their minds, deciding to deliver their babies. This is over a 10% turn around rate. This vital statistic points to the fact that these abortions are neither lifesaving nor critical to women's health in many cases.
- 7) Concerns about the dangers of the 3rd-trimester abortions done by [Abortion Doctor #1] had simmered since his December 2010 arrival in Maryland. These worries materialized and skyrocketed in February 2013 when patient [redacted] died less than 24 hours after the abortion of her 33-week baby by [Abortion Doctor #1]. Since that day, nine ambulances have rushed women to nearby hospitals for emergency, and in some cases lifesaving, treatment. Five of the nine [MD Clinic] ambulance runs have occurred within the last calendar year, presenting a clear uptick in the frequency of mothers suffering medical crises at [Abortion Doctor #1] hands. We know of two additional women who were hospitalized indirectly after abortions at his [MD Clinic] within the last two years.
- 8) This is an alarming pattern for a self-proclaimed "expert in gynecology and the termination of pregnancies," and it has been illuminated by the recent filing of a medical malpractice lawsuit against [Abortion Doctor #1] by [redacted]. She was hospitalized in January 2016 after hemorrhaging in [Abortion Doctor #1] office post-abortively. [Abortion Doctor #1] had perforated the entire right side of her uterus, nicked the uterine artery, damaged her ovary (necessitating removal), and tore the mesentery supporting the colon. She spent 7 out of 11 days in the ICU and has been left with extensive internal scarring, severe, recurrent pain, and significant risk of infertility. [redacted] and the other 11 hospitalized patients of [Abortion Doctor #1] represent the tip of the iceberg, according to medical experts who are certain that the number of injuries resulting from late-term abortions is much higher than the public will

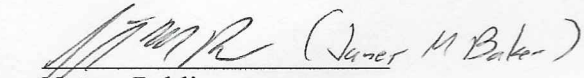
ever know.

- 9) I usually find from my conversations that the medical community is surprised that these late, 3rd-trimester abortions are legal, much less that they happen regularly and for such mundane reasons. This truth about 3rd-Trimester abortions as seen here in Maryland is shocking. After five years, as we watch women well into their 3rd trimester waddle into [Abortion Doctor #1] office, we still shake our heads and wonder, "How can this possibly be legal?"

Dated: [REDACTED] Maryland
December 3, 2016

Confidential Informant

Sworn to before me this
3rd day of December, 2016


Notary Public

My commission expires November 1, 2020



Exhibit 7.3

[REDACTED] M.D., M.P.H., Ph.D.

DIPLOMATE, AMERICAN BOARD OF PREVENTIVE MEDICINE
FELLOW, AMERICAN COLLEGE OF PREVENTIVE MEDICINE

11 16 2016

Honorable Marsha Blackburn
Chairman
Select Investigative Panel on Infant Lives
Of the Committee on Energy and Commerce
House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515-6115

Representative Blackburn:

This is in response to your letter of November 2, 2016 addressed to [REDACTED].
[REDACTED].” That is me, but to you, I am “[REDACTED] M.D., M.P.H., Ph.D.”

Your decision to deny my professional identity as a physician at the very beginning of your letter displays your intention to denigrate and to disparage my legitimate status as a medical professional in order to further your partisan goals in the matter addressed by your letter.

During the past century, we have had tragic experience with the tactics of totalitarian governments that begin their assertion of discriminatory power by first denying the legitimate identity and status of individuals for political purposes. Your intentional omission of my professional and academic credentials has an ominous echo in the past. Either that, or it just displays your ignorance and lack of basic courtesy. I think it is all of the above.

In the first paragraph of your letter, you refer to “second and third trimester abortionists.” What is a “second and third trimester abortionist?” Please define these terms for me. Why do you address such a letter to me? I am a physician. Throughout my professional life as a physician, I have devoted myself to treating and to helping women not only in the United States but throughout the Western hemisphere, often without compensation.

The term “abortionist” is a vicious, despicable, anti-abortion propaganda term intended to slander the person to whom it is applied. Your use of this grotesque term clearly displays your sectarian and punitive purposes, which are the opposite of any attempt to find truth, but rather to punish those you don’t understand.

Your clear and unabashed purpose is to obstruct women seeking abortions, to control their lives, and to crush physicians who help them. You are using the coercive power of the State to impose your own religious and partisan beliefs upon those who do not share them. This is the antithesis of American society and constitutional democracy. We fought the American Revolution to rid ourselves of this oppressive, pestilential and authoritarian practice. Did you know that? Look it up.

The premises of your demands of records from me are:

- a) I am trafficking in fetal tissue and that I have contracts for this.
- b) Babies are born alive at my office.
- c) That I sell fetal parts for money.
- d) That I have committed crimes in my activities helping my patients, and
- e) The confidential medical records of my patients are public records available for your obsessive prurient review.

All of these outrageous and preposterous assumptions are patently false.

Nothing that happens in my office is relevant to your "investigation," a term which, in this context, is simply a euphemism for "persecution."

There have been legitimate requests for fetal tissue from my patients by law enforcement authorities, who are seeking to prosecute individuals who committed crimes against those patients such as rape, incest, or child sexual abuse. We comply readily with these requests as a matter of social justice, professional courtesy and legal necessity. There is no charge for this service, performance of which I consider to be in the public interest.

From time to time a patient terminating a pregnancy in my office for reasons of catastrophic fetal abnormality requests that we send fetal tissue to a specialized laboratory for study to determine accurately the cause of the fetal abnormality. On these occasions, we receive no money from anyone in filling these requests. To the contrary, there are costs that we personally absorb.

Fetal tissue research has been conducted in medical laboratories for decades, and this has resulted in medical progress helping millions of people. Your vicious, mindless attacks on this research and those who have assisted with it betray your medieval, ignorant, anti-scientific attitudes that present a real and present danger to our society.

Your unfounded fantasy that there are babies born alive in my office is itself anti-abortion pornography. It does not happen. My patients request my assistance in helping them terminate a pregnancy safely so that a live birth does not occur, and there are no exceptions to this outcome. Your demand displays a total ignorance of the medical and surgical procedures that take place in my office and in other clinic or hospital-based abortion services. Your demand is calculated to impugn and otherwise slander the professional reputation of physicians, such as myself, who are helping women manage an acute medical and emotional crisis that affects their lives in the most profound way. You make this situation more unbearably worse for them by your "investigation" that is not only cruel but ignorant as well. The fact that you are doing this for crass political purposes and partisan advantage is abhorrent.

Many of my patients request my assistance in terminating a desired pregnancy for reasons of catastrophic fetal abnormality that causes great pain and anguish for the woman and her family. Your insistence on making a political spectacle of this activity and holding physicians like me up for public humiliation is cruel and unconscionable. It is inhuman.

You surely must have better and more constructive legislative tasks to perform. Your pathological obsession with this matter is alarming. You cannot be oblivious to the fact that a clear majority of Americans believe in a woman's right to choose abortion under safe conditions performed by qualified practitioners. A large proportion of pregnancies in this country are terminated by safe abortion, saving many women from the horrible deaths that occurred before abortion was legal in the United States. It is one of the great public health success stories of the past century. You and your Republican colleagues would force women back to the humiliation, fear, and suffering of back-alley abortions. You should be ashamed.

You and your Republican colleagues oppose the availability of safe abortion. Yet it is a matter of record that, in your fanatical zeal to control women's reproductive lives in every respect and restrict their most personal freedom, you also oppose the free, ready and available access to safe and effective contraception. The \$1.59 million dollars that you are spending for this fraudulent "investigation" would pay for nearly 2,000 young women to have safe and effective long-acting contraception (LARC) that would prevent unwanted pregnancies. Even the most obtuse can see that such access would dramatically and immediately reduce the number of abortions. Your blindness to this, and your hypocrisy and political cynicism, is appalling.

The vast majority of the people in this world live in countries where abortion is permitted. Safe abortion services and effective contraception are fundamental and essential components of women's health services. You and your Republican colleagues would put us behind all other modern nations in women's health care.

I am determined to give my patients the safest possible medical care in a humane and dignified environment that supports their emotional and social needs to the fullest extent possible. I have a superior staff of nurses, counselors, and other health professionals who are dedicated to help these women and their families. Your sordid exploitation of this activity for political purposes places all of us – patients, physicians, and all members of my staff – at risk of violent retaliation by anti-abortion fanatics. You know this. This is not some paranoid fantasy. A number of physicians specializing in abortion services have been assassinated, on at least one occasion in the physician's church, and numerous other people, including an off-duty police officer and one physician's bodyguard, have been murdered in cold blood by anti-abortion fanatics, each assassin a so-called "peaceful" anti-abortion protester up until the moment of the murder.

When is the last time you ever spoke out and condemned these senseless and spineless murders?

You and your Republican Party are vigorously allied with a violent terrorist movement that threatens the lives of women, their families, and health care workers. As part of this sham "investigation," your letter to me and letters to other physicians constitute a program of target identification for anti-abortion assassins. You can deny this, but it is a fact.

Your "investigation" is legislative harassment that endangers our lives. The blood of any of us who are assassinated is on your hands.

In fact, your Select Investigative Panel is a callous, delusional witch hunt that is very much in the tradition of Republican abuse of power most hideously exemplified by Joseph McCarthy sixty-five years ago in his rampage of destruction of lives and reputations. Your Republican contemporaries in the House of Representatives waste millions of taxpayer dollars on these destructive and pointless "investigations" of their political opponents. You pick on women, particularly poor women, and doctors. Everyone knows that women of means will always be able to obtain abortions. What a shameless coward you are.

Your despicable "investigation" is in the historical tradition also of the witch hunts of medieval Europe and colonial America, the Spanish Inquisition, and

other faith-based government programs of sectarian persecution. You will join them and Joe McCarthy in the history of the darkest of times in our Nation's past. It is also in the disgraceful Republican tradition over the past forty years of exploiting the abortion issue and the lives and anguish of women in order to gain political power.

You have succeeded. You now have, with total Republican control of all three branches of the federal government, your Supreme Republican, Donald J. Trump, who has all the instincts and characteristics of a brutal fascist dictator. You have given him unrestrained total power. The rest of us will live in fear under his authoritarian regime.

In your letter, you state that you are including instructions for preparation of the documents that you demand. There are no such instructions. In any case, your demands are unreasonable and outrageous.

Last, to comply with any such instruction would be in violation of my Fifth Amendment rights under the United States Constitution and a breach of confidentiality of my doctor-patient privilege.

Sincerely,

[REDACTED]

[REDACTED] M.D., M.P.H., Ph.D.

Cc: Hon. Jan Schakowsky, Ranking Member, Select Investigative Panel of the
Committee on Energy and Commerce

Hon. Fred Upton, Chairman, Committee on Energy and Commerce,
U.S. House of Representatives

Hon. Paul Ryan, Speaker of the U.S. House of Representatives

Exhibit 7.4

AFFIDAVIT OF [REDACTED]

STATE OF TEXAS

[REDACTED]

)
) ss.:
)

[REDACTED] being duly sworn, deposes and says:

1) At various times between 1996 and 2011, I was employed by [REDACTED] which is currently located at [REDACTED]. For most of my employment, I assisted [REDACTED] in the operating room, in which capacity I had an extensive opportunity to witness his performance of the abortion procedure.

2) During a typical week with a full patient load, by my general estimate, [REDACTED] would perform abortions at 20 or more weeks gestation, i.e., later in the second trimester or in the third trimester, on approximately 40 patients.

3) Of that number, approximately three or four infants would show signs of life. This typically happened when infants were extracted from the cervix in a breech position. At times, the infant would slide completely out because of the extent of the dilation caused by the laminaria administered to patients. In all such cases, [REDACTED] would terminate their lives. The signs of life they exhibited would include movement of the stomach as the infant breathed or movement of the toes or fingers.

4) Methods that [REDACTED] used to terminate the lives of these infants included snipping the infant's spinal cord with scissors; cutting the neck with Sopher forceps or similar instruments; twisting the infant's head; using forceps, other instruments, or his finger to crush the "soft spot" of the infant's head, or crushing it by the same means through its stomach; or inserting his finger down its throat. If the infant's cranium was coming out first, he would usually use his index finger to puncture its head, but if it was coming out feet first, he would instead insert an instrument in the back of the infant's head.

5) Of the three to four infants terminated in a typical week by [REDACTED] while showing signs of life, on average, approximately one or two would be put to death after they had left the birth canal entirely. The balance were terminated while they were partially out of the birth canal. In no case did I ever observe [REDACTED] make an attempt to keep alive or resuscitate any infant who showed any signs of life or to direct anyone else to do so.

6) [REDACTED] performed numerous abortions during the third trimester in cases that did not involve any serious threats to the mother's or the infant's health. Exhibits A, B, C, and D are photographs taken in 2012 in the sterilization room at the [REDACTED]

[REDACTED] They depict one or more infants who died at the hands of [REDACTED] during or following the abortion procedure. It is clear from their appearance they are in the third trimester. I was not working at the clinic or present in the room when these photographs were taken, but I recognize a co-worker of mine in [REDACTED] office [REDACTED] as the medical assistant holding the infant's remains in Exhibits A and B. Exhibits A and B depict an infant that was delivered feet first before it was terminated. The tears around the neck visible in Exhibit A are inconsistent with a termination done while the infant was entirely inside the uterus. Similarly, Exhibits C and D depict an infant that appears from the tears in the neck line to have been terminated while its body, except possibly for the cranium, would have been extracted from the uterus.

7) During my employment, it also came to my attention that [REDACTED] would falsify ultrasound readings to misrepresent the gestational age of the fetus. Some sonograms would be falsified to overstate the gestational age of the fetus in order to overbill customers. In other cases, sonograms would be falsified to conceal the advanced gestational age of the fetus beyond the legal limit in Texas. I have witnessed this happen in cases involving fetuses as old as 28 weeks. [REDACTED] would typically tell his ultrasound technician in cases involving fetuses

beyond a certain gestational age to allow him to perform the ultrasound himself; he would then bring the patient an ultrasound picture showing another fetus at the gestational age he was misrepresenting to the patient.

8) On two occasions that I witnessed, [REDACTED] failed to inform a patient she was pregnant with twins.

9) [REDACTED] would regularly make use of pre-drawn medicine, including Demerol and Nubain, without properly logging or storing it. This included improperly storing medicine in a food refrigerator. On one occasion, [REDACTED] concealed these practices during an inspection from the [REDACTED] Public Health office by having a nurse put pre-drawn medicine in basins, which she hid in the trunk of her car while the inspector was present.

10) While he did use a nurse anesthetist for deep sedations, in the operating room at [REDACTED] [REDACTED] usually did not keep a registered nurse on site in the recovery room at his clinics, as he was required. That left unqualified workers to draw and administer drugs. [REDACTED] would hire a registered nurse from a temp agency for a few days at a time when he anticipated government inspections so that inspectors could be deceived as to his compliance with this requirement.

11) [REDACTED] would regularly fail to observe proper sterilization procedures. This included the doctor's habitual reuse of a bottle of Betadine, which is used for cleaning prior to the procedure, that was not cleaned or stored, and which he handled with his gloved hand for patient after patient when going inside the cervix. Additionally, after removing instruments such as Hawkins-Ambler's dilators and Bierer and Sopher forceps from sterile packages, he would place unused instruments back in the sterile package to use on other patients. He often would do so wearing gloves that he did not change between seeing one patient and another, or between trips to the restroom.

12) Instruments in [REDACTED] clinic were not regularly soaked in sterilizing solutions as they needed to be for specified periods of time in order to be sterile. The exception to this occurred prior to government inspections. The vast majority of the doctor's assistants in the sterilization room were uninformed on proper methods of sterilization. In order to reduce his costs, [REDACTED] also habitually disposed of biohazardous waste in standard garbage bags instead of sterile bags required for such waste.

Dated: [REDACTED] Texas
December 5, 2016

[REDACTED]

Sworn to before me this
5th day of December, 2016


Notary Public

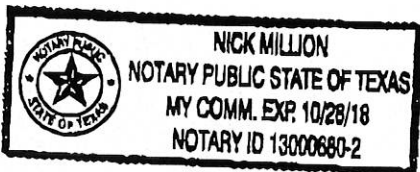


EXHIBIT A



EXHIBIT B



EXHIBIT C



EXHIBIT D



Exhibit 7.5

AFFIDAVIT OF [REDACTED]

STATE OF TEXAS)
) ss.:
 [REDACTED])

[REDACTED] being duly sworn, deposes and says:

1) Between November 2010 and October 2012, I was employed as an office administrator at [REDACTED]; and at the [REDACTED]

[REDACTED] In this capacity, I assisted [REDACTED] with various administrative tasks, including the processing of patient forms, and became familiar with many of his practices as an abortion provider.

2) Although my work did not include assisting [REDACTED] in the rooms where abortions took place, I am aware that he performed a high volume of second- and third-trimester abortions. I was informed by my coworkers that numerous infants aborted by [REDACTED] would display signs of life after they were extracted from the uterus. In all such cases, whether the infant was partially extracted or whether it was entirely out of the woman's body, the doctor would terminate their lives. To my knowledge [REDACTED] never attempted to preserve the life of any infant who showed signs of life, and no infant born to a woman procuring an abortion at either facility where I worked ever left the facility alive.

3) Exhibits A, B, C, and D are photographs taken on July 26, 2012, in the sterilization room at the [REDACTED]. They depict one or more infants who died at the hands of [REDACTED] during or following the abortion procedure. These photos were given to me by a coworker, [REDACTED] who was then employed as a medical assistant to [REDACTED]. Her hands are visible holding the infant's remains in Exhibits A, B, C, and D.

4) During my employment, I learned that [REDACTED] would falsify ultrasound readings to misrepresent the gestational age of the fetus. Some sonograms would be falsified to overstate the gestational age of the fetus in order to overbill customers. In other cases, sonograms would be falsified to conceal the advanced gestational age of the fetus beyond the legal limit in Texas.

5) [REDACTED] would regularly make use of pre-drawn medicine without properly logging or storing it. This included improperly storing medicine in a food refrigerator. On one occasion, [REDACTED] concealed these practices during an inspection from the [REDACTED] Public Health office by having a nurse put pre-drawn medicine in basins, which she hid in the trunk of her car while the inspector was present.

6) Except for a nurse anesthetist he used in the operating room at [REDACTED] [REDACTED] usually did not keep a registered nurse on site in the recovery room at his clinics, as he was required. That left unqualified workers to draw and administer drugs. I recall only one employee besides the nurse anesthetist who was described as having nursing qualifications: [REDACTED] who was described by some coworkers as an LVN, though I do not know whether she in fact was certified as an LVN. To my knowledge, [REDACTED] worked at the [REDACTED] only once a week and never at [REDACTED]

Dated: [REDACTED] Texas
December 5th, 2016

[REDACTED]

Sworn to before me this
6th day of December, 2016

Bridget Perez
Notary Public

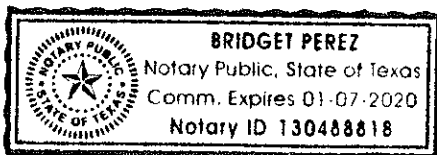


EXHIBIT A



EXHIBIT B



EXHIBIT C



EXHIBIT D



Exhibit 7.6

November 23, 2012

My name is [Employee #4] I am employed by [redacted] and the [redacted] both located in [redacted] Texas. My reason for coming forth with this statement is as is. I have worked for this employer for several years off and on. I am recently in the process of searching for a new job and I am afraid to leave this employer solely because I need the income, although my hours have been less than a normal parttime and not to mention the gas that I consume driving to work, its probably not worth the time and gas.

In the past years I have always been aware of many things that this employer does that is probably not consider professional. I recently witnessed a young lady who had an abortion which went terribly bad. The doctor had perforated the ladies uterus or possible fibroids and tried vigorously to patch the patient up, but the stitches were not holding.. Has I attempted to console and explain to the patient what had happened, I was instructed not to do so. This was a turning point for me, I put myself in that womans place and/or what if it were my child. Or what if that patient would have died on that table. Patients name is [redacted] and spoke no english.

On another patient that was referred to us by UTMB, was [redacted] who was seeking an abortion in her 24th week of gestation. I believe she might have had some experience in the medical field because she stated that she was disgusted with all the HIPPA violations and the rudeness of the staff. Mentioned that the doctor was rude and had judged her by the intake of medications she was on. She also stated that she would be filing a complaint against the clinic.

Its true, all HIPPA policies are ignored there is no privacy for patients. Staff members call women by names and ultra sound tech will shout out how many weeks to charge for from across the room.

Then there have been patients that have paid for the abortion pill and is presented a form giving her the details stating that if the pill is not effective then a DNC will be a last resort, for the same price the patient has already paid, the form does not state an increase of price. On one occasion the patient returned still pregnant and was told that she would have to have a DNC. The clinic charged her 175.00 extra on top of the price of the pill.

Ultra sounds are being tampered with to look older in age and patients are being charged more. Patients are being charged on top of procedure prices if they have had C-section, if they are heavy set, if they take some type of medications ect..... In the pass he has done procedures way over legal age, and has exaggerated the fees. Patient are not even given the options to listen to the fetal heart beat, I have never even seen the doppler for it.

There are no sterile techniques practiced during any session of the day, doctor uses same sterile gloves after surgery to grab instruments, spray bottles of solution either to wipe floor or to spray patients uterus, and then same glove to massage patients uterus. A paper gown that is worn is never disposed of unless soiled so his and staffs gowns are not changed with each patient. Seems like a a lot of cross contamination going on.

This man is also collecting collateral from patients who do not have enough money to pay at the time of surgery. From jewelery to car titles have been a method of his collateral.

He is digusted with overweight women and he makes sure that they are charged extra calling it BMI (BODY MASS INDEX). He named it because when he was a member of NAF, they made it clear that he could not tell patients that because they were overweight he had to charge them more. So he gave it a so called medical name

I am a single parent trying to make ends meet and the reduction of hours have been over whelming. Some days I am called and told not to come in. Between the two clinics it has become hard to keep gas in my vehicle with the amount of hours that I am being allowed to work.

Although I feel that I am doing the right thing by making this statement I cant help but to feel scared of him, I have seen the lies he has pinned on other employees to the unemployment burea who he has either terminated or have quit. I am just so fed up with his selfishness and he walks around degrading women, women who have allowed him to make a living. To treat employees and patient like this is just un ethical.

If you should have any questions, my contact information is listed below.

Sincerely,

[Employee #4]



Exhibit 7.7

Affidavit of [Patient #1]

in the case of [redacted] & [redacted]

[Patient #1]

Submitted in Confidentiality to the:

Office of the Attorney General
Robert Allen, Deputy Chief of Staff
PO Box 12548
Austin, TX 78711-2548

Texas Medical Board
Investigations Department, MC-263
PO Box 2018
Austin, TX 78768-2018

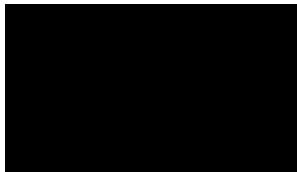
Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Harris County District Attorney
Mike Anderson
1201 Franklin Street, Suite 600
Houston, Texas 77002-1923

Houston Police Department
Lieutenant Richard Kleczynski
1200 Travis
Houston, TX 77002

Declaration of Fact

[Patient #1] Affiant



I, [Patient #1] being of sound mind and judgment, do hereby make the following declaration of fact, complaint, and allegations of criminal behavior against [Abortion Doctor #3]

I am a 40-year-old mother of two. In 2002 and 2006, I received abortions from [Abortion Doctor #3] at the [redacted] during which procedures I witnessed and was the victim of unprofessional conduct, abusive treatment, and legal violations.

These experiences are my secret shame, and I request that my identity remain confidential.

Experience #1:

On November 20, 2002, I was 24 to 25 weeks pregnant. I was terrified. The longer I took to get the money together, the more expensive the procedure became.

I went into the office of [redacted] I was shaking and worried that I was too far along. The girl doing my ultrasound told me that "ultrasounds can be manipulated." The clinic determined me to be 23 weeks. They would require \$1400 for the abortion procedure.

The first day, [Abortion Doctor #3] inserted laminaria without anesthesia. He was very rough and vulgar to me. I paid extra for deep anesthesia for the next two days, feeling violated.

The clinic told me to be back tomorrow, early. I drove home, which is an hour and a half from the clinic, and cramped all night.

The next morning, I returned and was given an IV and meds by his employees. A patient assistant started my IV, and I was out cold. I woke up shivering in a recliner.

I had heard the girls speak of the size of my baby and I saw the bag.

I drove home with antibiotics and was sick and bleeding for weeks. I was so pro-choice that I was grateful to [Abortion Doctor #3] I vowed never to go through that experience again.

Experience #2:

In January of 2006, I felt incredibly ill. Married, two kids, and the recession had hit us hard.

I was 14 weeks pregnant when I went to an abortion clinic. The woman who was doing the ultrasound stopped and said, "This is twins! In separate sacs, but twins!"

I'm an identical twin, so that was very meaningful to me. I started to cry.

They took me to a room and gave me twilight sedation. The doctor came in and began. Then he stopped and said, "Do you know you have a huge cyst?"

I said, "No."

He told me he was going to back off, and the procedure was way too dangerous.

I numbly got dressed and the staff told me that no doctor should touch me.

I began to research and found out that ambulatory clinics had come into play, and [redacted] had only one: [redacted] I shuddered and called. By now I was 18 weeks pregnant.

They didn't care about the cyst or twins. They didn't care that I had two previous C-sections and a late-term abortion. They would see me.

I went back to the clinic. Women were everywhere. I received almost zero counseling. They told me my price was \$2200. They pushed anesthesia on me, saying the pain of laminaria was excruciating.

They took me back to a filthy room, where I got sedated and lammed. Before I went under, [Abortion Doctor #3] slapped my thigh and said I was a thick girl.

I was told I needed to bring more money because of all the complications. Again I went home, over an hour and a half from the clinic.

Cramping in pain, the next day I returned to the ambulatory center. They took more money from me because I had to pawn valuables to meet the price. The employees put me in another chair, and started my IV.

There were so many visibly pregnant girls in chair after chair. I was scared, and having flashbacks. They took me to the back.

I said I was scared and needed a ride home. They told me to "shut up and lay back." Something went over my face and I was out cold.

I woke up with [Abortion Doctor #3] beside me. I looked at the clock. Way too much time had passed. [Abortion Doctor #3] said, "You had us worried!" He said that I had "scared them." Apparently, I was overdosed and began to seize and vomit.

No one called for help and they still aborted the twins. My whole body ached and I was covered in blood and vomit. [Abortion Doctor #3] told me that my throat would hurt.

I stood up. Fluids and blood gushed out everywhere. They gave me my clothes, some pads, and told me I could go.

I was so high, I drove over a concrete barrier and the security guard had to help me. I also believe I was in shock.

I fell into a deep depression. When I saw the clinic workers who had helped me on video, it all came rushing back. Those women are so brave and I want to be that brave. It is my deepest secret shame.

Allegations:

As a two-time patient and eyewitness of [Abortion Doctor #3] barbaric practices, I make the following allegations of illegal activity on the part of [Abortion Doctor #3] and the [REDACTED]:

- 1) Illegal late-term abortions
- 2) Sexual abuse of patients
- 3) Violation of informed consent law
- 4) Administration of IV's and controlled substances by unlicensed employees
- 5) Overdosing patients
- 6) Improper sedation techniques
- 7) Complete sedation of patients to the point of unconsciousness without patient consent
- 8) Extortion
- 9) Unsanitary conditions
- 10) Improper disposal of fetal remains

I am willing to testify, if the case reaches that point; however, I do have children and request that my anonymity be protected.

Prayer

In light of the serious nature of these allegations and the imminent danger that [Abortion Doctor #3] and the [redacted] present to public safety and women's health in Texas, I hereby request the emergency suspension of [Abortion Doctor #3]'s medical license and [redacted] abortion facility license pending a complete investigation of the criminal behavior and legal violations alleged in this document.

I further request that upon the finding of such violations, the Texas Medical Board, Texas Department of State Health Services, [redacted] District Attorney, [redacted] Police Department or other appropriate state agency duly prosecute [Abortion Doctor #3] and the [redacted] to the fullest extent of the law.

Signed,

[Patient #1]

Name

6-17-13
Date

Gail Dempsey
6-17-13

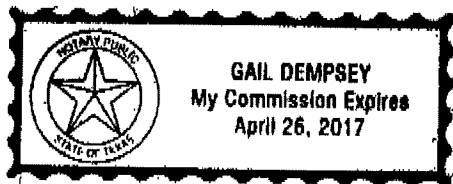


Exhibit 7.8

Statement of [REDACTED] in support of Complaint against [REDACTED], D.O., April 26, 2010

I am writing this statement hoping that you will take swift action on this complaint and bring a very dishonest man to justice. I understand that state inspectors job is to visit different clinics and to make sure clinics are in compliance with the state rules and regulations.

I was employed until last month by [REDACTED]. My name is [REDACTED] and I wish to file a complaint against [REDACTED] and his facilities, including [REDACTED]. I know that you are probably wondering why I feel I should report this now, after the years I have worked with him. I have witnessed so many wrong things and discrepancies that I feel that patients and employees have suffered way to long.

Please don't think I am being vengeful in any way. I am simply very upset that [REDACTED] utilizes employees and then when he is done with them he treats them badly. I have been wanting to bring it to someone's attention for years but I was scared that I would end up jobless and no one would believe me.

I have seen state inspectors on numerous occasions at both clinics that are owned by [REDACTED]. I have witnessed the way everyone on staff runs to cover up lab logs or sterilization logs to hide them from the inspectors. I am sure that there are many clinics that might do the same, but my concern is the patients and employees like myself.

For years doctor [REDACTED] has managed to keep his staff very small, meaning that he has never kept an LVN on site at his [REDACTED] location. I have also seen [REDACTED] the so-called LVN, run in on short notice to the clinic to pose as if she were the LVN in charge at the [REDACTED] location when the inspectors come visit. [REDACTED] is only employed at the [REDACTED] location and only works three days, usually Tuesdays, Wednesdays, and Thursdays. I have seen charts being transferred from one clinic to another by [REDACTED]. She sign off on charts posing as the LVN at the [REDACTED] location, where she does not work. On several occasion her son, [REDACTED] has also transported these charts to her home.

It is my information that [REDACTED] lost her license a few months back due to financial issues, yet she is still signing off on [REDACTED]'s patient charts as an LVN. As far as having an RN present through hours at the surgical center, he refuses to hire an RN. In fact he hurried up and called the temp agency to send him an RN when the state inspector showed up unannounced. He did hire a very impressionable young RN who was promised a certain amount of hours, turns out the promise was not kept and [REDACTED] felt threaten by her and gave the poor girl a hard time, she also did not like the way patients were treat. She ended up quitting and applying for unemployment and what was so unusual he did not try to appeal the claim, because he knew that she would put up

a fight and she would go further with her claim and complain against him. We later found out that she applied for unemployment and did receive it.

There are so many horrible discrepancies at this clinic I just don't know in what order to present them. The sterilization room is a mess. First of all, he has asked staff to reuse the same paper used to autoclave instruments. The instruments are never soaked the proper way. None of the medical assistants are knowledgeable about how and why instruments are soaked in solutions. The young assistant that resigned a few months ago was maybe the only one who knew the correct procedure and that was because the state inspector taught her.

[REDACTED] would often engage in horseplay. Once he said, "Yeah, I bet you have never had a man with this physic," and he would display his muscles. I had witnessed his horse play on several occasion but I did not really take it serious until my co-worker began to ask me to stay late with her attending evening clinic because she stated that she did not want to be alone with the pervert, meaning [REDACTED] I would give her advice and tell to put a stop to it and that she could have him charged. She stated that she was scared to lose her job and that no one would believe her. I kept reassuring her that she would be heard.

I guess she finally listened and one day she had had enough and she quit in the middle of clinic. He had yelled at her in front of a patient and she felt humiliated. She applied for unemployment soon after and of course I told her I would have her back. I was not the only one aware of the sexual harassment. Another co-worker also saw him in action. She said to me one day, "Oh my god, guess what I just seen [REDACTED] doing? He was humping Kiki when she bent over to pick up some trash."

So when he received the Texas Unemployment letter that she was filing for unemployment he asked me about my involvement in my ex-coworker's accusations. I was very clear and told him that I was aware of his little sexual harassment and not only had she mentioned it to me but one of the other employees had walked up on him and saw him humping an employee as she was leaning over to pick a piece of paper up. I did not hold back from admitting that I knew about it and he went on to trying to explain what sexual harassment meant. I stopped him and told him, "I'm sorry [REDACTED] With all due respect, but sexual harassment can be the slightest rub across the forearm and facial expression ." Well you can just imagine he didn't enjoy that and his face became red as he tried to remain calm down. He then changed the subject. After that he avoided me at all times and knowing that he couldn't just fire me. Due to my confession to him of knowing about the sexual harassment not only did he avoid me at all times, but he would have employee meetings and I would not be included.

I have assisted [REDACTED] in back office and front office duties. When I worked in the back I constantly had to speak to him about mistreating patients and staff.

I have provided room and board for many out of town patients who could not afford the overnight stays and transported them back and forth to the clinic. I never expected

██████████ or the patients to pay me for doing that. I have always tried to make patients feel comfortable and provided excellent patient services. Patients would always tell me that if it had not been for my presence, they didn't think they could have gone through the procedure. I have held their hand, I have coached them during the procedure, I have given them rides home, and I have always tried to have an explanation for his rudeness.

He is a selfish, cheap, and a control freak who tries to micro-manage everything. For years ██████████ had his back and knew how to clear him on his inspections and do his dirty work.

He will go into the restroom with a set a gloves on and comes out with the same gloves and into the OR to attend the patient. I have never in all my employment with this doctor witness him wash his hands after each patient. Only after clinic I would actually witness him washing his hands.

All medications are drawn up a day in advance, and he does not use sterile gloves for procedures, he uses a spray bottle of beta-dine to spray in the cervical entrance and he will grab the bottle himself leaving it all contaminated and then with the same gloves he does the pelvic massage after touching the spray bottle. The bottle is used throughout the whole day with every patient.

On large cases, if he does not use all the dilators he will push the unused dilators to one side and reuse them on another patient. This he does so he won't run out of clean dilators just in case the autoclave is not finished. If he opens laminaria inserts which are supposedly sterilized and does not use them he will tell the MA to tape it up for the next patient.

When patients are sedated and have been completely asleep, he uses a wheel chair while they are still asleep and he slams them in the chair, their head and arms are swinging everywhere. They do not feel it, of course but ██████████ is not that young to be lifting patients and some are more than just heavy. These patients are abused by this procedure.

██████████ refers to the heavy women as Cows or Whales, any animal that comes to mind he has called them that name. On several occasion I had asked him to stop calling patients animal names, because patients who were only sedated lightly could still hear him and they could feel that he was being rude.

He hates for employees to take a break, or to eat during work hours. Only he was allowed to eat his lunch. He would disappear into his office to take his lunch and leaving a patient on the table set up in a pap smear position for sometimes up to forty minutes. Patients would become annoyed by this and would start to complain. When there is a slow day he will scream at every one and ask someone he designates to tell everyone to get off his clock so everyone has to leave no matter if they are full time employees.

██████████ was terminated as a member of NAF due to his unstable prices and patient complaints about the prices of abortions and ultrasounds being raised. NAF would fund

patients for one amount and later office would call to get more funding. NAF had many complaints and soon became suspicious to where they finally decided to cut him off.

He then started to blame all the staff, especially people who were collecting the cash payments from patients, trying to always make himself look good and he just could not understand why NAF did this to him. I was informed that [REDACTED] tried to take the NAF to court. The NAF told him he was a very dishonest man.

About four years ago, [REDACTED] had an employee who had figured out how to steal from NAF. She was pocketing the patients' cash and would call the National Abortion Federation for funding posing as the patient asking for financial assistance. She would place the funding voucher in the chart so [REDACTED] could see that the patient's abortion was paid for with NAF funding. Over a year, this employee managed to steal so much money from the NAF that she was able to buy a new car, move to a nice house, and would treat all the employees at the office for breakfast or lunch. When the office supervisor realized what this employee was doing, they didn't call the police or report this to NAF. Instead, [REDACTED] placed her in the phone room where she was supposed to work to pay [REDACTED] back some of the money that she had stolen. I was told that she managed to steal over 15,000.00 dollars. The truth is that this employee probably stole much more than that but [REDACTED] stopped reviewing patient charts for discrepancies. Instead of him calling the police and reporting this to NAF, he stayed quiet because he knew that the funding would stop until further investigation.

Patients were being charged for having C-sections in the pass and weight fees. [REDACTED] the Ultrasound Tech, was doing her magic as if she were going get a piece of the pie. [REDACTED] has been doing these ultrasounds for years and I have seen her do her magic on the ultrasounds. Patients will walk in the same day from other clinics that cannot do their procedures having been told how many weeks along they are in their pregnancies. After their ultrasound at [REDACTED] clinic, their pregnancies have grown two more weeks. Patients who question this are given them some off the wall story of how the ultra sound works. I have also seen [REDACTED] minimize the size of fetuses that are way above the legal number of weeks for abortions in Texas. This makes it very difficult when trying to do the abortion. I have witnessed up to 28-week abortions being done on women that are being told they are 25 weeks.

Now that the law has changed and is requiring ladies to come in for an ultrasound twenty four hours in advance, they do not see the doctor on this visit as required by law. In fact, [REDACTED] does the ultrasound and lab work and the patients leave and return the next day. He has been out of state, and we still have clinic for pre-ops and [REDACTED] does them. No doctor.

Recently during the New Year's holiday, [REDACTED] oldest son was very critical in a hospital in Colorado and he actually left out on Dec. 30th when he was informed of his son's illness. This was a Friday, so the pre/ops that were supposed to return on Saturday for procedures were rescheduled several times. Many patients were over whelmed by the delays because they really wanted to get the procedure done. We even told patients that if they felt they wanted to go to another facility they would get their ultrasound fee

reimbursed, but that didn't happen. [REDACTED] and his wife said that they could not reimburse the fee for the ultrasounds because they had provided a service. On the other hand, [REDACTED] was reassuring patients that they could get their fee back. I had a gentleman call me on numerous occasions wanting a refund. [REDACTED] said that if he came in, all he needed was his credit card and his ID and we could refund the money. However, when the gentlemen arrived, [REDACTED] told him that they could not do that. I went to [REDACTED] to help him understand the situation. His wife heard what I had to say about [REDACTED] telling the patients they could be reimbursed for their ultrasounds because [REDACTED] never showed up for their abortions. [REDACTED] was annoyed and said, "No, he cannot get anything back. I have already told the guy he gets nothing back." Of course, [REDACTED] agreed with his wife and said that [REDACTED] did not run anything.

Patients are mentally abused at this facility along with the staff. I have also noticed that [REDACTED]'s body language changes when he is attracted to a good looking woman. The way he touched them when doing a pelvic exam would make my co-worker and me very uncomfortable.

I have been terminated by [REDACTED] a few times. The first time was because I really did deserve it. I was young and immature, and admit I made some mistakes, but he hired me back. The second time I was terminated I was pregnant. When he found out I was five months pregnant, I was fired after a long and heavy patient load. He worked me like a donkey that day. I was his right side chair assistant in the large and small procedures. I am not sure if it was because I was pregnant or because I owed him money. However I was fired and I was wrongly accused of tampering with medications, according to what they stated. I did handle medications and I administered them to patients under his supervision. Anyone employed there could draw medications, which are all pre-drawn -- just as lidocaine is -- by whoever is there to do it.

After being terminated in 2006, I applied for unemployment and he appealed it and I won the appeal. I was going to file a complaint then, but I was going through hardship and I was pregnant and I did not feel anyone would listen. I guess he felt because I received my unemployment I would not complain, but this time I have applied for unemployment and I do not care if I receive it or not. I want for this man to be recognized as a dishonest man unworthy of being called a doctor.

In June of 2010, I was hired back. He offered me to take over the back office. I was on unemployment for a couple of years and, as you well know, jobs are hard to come by. Besides, I have never been one to hold grudges. I am good with people and I know the abortion protocol very well. I knew I was good at this job and I felt that things would be different, so I decided to come back on board.

Shortly after, [REDACTED] and [REDACTED] and [REDACTED] decided to quit because of some negative comments [REDACTED] had made about them to an employee who was very close to [REDACTED] and [REDACTED]. They all quit, leaving [REDACTED] clueless on how to run the clinic. Later the same employee who had to told these ladies of [REDACTED]'s comments

against them quit because of the abuse from [REDACTED]. It is my belief that she reported him to NAF and State. Shortly after that was when the National Abortion Federation stopped funding [REDACTED]'s clinics and did their investigation.

I have had many different emotions in actually presenting this letter to you. I am a single parent and I have worked my entire life to make ends meet. I have over looked all this because of the necessity to support my family and because I felt that no one would believe me I truly believe that many patients have voiced their complaints to me but have not gone through the proper channels to get heard. I think it is because it's time consuming and they do not want to take the time to do it. I am stepping up today to represent all the women he has verbally, physically and emotionally abused in the clinic. I want him know that he cannot continue to get away with treating patients and employees the way he has for years.

I am sure if you look at his unemployment file of employees that have quit or been terminated, you will find that the complaints are all similar in nature to what I have stated here. I'm also sure that you will not find any proof of him having a Registered Nurse at the [REDACTED] (also known as [REDACTED]) on all the days that he has been in business. I'm sure that if this were to be investigated you would find out the truth. As far as him having a LVN at both locations, well LVN [REDACTED] has been at the [REDACTED] but has never worked at the location on Schumacher. It is my belief that she gets paid under the table because she is also receiving disability and on her check he will make it look like she is only working a low amount of hours so her disability will not get interrupted. I have also learned that after my termination [REDACTED] now has her working at both locations and that is only because he realizes that I am going to state this in my complaint.

Most employees who have voiced their complaints have only called the state department and the state will send someone out and of course by this time he has had enough time to cover his tracks. The complaints gets thrown in a box and become history.

On April 16, 2012 at 11:30 p.m. I received a call from [REDACTED]. She called to tell me that officially, as per [REDACTED], I was terminated because he had receive a complaint from [REDACTED] the state inspector, saying that I had been rude answering the phone when patients would call. I have never mistreated a patient and I truly believe that [REDACTED] would have in fact corrected me. In fact, I recall asking [REDACTED] where I could find a number so patients could voice their complaints. [REDACTED] told me that the number should be up front. It was in front in a very small frame and she told me that it needed to be made large so the patients could see it. She also asked me if [REDACTED] was the nurse at the [REDACTED] location and I did lie and said, "Yes, I guess." I did not want to lie. I wanted to tell her the truth. I believe that when [REDACTED] read the inspectors report, he speculated that I was trying to hurt the inspection and out of his fury he terminated me. I have never been written up by this employer. In fact I was waiting for this termination ever since I became involved in the sexual harassment episode that I mentioned earlier.

That same night when [REDACTED] called to terminated me, I texted [REDACTED] a message on his cell phone to tell him how humorous I found it that he had terminated me on those grounds, and how I knew he hated the fact that I had confronted him about the sexual harassment and how disgusting he had appeared to me when he was lying to the state inspector. He did not reply, but the next day [REDACTED] sent me a text that I was not to step on the premises to pick up my check, due to the fact that I had threaten him, which of course was a lie. I did however pick up my check and belongings in person, but he had one of my co-workers bring my things outside.

I hope that you find it in your hearts to give this statement serious consideration. This is only a piece of all that goes on in this clinic. If you were to investigate past employees, you would find that what I am saying is true.

I feel that [REDACTED] needs to be investigated and stopped from abusing women who trust him to provide them with a safe procedure and from abusing employees who should have a safe environment to work in. I encourage you to look into this complaint for I am certain that you will find that this man is far from being a reputable health provider. I am sure that this is not his first complaint against him. I am not gaining any type of pay off for this complaint. I just want him to pay the price for all the abuse he has caused women and prevent him from hurting anyone else.

Sincerely,

[REDACTED]

5/9/12
Date

State of Texas
County of Brazoria

On May 9, 2012, before me, Sarah Salinas
(date) (notary)

personally appeared, [REDACTED]
(signers)

personally known to me -- OR --
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal



Sarah Salinas
(notary signature)