

Information provided by the Department of Health and Hospitals' Vital Records Registry states that the intent of the Parish Health Induced Termination of Pregnancy Vital Statistics is to support data driven planning and implementation of health policies and interventions to improve health outcomes for Louisiana and its communities. Their site allows you to access the Parish Health Induced Termination of Pregnancy statistics, as well as the data sets for each parish.

The "Report of Induced Termination of Pregnancy" reveals pertinent patient information on the abortion procedure for the purpose of tracking the health and safety of the abortion procedure on the women in Louisiana. Such information as the "medical condition" of the woman at the time of the abortion, type of contraceptive at the time of pregnancy, type of termination procedure, reason for pregnancy termination, complications of pregnancy termination (hemorrhaging, infection, uterine perforation, cervical laceration, retained fetal parts, injuries or death), and the type of medical intervention used after complications from abortion.

In many instances there has been an increased occurrence of infectious diseases brought about by the improper sterilization of medical equipment used during the abortion, and the complications occurring from uterine perforations and malformations occurring from medical malpractice.

The Department of Health and Hospitals, Office of Public Health (DHH/OPH), Induced Termination of Pregnancy Section, collects information about reproductive health care. Recording abortion cases in a population over time can show trends in women's health care. These statistics show how many cases occur and which populations are most affected. The rates can also indicate who might be at risk for exposure. Data can then be used for health planning, policy development, insuring appropriate medical treatment, identification of injuries, infections, and medical malpractice. From these, preventive strategies can be implemented to reduce recurrence of such medical malpractice and resulting injuries.

From DHH's own web site, the purpose of these vital statistics is:

The Parish Health Profiles provide information to help promote and improve health outcomes in communities. They are tools that can be used to develop

policy, write grants, develop new initiatives, improve existing programs, and assist in evaluation efforts for developing and maintaining "healthy communities."

"If a city or country is ignorant of the diseases fatal to its population, if it does not know the age at death, sex, color, length of residence, occupation, and in what part of the city the death took place; it must be ignorant of one of its most important duties; that which is dearest to every human being, its sanitary condition, ...and all laws intended to benefit the sanitary condition without a previous knowledge of what that sanitary condition is, are deficient in the basis of all wise legislation and trifle with common sense."

The Board that produced the 1849 report was the first of a series of governmental public health agencies that participated in the evolution toward today's statewide vital event registration system and the statistical reporting of Louisiana's vital events. Vital statistics reporting today includes descriptions of live births, spontaneous fetal deaths, induced terminations of pregnancy, total deaths, infant deaths, maternal deaths, marriage, and divorce. Statistical reporting of these population-based vital events produces the fundamental indicators used for public health surveillance of populations at risk of poor health outcomes.

The State Center for Health Statistics is to provide state health status indicators and analyses for use in health program planning and evaluation, and for monitoring health problems that may occur in Louisiana; and to support health research projects in conjunction with educational, private, public, and community-based agencies.

Verification of the abortion industry's falsifying information on the Induced Termination of Pregnancy Form can be found in the DHH's 128 page report, **State ID: BO0004642; Complaint No. 9AB28180.**

**Proceedings against Delta Clinic of
Baton Rouge, Inc., State ID:
BO0004642; Complaint No.
9AB28180. Summary of 128-page
report. DHH Findings:**

October 15, 2009: Mike Johnson wrote to the DHH Office of Public Health to request an investigation of specific allegations raised against the Delta Clinic by numerous concerned citizens. Summary of Findings:

Delta Clinic admitted that it failed to report the carnal knowledge of minor as required by law. Under R.S. 14:403, mandatory reporters who fail to report such crimes shall be guilty themselves of a misdemeanor and shall be subject to fines, imprisonment or a combination of both.

Delta Clinic admitted in its Statement that it failed to provide pre-abortion counseling as mandated by R.S. 40:1299.35.6. Failure to comply with this statute provides a basis for both criminal and civil penalties, in addition to malpractice actions, professional disciplinary actions and wrongful death actions.

Delta also admitted in its Statement that it failed to maintain confidentiality of patient records. According to § 4415(E)(2) of Title 48 of the Louisiana Administrative Code, any person who knowingly discloses patient identifiable information in violation of said section shall be subject to punishment under Federal law (42 U.S.C. § 1320d-6) which includes fines, imprisonment, or a combination of both.

Delta Clinic readily admitted that it failed to gather and report complete information to the Office of Public Health Vital Records registry. According to R.S. 40:66, failure to complete the forms required by law shall be considered a misdemeanor punishable by fines, imprisonment or a combination of both. Delta fraudulently pre-printed all of its state forms ("Report of Induced Termination of Pregnancy") to contain typed data indicating there were no complications with any abortions performed at Delta. Delta admits that the forms were pre-printed with pre-printed question responses, already completed prior to seeing any patients.

Delta failed to ensure sterilization of syringes and intravenous injections to prevent infection and cross-contamination. Failed to decontaminate equipment (vaginal probes) between patient uses, thereby increasing the risk of transmitting bacteria and other infectious

diseases. Failure to ensure single dose intravenous fluid was used for only one patient, thereby increasing the risk of cross-contamination and putting patients at increased risk for infection. Failed to ensure outdated supplies that could cause serious and adverse reactions were not used on patients.

Failed to properly label, measure, and monitor doses of narcotics or their expiration dates. For patients receiving conscious sedation, Delta workers failed to document the name of medication given, the dosage, the route, the time, and infusion rate, and failed to document the name of the women given the medication. Failed to properly store, handle and distribute intravenous medications administered at Delta.

Failed to monitor and document cardio-pulmonary status that may have required emergency intervention. Failure to ensure pre-op assessments risking undiagnosed medical conditions that would preclude having an abortion (contraindications).

Most importantly, the information on complications experienced from abortion (infections, adverse drug reactions, uterine perforations, bleeding, STD's, loss of limbs, emergency hysterectomies, injuries and deaths) need to be rigorously investigated and the appropriate number and severity needs to be documented. Delta workers admitted using unsterile dilators and tubing on patients for years in the Clinic, which could have led to infecting tens of thousands of women going there with STD's.

This practice of falsifying legal documents to the DHH's Office of Vital Records and the medical malpractice and fraud involved in sending forms to the DHH that were pre-printed, with the pre-printed question responses checked off and completed prior to seeing any patients, is tantamount to the largest travesty of justice ever perpetrated by the medical establishment under the guise of women's reproductive health care.

The Department of Health and Hospitals has stated publicly that it has no legal obligation to make the abortionists correct the falsified information on Induced Termination of Pregnancy, thus imposing upon the citizens of Louisiana a severe health risk due to the faulty information that the DHH has provided over the past 38 years. The criminal activity and medical malpractice of the abortionists in Louisiana have not been revealed on these vital statistics due to the falsifying of the records.

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The failure of Delta Clinic and all other abortion clinics in Louisiana to submit complete, statutorily required, information to the Vital Records Registry—Louisiana's single source of statistics on the safety and number of abortions performed each year—has some striking implications. The Delta Clinic is one of the largest and most active abortion clinics in the state and region. If Delta Clinic's reports on the number of abortions it performed and the number of complications it encountered are much lower than the actual figures (a fact to which Delta has frankly admitted), then that necessarily means all recent state and federal abortion statistics, which are derived in part from these numbers, have thus been grossly understated. DHH and the Federal Centers for Disease Control and Prevention should thus be required to revise their annual statistical reports for the past 30 years, and notify all agencies and interested persons and organizations that their data is now unreliable.

We are filing suit against the Department of Health and Hospitals under the writ of mandamus to protect the health of citizens of Louisiana and correct the medical statistics so vital to the health care of women in the state of Louisiana.