

# Exhibit C

**West Alabama Women's Center, Inc.**

Wille Parker, MD, MPH, MSc  
535 Jack Warner Parkway, Suite 1  
Tuscaloosa, Alabama  
Telephone (205) 556-2026

Donald Williamson, M.D.  
STATE HEALTH OFFICER  
201 Monroe St Ste 1552  
Montgomery, AL 36104

Dear Dr. Williamson :

Pursuant to Ala. Admin. Code r. 420-1-2-.09, I write in my capacity as the owner and administrator of the West Alabama Women's Center (WAWC), **to request the Department of Public Health (DPH) grant WAWC a waiver from compliance with Ala. Admin. Code r. 420-5-1-.03**, which requires that every physician that performs abortions at a licensed abortion clinic in Alabama obtain certain delineated staff privileges at a local hospital or that the clinic obtain a written contract with an outside covering physician that meets the requirements set forth in Ala. Admin Code r. 420-5-1-.03(6)(b)-(c). **For the reasons discussed below, without a waiver of this requirement, WAWC will be forced to close permanently.**

I understand that waivers to DPH rules are only granted when certain conditions have been met. In support of my request, which is also set forth in greater detail below, I have attached the following supporting documentation:

- Dr. Parker CV, references, et al. (Attachment A);
- Letter from Dr. Parker to DPH, dated May 5, 2015 (Attachment B);
- WAWC Policies and Protocols for Emergency Transfer of a Patient, Post-Operative Emergency Protocol, Answering Service Protocol, Patient Care Protocol (After Hours), and Post-Operative Abortion Problems (Managed After Clinic Hours) (Attachment C); and
- 2012, 2013 *Induced Termination of Pregnancy by Facility and Probable Postfertilization Age, Alabama* (published by ADPH) (Attachment D).

As I explain below, WAWC is temporarily closed because we are unable to satisfy the admitting privileges or covering physician requirements contained in Ala. Admin. Code r. 420-5-1-.03. Because qualified, experienced personnel is so integral to the operation of a clinic, I have retained my staff in order to ensure that, should DPH grant the waiver, the clinic may resume operations as quickly and seamlessly as possible. **Accordingly, due to the urgency of the situation, and the financial strain I am facing due to the clinic's temporary closure, I respectfully request a response by May 19.**

Please do not hesitate to let me know if you need any additional information, or if I can answer any additional questions that may aid DPH in approving this request.

- I. ***Inability to Meet the Rule Provision for Which the Waiver is Sought (Ala. Admin. Code r. 420-1-2-.09(d)(1))***

For the first time in WAWC's history, conditions are such that the clinic is unable to satisfy either the admitting privileges or covering physician requirements contained in Ala. Admin. Code r. 420-5-1-.03. Having exhausted every possible avenue for obtaining privileges for the clinic's physician or securing a written agreement with an outside covering physician, I am requesting a waiver from the requirement.

Dr. Payne – who held staff privileges at the only hospitals in Tuscaloosa for many decades and was the sole physician to work at WAWC throughout its 22-year existence – retired from the practice of medicine on December 31, 2014. Before Dr. Payne's retirement, Dr. Willie J. Parker, an extremely qualified, board certified ob-gyn, agreed to move to Tuscaloosa in order to apply for privileges and take over as the medical director and full-time physician at the clinic. In December 2014, Dr. Parker began the process of applying for staff privileges to perform gynecological surgery at DCH Regional Medical Center and Northport Medical Center (both operated by the DCH Health System) (DCH).

Dr. Parker is a board-certified ob-gyn with two decades of experience and subspecialty training in family planning, contraception, and abortion. Dr. Parker has held staff privileges and faculty appointments at a number of hospitals and academic institutions. Currently, he has staff privileges at the Northwestern University Feinberg School of Medicine, in Chicago, Illinois. He has won numerous awards and commendations not only for his service to reproductive health, but also for his commitment to excellence in patient care. An Alabama native, Dr. Parker is particularly committed to serving the women of his home-state. His CV (along with references) and other pertinent qualifications are attached (Attachment A).

Dr. Parker is unable to obtain staff privileges at DCH due to the fact that for the past five years, his practice has consisted exclusively of providing outpatient abortions, and he would continue to be a full-time abortion provider at WAWC. The hospital is unwilling to grant him gynecological surgical privileges unless he can personally perform at least 10 operative laparoscopies and 10 hysterectomies at the hospital and submit those cases for review within the next year. However, without a full gynecological surgical practice, and because he will be providing only safe, outpatient procedures at the clinic Dr. Parker would be unable to admit anywhere near that number of cases to the hospital. Indeed, as you can see from his letter, Dr. Parker's rate for the past three years is approximately .0002% (2 out of 10,000) (Attachment B). While Dr. Parker does not at all object to the hospital's review of his surgical skills, and has proposed alternative arrangements whereby his surgical skills could be observed, the hospital recently rejected these arrangements.

At the same time, despite my best efforts, I have been unable to find an outside covering physician for the clinic. I have, to the best of my knowledge, approached every qualified physician in the Tuscaloosa area who satisfies DPH's criteria for a covering physician. These physicians have all rejected my request either because of opposition to abortion or fear of the personal, professional, and economic consequences of being associated with an abortion clinic, or have refused to speak to me outright.

**II. *Approval of the Waiver or Variance Will Not Unreasonably Increase the Risk of Harm to the Public or Undermine the Public Health Purpose Furthered by the Rule (Ala. Admin Code r. 420-1-2-.09(d)(2)).***

As I hope my record over the past two decades makes clear, I share DPH's commitment to patient safety. I believe the attached protocols will ensure patient safety and continuity of care if DPH grants the requested waiver from Ala. Admin. Code r. 420-5-1-.03 (Attachment C). However, I am more than willing to work with DPH to alter or amend these policies and protocols, as needed, in order to satisfy the criteria for a waiver.

Dr. Parker's safety record is impeccable. In the past three years alone, he has performed approximately 10,000 abortions in an outpatient clinic setting up to 20.0 weeks gestation (as measured from fertilization) and only two of those procedures resulted in patient transfer from the clinic to a nearby hospital; one of those transfers was for observation alone.

WAWC's safety record is also proven: in over twenty years of operation, we have been cited for very few deficiencies. We have always cooperated fully with DPH in order to resolve any identified issues expeditiously. The clinic's license has never been suspended, revoked, or placed on probationary status.

In view of Dr. Parker's and WAWC's excellent safety records, I am confident that the clinic will be able to ensure continuity of care for all patients. In the extremely rare event of a patient transfer to a hospital, our policies and protocols place the utmost importance on communication between the clinic, the physician that provided the abortion, and the hospital. Moreover, as a practical matter, because complications from abortion are so rare and almost always arise after the patient has been discharged from the clinic, nearly all of our patients who are referred to or seek follow-up care at a hospital will go to their local hospital—not DCH, where either the clinic doctor or covering physician would hold privileges. Thus, for the vast majority of patients, the waiver would not change the manner in which care is provided at WAWC in any way; and for the small minority of patients that may seek care at DCH, our policies and protocols will guarantee continuity of care.

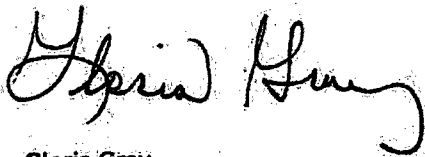
On the other hand, if WAWC is forced to close permanently, it would impact the ability of women to access safe, legal abortions in Alabama. This diminished access could be detrimental to women's health and wellbeing.

As DPH is aware, for the last few years, WAWC has been the highest volume abortion clinic in Alabama by a very large margin (Attachment D). In addition, WAWC is currently one of only two licensed clinics in Alabama that provide abortions throughout the second trimester. Indeed, according to DPH statistics from 2012 and 2013, we performed more than 50% of the abortions in Alabama between 11-15 weeks (postfertilization) and nearly 80% of the abortions in Alabama between 16-19 weeks (postfertilization). While the majority of abortions are performed in the first trimester, our second trimester patients often face uniquely difficult circumstances: Many women are forced to obtain abortions at later gestational ages because of issues related to poverty, intimate partner violence, and overall diminished access to abortion throughout the South; others come to us only after they have discovered that the fetus is suffering from a severe, even lethal, anomaly (many of which cannot be diagnosed until later in pregnancy), or because of a maternal health condition that develops later in pregnancy. Thus, if WAWC is forced to close, it will impact the ability of thousands of women each year, many of whom are in dire circumstances, to obtain safe, legal abortion services in Alabama.

\* \* \*

Thank you for your consideration of this request. I have devoted the last two decades of my life to providing compassionate, safe abortion services to the women of Alabama and the surrounding states and feel very strongly that the continued existence of WAWC is essential to women's health. I look forward to the opportunity to continue to work with DPH to ensure the wellbeing of all Alabama women.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gloria Gray". The signature is written in black ink and is positioned above the printed name.

Gloria Gray

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# Attachment A

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**WILLIE JAMES PARKER, MD, MPH, MSc**

**EDUCATION**

- 9/2006 - 5/2008**      **University of Michigan School of Medicine, Ann Arbor, Michigan.**  
Masters of Health and Health Care Research. Degree awarded December, 2008.
- 7/1997 - 6/1998**      **Harvard School of Public Health, Boston, Massachusetts.**  
Master's of Public Health. Degree awarded June, 1998
- 6/1986 - 5/1990**      **University of Iowa College of Medicine, Iowa City, Iowa.**  
Doctor of Medicine. May, 1990.
- 9/1981 - 5/1986**      **Berea College, Berea, Kentucky.**  
Bachelor of Arts. May, 1986. Major-Biology.
- 6/1984 - 8/1984**      **Harvard University, Cambridge, Massachusetts.**  
No degree. Summer, 1984.

**POST DOCTORAL TRAINING**

- 7/2006 - 6/2008**      **Family Planning Fellowship, The University of Michigan, Ann Arbor MI, Department of Obstetrics & Gynecology.**
- 7/2000 - 6/2001**      **Preventive Medicine Residency. University of California, San Francisco- University of California, Berkeley Joint Program, San Francisco, CA.**  
Residency in Preventive Medicine. Diplomate.
- 7/1998 - 6/2000**      **Centers for Disease Control: Epidemic Intelligence Service, Atlanta, Georgia.**  
Placement Site: CA Department of Health Services, Maternal Child Health Branch, Sacramento CA. EIS Officer. Conducted acute disease outbreak investigation, analytic research, and provided technical assistance to local and regional health departments.
- 7/1990 - 6/1994**      **The University of Cincinnati College of Medicine, Cincinnati, Ohio.**  
Residency in Obstetrics and Gynecology.

**ACADEMIC APPOINTMENTS**

- 3/2013 - present**      **Northwestern University Feinberg School of Medicine, Chicago, Illinois Clinical Instructor, Department of Obstetrics and Gynecology.**
- 8/2008 - 5/2009**      **Washington Hospital Center Residency in Obstetrics & Gynecology.**  
Director, Division of Family Planning and Preventive Services.

- 7/2006 - 6/2008 **The University of Michigan, Ann Arbor MI. Clinical Lecturer, Department of Obstetrics & Gynecology.**
- 1/2002 - 5/2006 **John A Burns School of Medicine, University of Hawaii, Honolulu, Hawaii. Assistant Professor, Department of Obstetrics and Gynecology.**
- 4/1999 - 12/2001 **University of California-Davis Medical Center Obstetrics and Gynecology Residency Program, Sacramento, California.. Volunteer Faculty appointment.**

**ACADEMIC ADMINISTRATIVE APPOINTMENTS**

- 1/2003 - 4/2006 **Queen's Medical Center, Honolulu, Hawaii  
OB-Gyn Peer Review Committee.**

**CLINICAL/HOSPITAL APPOINTMENTS**

- 3/2013 - present **Northwestern University Feinberg School of Medicine, Chicago, Illinois Clinical Instructor, Department of Obstetrics and Gynecology.**
- 8/2008 - 3/2013 **Washington Hospital Center Residency in Obstetrics & Gynecology, Washington, DC. Division of Family Planning and Preventive Services.**
- 7/2006 - 6/2008 **University of Michigan Health Systems, Ann Arbor Michigan. Clinical Instructor, Department of Obstetrics and Gynecology.**
- 1/2002 - 4/2006 **Queen's Medical Center, Honolulu, Hawaii  
Attending Physician, Queen Emma Clinics.**
- 6/2003 - 6/2006 **Sex Abuse Treatment Center, Kapiolani Medical Center for Women and Children, Honolulu, Hawaii. Examiner for sexual assault in the community as part of a team response. Performed injury assessment, disease and pregnancy prevention screening and treatment, forensic examination, and expert testimony.**
- 7/1994 - 6/1997 **Merced Community Medical Center, Merced California  
Staff Physician.**
- 7/1994 - 6/1997 **Mercy Hospital, Merced, California  
Staff Physician.**

**SCIENTIFIC ACTIVITIES**

None



**GRANT SUPPORT**

None

**CERTIFICATIONS AND LICENSURE****State Licenses**

California, May 1994	#A053102	Expired	10/31/2009
Hawaii, October 2001	#11733	Expired	01/31/2010
Ohio, April 1991	# 35063458	Expired	04/1/2010
Michigan, May 2006	#4301087686	Expired	01/31/2010
Wash. DC June, 2008	#MD03746	Expired	02/28/2013
Maryland, July, 2009	#D0069574	Expired	09/30/2013
Virginia, August 2009	#0101246274	Expired	10/31/2012
Pennsylvania, Nov, 2010	#MD441490	Expires	12/31/2016
Illinois, December 2012	#036131869	Expires	07/31/2016
Mississippi, May, 2012	#22028	Expires	06/30/2015
Alabama, April, 2012	#31662	Expires	12/31/2015
New Jersey, May, 2012	#25MA091115000	Expired	06/30/2013
Iowa, March, 1992	#28574	Expired	10/01/1994
Georgia, February, 2014	# 071442	Expires	10/31/2015

**American Board of Obstetrics and Gynecology**

Certification: 11/15/1996	# 940869	Expires	12/31/2015
Pediatric Advanced Life Support		Expires	10/31/2014
Basic Life Support		Expires	10/31/2016
Advanced Cardiac Life Support		Expires	10/31/2016
DEA # BP3174264 (Illinois)		Expires	03/30/2016

**MILITARY SERVICE**

None.

**EMPLOYMENT**

07/2014 - present	<b>Atlanta Women's Medical Center, Inc., Atlanta, GA</b> Independent Contractor. Duties include family planning services and provision of abortion care.
1/2013 - present	<b>Family Planning Associates, Chicago, IL.</b> Associate Medical Director. Responsible for clinical and laboratory services for three clinics in metropolitan Chicago. Duties include family planning services, resident and fellowship education, and provision of abortion care.
6/2012 - present	<b>Jackson Women's Health Corporation, Jackson, MS.</b> Independent Contractor. Duties include family planning services and provision of abortion care.

- 5/2012 - present **Reproductive Health Services, Montgomery, AL.**  
Independent Contractor. Duties include family planning services and provision of abortion care.
- 1/2011 - present **Philadelphia Women's Center, Philadelphia, PA.**  
Independent Contractor. Duties include family planning services and provision of abortion care.
- 6/2009 - 01/2013 **Planned Parenthood, Metropolitan Washington, Washington DC.**  
Independent Contractor. Duties include family planning services and provision of abortion care.
- 6/2009 - 7/2011 **Planned Parenthood, Metropolitan Washington, Washington DC.**  
Medical Director. Responsible for clinical and laboratory services for this Affiliate operating five clinics in Maryland, Virginia, and the District of Columbia. Duties include family planning services, resident education, and provision of abortion care.
- 8/2008 - 5/2009 **Washington Hospital Center Residency in Obstetrics & Gynecology.**  
Director, Division of Family Planning and Preventive Services.  
Established family planning services, resident education, and conduct abortion care in the District of Columbia.
- 7/2006 - 6/2008 **University of Michigan Health Systems, Ann Arbor Michigan.**  
Clinical Instructor, Department of Obstetrics and Gynecology.  
General obstetrics and gynecology, resident education, and family planning/abortion care .
- 1/2002 - 5/2006 **John A Burns School of Medicine, University of Hawaii, Honolulu, Hawaii.**  
Assistant Professor, Department of Obstetrics and Gynecology.  
General obstetrics and gynecology, resident education, and family planning/abortion care .
- 5/2001 - 11/2001 **California Department of Health Services, Sacramento, California.**  
Chief, Policy and Programs, Maternal Child Health Branch. Coordinated statewide identification and monitoring of resources associated with care of women and children; supervised a staff of 30 and accountable for a multimillion dollar budget; wrote reports as required by legislature.
- 8/1999 - 8/2000 **Sacramento Birthing Project: Sacramento CA.**  
Volunteer Clinician. Provided ambulatory, prenatal clinical services to high-risk/at-risk mothers in an urban setting with culturally sensitive interventions.

- 7/1994 - 6/1997 **National Health Service, Merced, California.**  
Placement Site: Golden Valley Health Centers Inc..  
Staff Obstetrician and Gynecologist. Practiced full range of general obstetrics and gynecology in a medically under-served area. Range of responsibilities clinically included limited "high risk" obstetrics and basic infertility evaluation and treatment.
- 8/1995 - 6/1997 **UC-Davis Affiliated Family Practice Residency Program, Merced, California.**  
Independent contractor. Taught obstetrics and gynecology to Family Medicine residents. Provided consultation, staffed gynecology outpatient clinics, provided intrapartum consultation and management.
- 8/1992 - 6/1994 **Our Ladies of Mercy Hospital, Anderson, Ohio. House Physician.**  
Duties involved assessment of obstetric patients, surgical assisting, and fetal monitoring interpretation.
- 6/1992 - 6/1994 **The Jewish Hospital, Cincinnati, Ohio. Duties identical to duties at Mercy Hospital, Anderson.**

### **HONORS**

- Moody-Patterson Award for Leadership in Reproductive Justice.**  
Religious Coalition for Reproductive Choice, Washington, DC. January, 2013.
- George R. Tiller, MD, Abortion Provider Award.**  
Physicians for Reproductive Health, NY, NY. June, 2013.
- Citizen of the Year. Men's March Against Violence.**  
Men's March Against Violence, Honolulu, Hawaii. October, 2004.
- Berea College Outstanding Young Alumnus Award.**  
Berea College Alumni Association. November, 2001.
- NAACP Freedom Fund Banquet, Community Service Award,**  
NAACP, Merced County, CA. October, 1996.
- National Health Service Corps Director's Award.**  
U.S. Department of Health and Human Services, San Francisco, CA. October, 1995.
- V. Bradley Roberts Award, The Christ Hospital, Cincinnati, Ohio.**  
University of Cincinnati OB- GYN Residency Program. June, 1994.
- University of Cincinnati Esprit de Corps Award.**  
University of Cincinnati OB- GYN Residency Program. June, 1994.

**University of Cincinnati Resident Research Day, Third Place.**  
University of Cincinnati OB- GYN Residency Program. June, 1994.

**Executive Chief Resident, Department of OB-GYN.**  
University of Cincinnati OB- GYN Residency Program. 1993-1994.

**J. Bates Henderson Medicine Scholarship.**  
Berea College. November, 1986.

**E.R. Brann Good Citizenship Award and the Homer E. Williams Award for Promoting  
Interracial Understanding.**  
Berea College, 1984.

### **TEACHING ACTIVITIES**

Clinical Instructor, Northwestern School of Medicine.  
OB-Gyn Dept. 2006-2008

Assistant Professor, Medstar/Washington Hospital Center Obstetrics and Gynecology Residency  
Program. 2008-2013

Clinical Instructor, University of Michigan School of Medicine, OB-Gyn Dept. 2006-2008

Faculty Advisor, Fourth Year Resident Class University of Hawaii Residency Training Program.  
2004-2006.

Presenter, Merced County African-American Educators Association's Booker T. Washington  
Revisited Minority Student Career Fair. September, 1994, 1995, 1998.

Consultant, Merced County School Board Sex Education Curriculum Review Committee.  
12/1995

### **EXTRAMURAL INVITED PRESENTATIONS**

*"Domestic Violence: When Love Hurts. Implications for Family Planning"* OB-Gyn Grand  
Rounds.

Georgetown/Washington Hospital Center, Washington, DC, September 13, 2012

*"Becoming Marginal Individuals: Challenges of the Modern Abortion Provider"*. Presentation.

- Medical Students For Choice Regional Conference. Philadelphia PA April 27, 2012
- "Reproductive Justice"* Panelist, National Abortion Federation Annual Meeting,  
Vancouver, British Columbia April, 2012
- "Abortion and/or Religion: Whats your Connector?"* Physicians for Reproductive  
Choice and Health Leadership Training Academy. New York, NY, March 1, 2012.
- "Miscarriage Management"*  
Grand Rounds, Aurora Health Systems, Milwaukee, WI, November 1, 2011
- "Black Infant Mortality: The Role that Men Can/Don't Play"*. Project Blossom Conference:  
Place, Race, and Poverty. Nashville TN, September 30, 2011.
- Commission on Paternal Involvement in Pregnancy Outcomes. Panelist, Capital Hill briefing,  
U.S. House of Representatives. Washington, DC, May 20, 2011.
- "Reclaiming the Moral Center"*. Panelist, National Abortion Federation Annual Meeting,  
Chicago IL, April, 2011.
- "Reproductive Justice: Becoming the Change That You Wish To See"*. Presentation, American  
Medical Student Association National Conference, March 13, 2011.
- "Abortion and/or Religion: Whats your Connector?"* Physicians for Reproductive Choice and  
Health Leadership Training Academy. New York, NY, February 28, 2011.
- Champions of Choice Awards Luncheon, Planned Parenthood Metropolitan Washington.  
Keynote Speaker. Washington, DC, October 20, 2010.
- "Essentials of First Trimester Abortion"*  
Grand Rounds, Aurora Health Systems, Milwaukee, WI March 25, 2010
- "It Takes Two to Tango: Defining the Role of the Expectant Father"*. Plenary Speaker, National  
Healthy Association 11<sup>th</sup> Annual Spring Conference, Washington, DC. March 14-17,  
2010
- "Challenges for Abortion Providers of Color: When You Are Not The Provider She Wanted"*  
UCSF Psychosocial Workshop for Abortion Providers, March 13, 2010
- "First Trimester Abortion"*. OB-Gyn Grand Rounds. Meharry Medical College,  
Nashville TN January 13, 2010.

***"Male Contraception: If You Build It, Will They Come"***

Family Planning Faculty Development Course, Kwame Nkrumah University of Science and Technology Kumasi, Ghana. January 19, 2010

***"Disparities in Reproductive Health"***

Racial and Ethnic Health Disparities Course, George Washington School of Public Health.  
September 22, 2009

***"Long Acting Reversible Contraception (LARC): Dispelling the Myths, Embracing the Evidence."***

National Medical Association Annual Conference. Las Vegas, Nevada. July 27, 2009

***"Domestic Violence: When Love Hurts"***

Lunch Lecture, Planned Parenthood, Metropolitan Washington, July 7, 2009

***"Office Based Management of Early Pregnancy Loss"***

OB-Gyn Grand Rounds, George Washington University, Washington, DC. April 29, 2009

***"Essentials of Second Trimester Abortion"***

Resident Lecture, Washington Hospital Center, March 13, 2009

***"Emergency Contraception"***

Family Planning Faculty Development Course, University of Ghana, Accra, Ghana.  
January 22, 2009

***"Male Contraception: If you Build It, Will They Come?"***

OB-Gyn Grand Rounds, Washington Hospital Center. January 17, 2009.

***"Surgical Abortion"***

Medical Students for Choice Clinical Seminar, Wayne State School of Medicine

***"Male Contraception: If you Build It, Will They Come?"***

OB-Gyn Grand Rounds, University of Michigan, Ann Arbor, MI. November 29, 2007

***"Unmet Contraceptive Need in U.S. Men Ages 15-44"***

Poster presentation, Association of Reproductive Health Professionals Annual Meeting, Minneapolis, MN. September 26, 2007

*"Early Pregnancy Failure"*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu, Hawaii. August 7, 2007

*"MVA for Early Pregnancy Loss"*

OB-Gyn Grand Rounds, Kapiolani Medical Center for Women and Children  
Honolulu, Hawaii. August 9, 2007

*"Contraceptive Counseling, Reproductive Freedom, and the Impact of Family Planning in the African American Community"*

National Medical Association Annual Conference  
Honolulu, Hawaii. August 6, 2007

*"Unmet Contraceptive Need in U.S. Men Ages 15-44"*

Family Planning Fellowship Annual Meeting, San Diego, CA. May 4, 2007

*"Domestic Violence in Pregnancy"*

Healthy Mothers Healthy Babies Coalition of Hawaii Annual Conference: New Frontiers in Maternal and Infant Health Care: Ethics, Outcomes and Practices in the 21st Century".  
Honolulu, Hawaii. June 8, 2006

*"Sound The Alarm: Non-medical Health Hazards for Women". 1. Not to People Like Us: Domestic Violence in Upscale Relationships/Marriage, 2. The Implications of the Reversal of Roe vs. Wade For You, Today's Black Woman 3. The New Face of HIV/AIDS: The Move From Gay White Men to Heterosexual Black and Brown Women: You!"*

Pfizer Women's Health Lecture, Spelman College, Atlanta Georgia. April 3, 2006

*"Physician Response to Substance Use in Pregnancy: When Women Behave Badly"*

State-wide Grand Rounds Tour to Maternity Hospitals Throughout Hawaii, March-December, 2005. Nine Hospitals throughout the Hawaiian Islands. Sponsored by March of Dimes, Hawaii.

*"Domestic Violence: Evidence for Screening."*

OB-Gyn Grand Rounds, University of Cincinnati Residency Program.  
Honolulu, Hawaii. June 1, 2005

*"Lesbian Health Care"*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu, Hawaii. June 28, 2004

*"Lesbian Health Care: An Update."*

OB-Gyn Grand Rounds, Kapiolani Medical Center for Women and Children  
Honolulu, Hawaii. June 9, 2004

*"Emergency Contraception Update"*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu, Hawaii. January 5, 2004

*"Contemporary Use of the Pessary: An Update."*

OB-Gyn Grand Rounds, Kapiolani Medical Center for Women and Children  
Honolulu, Hawaii. September 30, 2002

*"Domestic Violence: Trouble in Paradise."*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu, Hawaii. March 5, 2003

*"Contemporary Use of the Pessary: An Update."*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu, Hawaii. September 30, 2002

*"Maternal Mortality: Miles to Go Before We Sleep...."*

OB-Gyn Grand Rounds, Queens Medical Center  
Honolulu Hawaii. March 11, 2002

*"Public Health Response to Needle Re-Use by a Phlebotomist, Northern California 1999"*

oral presentation. 2000 Centers for Disease Control Epidemic Intelligence Service Conference.  
Atlanta, GA. April 15, 2000

*"State-Specific Changes in Singleton Pre-term Births Among Black and White Women-United*

*States--1990 and 1997"* oral presentation. 2000 Centers for Disease Control Epidemic  
Intelligence Service Conference. Atlanta, GA. April 11, 2000

*"Cesarean Section Related Maternal Mortality: California, 1995-1997"*

Oral presentation, 1999 American Public Health Association Conference.  
Chicago, IL. November 7, 1999

*"Perceptions of Weight Gain during Pregnancy by Women: California Women's Health Survey  
1998"*

Poster presentation. 1999 National Substance Abuse and Mental Health Conference for  
Women, Department of Health and Human Services, Los Angeles, CA. June 27-30, 1999.



*"Cesarean Section Related Maternal Mortality: California, 1995-1997"*

Poster presentation. 1999 California Maternal and Child Health Conference: *Capitolizing Our Resources*, Sacramento, California. May 24-25, 1999.

Poster presentation, 1 CDC/HRSA Maternal-Child/Infant Health Epidemiology Workshop, Atlanta, GA. December 8-9, 1999.

*"Maternal Mortality Surveillance: Improved Detection Using Hospital Discharge Data- Death Certificate Data Linkage, California, 1995-97"*

Oral presentation. 1999 California Maternal and Child Health Conference Sacramento, California. May 24-25, 1999.

*"Pregnancy-Related Morbidity in African-American Women: California, 1997"*

Oral presentation. California Department Of Health Services Black Infant Health Program Provider Training Meeting, Sacramento, CA. May 23, 1999.

*"Trends in Perinatal Outcomes: California 1990-97"*

Oral presentation. CA Department of Health Services, Regional Training for the California Comprehensive Perinatal Services Program. Santa Barbara, CA. February 10-11, 1999.

*"Maternal Mortality Surveillance in California- Proposal of a Surveillance System based on Hospital Discharge Data"*

Oral Presentation. Epidemiology Grand Rounds, Centers for Disease Control, Atlanta GA. October 27, 1998.

*"Needs Assessment for a Middle School-based Health Center: Assessment of Inner-City Boston Public School"*

Oral presentation. Family and Community Health Practicum, Harvard University School of Public Health, May 5, 1998.

*"Medical Management of Ectopic Pregnancy"*

Lecture. UC-Davis Merced Family Practice Residents, December 12, 1996.

*"Pelvic Inflammatory Disease"*

Lecture. UC-Davis Merced Family Practice Residents, December 26, 1995.

*"Adolescent Pregnancy"*

Oral presentation. National Health Service New Provider Orientation Conference, Region IX, San Francisco, CA, October 13, 1995.

*"Amniocentesis"*

Lecture. Merced Community Medical Center Obstetric Labor and Nursing Seminar, August 11, 1995.

*"Preterm Labor- Current Thought"*

Lecture. Merced Community Medical Center Obstetric CME Program, February 5, 1995.

**COMMITTEE AND ADMINISTRATIVE SERVICE**

Physicians for Reproductive Choice and Health, New York, NY. November, 2007- Present.  
Board of Directors.

Teen Alliance for Prepared Parenting, Washington Hospital Center, Washington, DC. 2009- Present. Community Advisory Board.

Religious Coalition for Reproductive Choice, Washington DC. May 2012 to present Board of Directors  
Berea College Alumni Executive Counsel, Berea, Kentucky  
1997-2002. President of the Counsel, 2001-2002.

Domestic Violence Clearing House Hotline and Legal Services, Honolulu, HI. September, 2002- May, 2006. Board of Directors.

Health Mothers, Healthy Babies- Honolulu, HI. March, 2004 –May 2006.

Board of Directors. Nationally-affiliated non-profit community agency devoted to advocacy, education, and policy development for perinatal health in the state of Hawaii.

Planned Parenthood Federation of America- Hawaii Affiliate. 1/2005-5/2006  
Board of Directors

American Public Health Association, 1998-2006.

American College of Obstetrics and Gynecology, 1990-1996, 2006-present.

National Medical Association, 7/1995-present.

**BIBLIOGRAPHY**

**Peer-Reviewed Publications**

Contraception 86 (2012) 1-3 Joffe C, Parker WJ

Editorial. Race, reproductive politics and reproductive health care in the contemporary United States

Contraception 83 (2011) 289–290 Shih G, Turok DK, Parker WJ  
Editorial. Reversing the United States sterilization paradox by increasing vasectomy utilization

Contraception 2011, Apr ;83 (4):310-5 21397087 Grace Shih, David K Turok, Willie J Parker  
Vasectomy: the other (better) form of sterilization.

Hawaii Medical Journal November 2009, Volume 68, No. 10, ISSN: 0017-8594. Domestic  
Violence Screening In Pregnancy  
MY Bunn MD, MPH; NA Higa MD; WJ Parker MD, MPH; B Kaneshiro MD, MPH

**Non-Peer-Reviewed Publications**

Public Health Reports, 2003; 118:324-35. Black-White infant mortality disparity in the United States: a societal litmus test: commentary on "A partnership to reduce African American infant mortality in Genesee County, Michigan."

Morbidity and Mortality Weekly Report, September 22, 2000/ 49(37); 837.  
State-Specific Changes in Singleton Pre-term Births Among Black and White Women-United States--1990 and 1997.

**Book Chapters**

"Breast Discharge/Galactorrhea", and "Cervical Lesions - Polyp, Condyloma, Nabothian Cyst, Other"  
*The 5-Minute OB/GYN Clinical Consult*, Paula J. Hillard, MD, editor, 2007

**Abstracts:**

1999 American Public Health Association Conference. Chicago, IL.  
*Cesarean Section Related Maternal Mortality: California, 1995-1997*<sup>a</sup>

2000 CDC Epidemic Intelligence Service Conference. Atlanta, GA  
*State-Specific Changes in Singleton Pre-term Births Among Black and White Women-United States--1990 and 1997*<sup>a</sup>

2000 CDC Epidemic Intelligence Service Conference. Atlanta, GA  
*Public Health Response to Needle Re-Use by a Phlebotomist, Northern California 1999*<sup>wjpCV</sup>

**References for Willie James Parker, MD, MPH, MSc**

Cassing Hammond, MD  
Section Head, Family Planning  
Northwestern Feinberg School of Medicine  
Department of OB-GYN  
250 East Superior Street, Suite 03-2303  
Chicago, IL 60611  
T: 312-472-4683  
F: 312-472-4688  
chammond@nmff.org

E. Steve Lichtenberg, MD  
Associate Professor  
Family Planning Associates, Chicago  
5086 N. Elston Avenue  
Chicago, IL 60630  
T: 773-362-5465  
F: 773-725-6152  
jodotter@aol.com



American Board of Obstetrics and Gynecology  
2915 Vine Street  
Dallas, TX 75204  
Phone: (214) 871-1619  
Fax: (214) 871-1943

November 30, 2014

Willie James Parker, M.D.  
5086 N. Elston Avenue  
Chicago, IL 60630

Dear Doctor:

Congratulations! I am pleased to inform you that you have satisfactorily completed the 2014 Maintenance of Certification assignments.

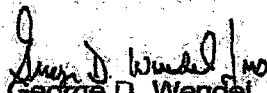
As of this date, you have earned 25 AMA Category 1 CME credits for completion of the 2014 Part II MOC requirements. These will be awarded by the American College of Obstetricians and Gynecologists.

You should have received a 2014 MOC label insert from Jim Henry, Inc. within 60 days from the time of your MOC application.

Your certification in Obstetrics and Gynecology is valid through 12/31/2015. The ABOG MOC program is a continuous certification process, and you must participate each year. The application for the 2015 program will be available through your ABOG Member Login page beginning in January 5, 2015.

Please use this letter to provide documentation of your certification for your hospital(s).

Sincerely yours,

  
George D. Wendel, Jr. M.D.  
Director of Maintenance of Certification

GDW

ABOG ID: 940869

# Attachment B

**West Alabama Women's Center, Inc.**

Wille Parker, MD, MPH, MSc  
535 Jack Warner Parkway, Suite 1  
Tuscaloosa, Alabama  
Telephone (205) 556-2026

May 5, 2015

To Whom It May Concern:

I write in support of the request submitted by West Alabama Women's Center (WAWC) for a waiver of the Department of Public Health (DPH) rule that requires either all physicians who provide abortions at a licensed abortion clinic obtain staff privileges to perform certain delineated gynecological surgical procedures at a local hospital or that the clinic obtain a written agreement with a local physician, who has such privileges, to serve as a covering physician. If the waiver is granted, it is my intention to serve as WAWC's Medical Director and to provide abortions at the clinic. As a physician, the health, safety, and wellbeing of my patients are my primary concerns. On the basis of my years of experience, including as an outpatient abortion provider, I am confident our policies and protocols will ensure that our patients would receive the best possible care in the rare event of a complication.

**My Practice and Safety Record**

I understand that a copy of my CV has been attached to the waiver application and therefore do not repeat my qualifications at length. In brief, I am a board-certified ob-gyn in my twentieth year of practice, with subspecialty training in family planning, contraception, and abortion. I currently hold staff privileges and an academic appointment at Northwestern University Feinberg School of Medicine, in Chicago, Illinois. Prior to that, I served as the Medical Director of Planned Parenthood of Metropolitan Washington and the Director of Family Planning at Washington Hospital Center. I have also worked as an Epidemic Intelligence Service Officer with the Centers for Disease Control and Prevention and as the Chief of Policies and Programs in the Maternal Child Health Branch of the California Department of Health Services.

For the past five years, I have performed outpatient gynecological procedures exclusively—primarily medication and surgical abortions. The risk of a woman experiencing some type of complication after an abortion is extremely low; less than 1% of women obtaining abortions experience a serious complication. The risk of a woman experiencing a complication that requires hospitalization is even lower, approximately .05-0.3%. My own numbers are even lower than that. For example, in the past three years I have provided approximately 10,000 outpatient abortion procedures (ranging from 4 weeks to 20 weeks gestation, as measured from fertilization, which I understand is how DPH regulations measure gestational age); of those patients, only two required a hospital transfer, and one of those patients was transferred for observation alone.

**Inability to Obtain Privileges**

In December 2014, I began the process of applying for staff privileges at DCH Regional Medical Hospital, for the purposes of satisfying the rule that a physician that performs abortions at a licensed abortion

clinic obtain staff privileges at a local hospital. My intention was to assume the role of medical director and as full-time abortion provider at WAWC upon approval of my application. In view of my record and experience, and initial conversations with the hospital, I was optimistic my application would be approved. Unfortunately, due to the nature of my practice, the application process has reached an impasse and the waiver is necessary.

Because the DPH rule requires me to obtain staff privileges to perform more complex gynecological surgical procedures, the hospital will not approve my application unless and until I can demonstrate proficiency in those procedures. Specifically, the hospital refuses to approve my application unless and until I perform at least 10 laparoscopic procedures and 10 laparotomies in the hospital and submit those cases for review. I do not object to the hospital's conditions, in principle. However, because abortion is so safe, there is simply no chance that I would admit anywhere close to those numbers of surgical patients to the hospital. Indeed, I believe it would be unethical to do so.

As an alternative, I proposed that I scrub with other physicians on staff until they were comfortable with my skills. At that point, I would co-manage patients in their care (from the preoperative visit, to the procedure, to postoperative care and follow-up) for the purpose of demonstrating my skills and judgment so that they could then sign-off that I am competent to hold surgical privileges of the type I have requested. This proposal was rejected.

#### **WAWC Patient Safety Policies and Protocols**

As set forth in the waiver request, and outlined below, WAWC's policies and protocols ensure continuity of care, including in the unlikely event of a complication. Thus, notwithstanding that I have been unable to obtain privileges, and that the clinic has been unable to sign a written agreement with a covering physician, I am entirely confident that I will be able to provide high-quality outpatient abortion services at WAWC.

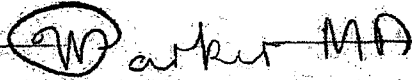
- *Routine follow-up care/non-emergency complications:* I will, of course, provide follow-up care to patients in the clinic, as needed. In the event that I will be away from WAWC, WAWC will stop seeing patients 72 hours before my departure. However, at all times when patients are in the clinic, an RN will be available on-site to provide follow-up care within his or her scope of practice, as appropriate. In the event of an unplanned absence (e.g., if I am sick), if a patient needs immediate medical attention, WAWC would refer that patient either to another abortion clinic, pursuant to a preexisting arrangement, or to her nearest emergency department and facilitate the transfer of any relevant information to the accepting physician.
- *After-Hours Complications:* As is the practice at other clinics in Alabama, a RN will assess every medically-related call to the after-hours hotline. I will always be available for consult; if consulted, I will convey instructions directly to the patient and/or the RN. If, in my determination, the safest course of action is for the patient to be seen at a hospital, I will refer her to her closest emergency department, as medically appropriate. If I know where she intends to go, I will call ahead to the hospital to provide them with



pertinent details concerning the case; if not, I will verify the patient has my contact information and emphasize that she should provide this information to the hospital as soon as she arrives and ask them to contact me.

- *Patient Transfer:* In the extremely rare event of a patient transfer, WAWC's policies and protocols, as previously approved by DPH, would differ only to the extent that I would not be able to personally admit and treat that patient at DCH Regional Medical Center. Instead, together with other clinic staff, I would provide necessary stabilizing treatment to the patient, call 911, alert DCH to the pending transfer and provide the emergency department with necessary details about the case, and prepare a copy of the patient's medical records and all other pertinent data to go with the patient to the hospital. I would ride along in the ambulance with the patient in order to continue to provide support and information to hospital personnel, as appropriate.

If there is any additional information I can provide in the service of this request, please do not hesitate to contact me through the clinic.

 W. Mark MD

Medical Director

May 4, 2015

Date

# Attachment C

**West Alabama Women's Center, Inc.**

Willie Parker, MD, MPH, MSc  
535 Jack Warner Parkway, Suite 1  
Tuscaloosa, Alabama  
Telephone (205) 556-2026

**EMERGENCY TRANSFER OF PATIENT**

When, in the opinion of the surgical physician, a medical or surgical condition warrants immediate transfer of a patient to the hospital, the following procedures must be followed:

**DUTY:**

**RESPONSIBILITY OF:**

- |  |                                     |
|--|-------------------------------------|
| 1. Call ambulance service; instruct them to enter through recovery room door.<br>Northstar Emergency Services<br>Phone Number: (205) 345-0911  | Clinic Director                     |
| 2. Notify all staff by existing code of Emergency situation and its condition.   | Any Staff member                    |
| 3. Start appropriate emergency measures (IV, medication, oxygen, etc.)   | M.D. &/or R.N.                      |
| 4. Stay with patient, monitor vital signs, Record activities, reassure patient.  | R.N.                                |
| 5. Complete Emergency Transfer Form and copy patient chart, including insurance information.   | Clinic Director or Person in Charge |
| 6. Notify DCH Regional Medical Center Emergency Room of impending patient transfer<br>Phone Number: (205) 759-7122   | M.D. or Clinic Director             |
| a. Indicate transferring surgeon's name, patient's personal physician's name, patient's name, age and circumstances requiring transfer, means of transportation and estimated time of arrival. |                                     |
| b. Have patient's medical record available to relate other information required.   |                                     |
| c. Gather patient's clothing and personal possessions and make arrangements for patient's valuables.   |                                     |
| 7. Notify those persons accompanying patient of emergency transfer, reassure, direct them to follow patient to hospital via own car.   | Clinic Director                     |

- |   |                 |
|---|-----------------|
| 8. Notify lab and counseling personnel to hold clients in these areas until transfer is made. | Clinic Director |
| 9. Shield of Recovery Room from waiting clients until transfer is made.                       | Clinic Director |
| 10. Accompany/follow patient to hospital, when appropriate.                                   | M.D. / R.N.     |
| 11. Reschedule or inform waiting patients of delay.   | Clinic Director |

Only the assistant and the RN are to be in the room with the physician. Everyone else is to remain with their patients and continue with normal routine.

The transfer will be documented on the patient's record.

## **West Alabama Women's Center, Inc.**

**Willie Parker, MD, MPH, MSc**  
535 Jack Warner Parkway, Suite I  
Tuscaloosa, Alabama  
Telephone (205) 556-2026

### **POST-OPERATIVE EMERGENCY PROTOCOL**

#### **Purpose:**

The purpose of this plan of care is to delineate specific responses to emergency medical calls from post-procedure abortion patients. It is designed to facilitate the provision of appropriate and continuing medical care of patients who believe they may have developed complications medically related to their abortion procedure (primarily in the seven (7) days following the procedure.)

This facility maintains a 24 hour emergency telephone number and has designated staff members who assess and resolve emergency calls.

#### **Protocol:**

- No patient who has had an abortion procedure will be discharged from this facility until her condition is stable.
- When a post-operative patient calls the emergency number, an initial assessment shall be provided by the on-call staff member who will then follow the Medical Director's standing orders specific to that patient's complaint.
- If the patient's condition is not improved within the specified time allowed, as per standing orders of the Medical Director, the Medical Director is notified. That physician then determines the next step in providing appropriate medical care.
- If the Medical Director determines that hospital evaluation or hospitalization is required, the patient is to be referred promptly to a local hospital emergency room.
- In the event of a referral to the emergency room, if the Medical Director is informed of the specific hospital to which the patient is going, the Medical Director will call ahead to the hospital, as in the situation of a direct transfer of a patient from the clinic. If not, the Medical Director will verify the patient has the relevant contact information to the hospital as soon as she arrives. The Medical Director will be available to consult with the hospital physician(s) as necessary during the patient's evaluation and /or course of treatment.
- All post-abortion patient complaints warranting evaluation and/or care by the Medical Director, emergency room physician will be documented in the facility's problem patient log book.

A copy of this protocol will be provided to all staff members designated to take emergency call, and any revisions will be brought to their attention.

## **West Alabama Women's Center, Inc.**

Willie Parker, MD, MPH, MSc  
535 Jack Warner Parkway, Suite 1  
Tuscaloosa, Alabama  
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### **POST-OPERATIVE ABORTION PROBLEMS MANAGED AFTER CLINIC HOURS**

When post-abortion patients present with complaints, they are usually of a minor nature and can be managed by rest, relaxation, uterine massage, over the counter medication such as Tylenol or Aleve, or often by simple reassurance. These patients are to be counseled to call back if their symptoms worsen and are to be offered an appointment to return to the clinic to be rechecked.

Other patients may require additional treatment, which may be provided at the clinic. These patients are to be offered an appointment within 24 hours from the time of the call.

Occasionally a patient may need immediate hospitalization. The patient should be sent to the nearest ER as per the Medical Director's recommendation or the patient's choice. The patient is instructed to notify the ER physician to contact the clinic. The Medical Director will contact the ER upon transfer of patient to the ER.

#### **Bleeding**

When evaluating bleeding, it is important to ascertain onset of bleeding, color (dark, watery, bright), amount (frequency of pad change, how saturated), presence, frequency and size of clots (dime, quarter, egg, orange) and whether or not there is also cramping or pain.

#### **Patient stopped bleeding or started bleeding again.**

- This is normal; patient may stop and start for 3-4 weeks.
  - *Mild to moderate*-Not soaking pads, changing pads less than every two hours, passing one or two dime to quarter size clots.
  - *Severe*- Soaking pads with some frequency (state how much pads in one hour), passing many large clots. Clots less than the size of a quarter is within range. Clots larger than half dollar should be addressed.
- If bleeding or clots are not within range have the patient come to the clinic to be evaluated. If patient cannot come to the clinic and symptoms are severe refer to the nearest emergency room.
  - Are you using pads or tampons? (Advice patient to wear pads so the clots pass more easily and you can help her more accurately assess her bleeding pattern)

## **West Alabama Women's Center, Inc.**

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535 Jack Warner Parkway, Suite 1  
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- If it is a maxi pad, then how long to soak pad. As long as it is not over 2 pads in an hour and no clots then patient should elevate feet and call the clinic if bleeding increases.
  - What color and consistency is the bleeding? (bright red with clots is within normal limits; grape jelly consistency with acute cramping may indicate)
- *Post Abortion Syndrome (PAS)*: It is also important to identify if patient is on oral contraceptives and to rule out break through bleeding or error in taking pill. Counsel patient to decrease activity level and reassure her that this amount of bleeding is probably normal. Have her call back if bleeding increases in severity or continues beyond 2 weeks post procedure.

### **Cramping**

If patient has not taken any medications for pain the patient may take extra-strength Tylenol as instructed on take home sheet. Some cramping is normal. Leg cramps or back pain is fairly common which may be caused by position of uterus or because of awkward position in stirrups. Ask patient if she has been on feet or other standing or walking activity. Patient should elevate feet. She may use a heating pad if bleeding is not heavy. Also patient may be instructed to massage her fundus.

### **Medications**

Patient calls that she cannot keep the antibiotic down, I throw it up every time.

- When was your abortion?
- Have you kept any of the pills down and if so, how many?
- Do you have any drug allergies?
- Are you experiencing any rash or itching?
- Do you have difficulty swallowing pills?

Ask patient for a pharmacy number and call in alternative antibiotic per clinic protocol. Order an elixir if appropriate.

Other symptoms such as nausea, etc, are common but not allergic reactions. Ask patient when she is taking medication? Advise patient to eat something prior to taking medications.

### **Allergic Reaction**

If the patient is experiencing redness of skin, hives, swelling, or breathing difficulties, have her discontinue all medications and come into the clinic to be examined. If the symptoms are severe, have her go to the nearest emergency room and ask the ER to call the clinic.

### **High Temperature**

Ask patient what temperature is? Advise patient they need to use a thermometer.

## **West Alabama Women's Center, Inc.**

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- If it is lower than 100.0 tell patient to monitor temperature and call back if it increases. If temperature is 100.0 and over then patient may take extra strength Tylenol and should call clinic one hour after taking it. (As long as patient is not having other problems than low grade temperature) Low grade temperature is an indicator of possibly infection therefore the patient may be given a stronger antibiotic.

### **Breast Tenderness/Nausea/Continued Pregnancy Symptoms**

Ask patient the date of her pregnancy termination.

- If it has only been one week this is normal sometimes it will take a week for symptoms to decrease. IF it has been longer than one week post-op schedule patient for appointment. Do not scare her, but have her come in for follow-up. IF patient is taking over the counter medication, she could be getting use to them.

Patient calls with no period since termination and not on birth control pills.

- Ask patient are you experiencing signs/symptoms of pregnancy such as nausea, breast tenderness, etc? Ask patient how far in the pregnancy were you at the time of procedure? (early terminations are a red flag for a possibly missed pregnancy or missed one pregnancy where twins were involved)
- Ask patient if she is on depo? (irregular bleeding is normal on depo)  
Advise patient that she needs to be seen in clinic for a follow-up pregnancy test and ultrasound. Reassure patient that there will be no additional charges, she will be seen immediately and will not have a long wait and advise her to bring a driver. Answer any questions patient has. Do not give medical advice.

### **Bloating-Common**

- Increase fluids/talk about on follow-up. Fluids increase urination and help flush systems.

### **Constipation-Common**

- Use stool softener (Ducolax or Correctol-not X-lax)

### **Painful urination- This is not a special attention, follow-up**

- Possible UTI-we can treat on follow-up. Schedule patient to see physician or advise patient to see family physician.

### **Yeast Infection**

This is common with pregnancy or with antibiotics.

- Try an over the counter yeast infection medication-topically only, and then can be treated on follow-patient. Should not use anything internally till after follow-up. If patient has already used over the counter with no relief, she could come in to see the physician.



## **West Alabama Women's Center, Inc.**

**Willie Parker, MD, MPH, MSc**  
535 Jack Warner Parkway, Suite I  
Tuscaloosa, Alabama  
Telephone (205) 556-2026

### **ANSWERING SERVICE PROTOCOL**

West Alabama Women's Center, Inc. has an agreement with Druid City Answering Service, 205-349-8389, established in August 1993 to provide afterhours answering services. The receptionist will transfer calls at the end of the day and will provide the name of the person on call.

Operators for the service should immediately tell the caller that they are speaking with the answering service and not the clinic. If they are not told, the patient may be upset to learn, after explaining their confidential problems, they are speaking with someone other than clinic staff.

All problems or emergency situations will be transferred to the person on call immediately. The answering service is prohibited from providing any medical assistance or answering any health related questions.

The names of on call personnel and their contact information are provided to the answering service. Anyone accepting call for the clinic must have a cell phone or some type of communication where they can be reached 24 hours a day.

After hours contact persons and numbers are:

**Primary Contact Person:**

- Mamie Newton  
Cell: (205) 331-9133

**Secondary Contact Person:**

Willie Parker, MD  
Cell: (808)271-0260

The answering service has been instructed that if no response is received from the primary person on call within 30 minutes, the back up person should be contacted. If neither contact has responded after 30 minutes, the answering service will contact Gloria Gray.

Messages taken from anyone requesting information concerning prices, services, scheduling, or cancellation of appointments are to be given to clinic staff and they will return these types of calls the following business day. Daily printout of calls received by the answering service will be furnished the following business day.

The answering service will be as courteous to all callers as the staff is expected to be. Rudeness or insensitivity is not acceptable and will not be tolerated. If the caller is

**West Alabama Women's Center, Inc.**

Willie Parker, MD, MPH, MSc  
535 Jack Warner Parkway, Suite I  
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interrupted several times to answering other calls or does not have their call answering within 5 rings, then the service may be too busy or understaffed, and a change of service will be considered.

Periodic checks are made into answering service efficiency, courtesy to callers, and time callers are placed on hold. This follow up helps to identify potential problems before they become offensive to patients.

The following morning the answering service will fax a log of all after hours calls received since calls were transferred. West Alabama Women's Center, Inc. staff will pull the patient chart and fill out problem patient form. The form will be completed by the physician who evaluated the patient and state the action taken to treat the patient. The original copy of the problem patient sheet will be placed in the patient chart and a copy will be put in the problem patient book

Revised 1/1/2015

# Attachment D

<b>Induced Terminations of Pregnancy by Facility and Probable Postfertilization Age, Alabama, 2012</b>							
	<b>Total</b>	<b>1-5 weeks</b>	<b>6-10 weeks</b>	<b>11-15 weeks</b>	<b>16-19 Weeks</b>	<b>20 or more</b>	<b>Unknown</b>
<b>Facility</b>							
<b>Abortion Clinics</b>							
Planned Parenthood of Alabama	1342	706	576	59	1	0	0
New Woman All Women Health Care	470	221	221	28	0	0	0
All Women's Center for Reproductive Alternatives	1451	766	543	114	25	1	2
Planned Parenthood (Mobile)	1275	594	594	87	0	0	0
Reproductive Health Services, Inc	968	22	809	137	0	0	0
West Alabama Women's Center	3503	1611	1180	568	144	0	0
<b>Hospitals</b>							
St Vincents East	7	0	0	0	0	0	7
University Hospital (UAB)	21	1	0	2	16	1	1
St Vincents Birmingham	6	0	0	0	0	0	6
Huntsville Hospital	16	1	1	1	6	0	7
USA Medical Center	3	0	0	0	1	2	0
Springhill Memorial Hospital	1	0	0	0	1	0	0
Decatur General Hospital	6	0	1	1	0	0	4
Coosa Valley Medical Center	1	0	0	0	0	0	1
DCH Regional Medical Center	3	1	2	0	0	0	0
Northport Medical Center	1	0	0	0	1	0	0
Walker Baptist Medical Center	2	0	0	0	0	0	2
<b>Total</b>	<b>9076</b>	<b>3923</b>	<b>3927</b>	<b>997</b>	<b>195</b>	<b>4</b>	<b>30</b>
<b>Technical Note: Based on legislation passed in 2011, from January 2012 through April 2012, the termination of an ectopic pregnancy was considered reportable to the Center for Health Statistics. Legislation passed in 2012 clarified that the termination of an ectopic pregnancy was no longer reportable to the Center for Health Statistics as of April 30, 2012.</b>							

<b>Induced Terminations of Pregnancy by Facility and Probable Postfertilization Age, Alabama, 2013</b>							
		1-5 weeks	6-10 weeks	11-15 weeks	16-19 Weeks	20 or more	Unknown
Facility	Total						
<b>Abortion Clinics</b>							
Planned Parenthood of Alabama	1154	582	489	83	0	0	0
All Women's Center for Reproductive Alternatives	1469	820	484	127	38	0	0
Planned Parenthood (Mobile)	1134	591	490	53	0	0	0
Reproductive Health Services, Inc	1007	43	800	164	0	0	0
West Alabama Women's Center	3600	1644	1208	577	171	0	0
The Women's Center*	105	30	74	1	0	0	0
<b>Hospitals</b>							
University Hospital (UAB)	6	0	0	0	6	0	0
Huntsville Hospital	8	0	0	1	5	2	0
USA Children and Women's	2	0	0	1	1	0	0
<b>Total</b>	<b>8485</b>	<b>3710</b>	<b>3545</b>	<b>1007</b>	<b>221</b>	<b>2</b>	<b>0</b>
*Unlicensed abortion clinic.							
Revised 03/2015							

Induced Terminations of Pregnancy by Facility and Termination Procedure, Alabama, 2013																
Facility	Total	Suction Curettage	Sharp Curettage	Dilation and Evacuation	Hysterotomy	Hysterectomy	Medication	Manual Vacuum Aspiration	Electrical Vacuum Aspiration	Induction and dilation and Evacuation	Induction with Postaglandins	Induction with Intra-Amniotic Instillation	Other Induction	Intact Dilation and Evacuation	Other	Unknown
Abortion Clinics																
Planned Parenthood of Alabama	1154	11	0	0	0	0	775	1	354	4	0	0	0	0	0	9
All Women's Center for Reproductive Alternatives	1469	1241	1	0	0	0	214	0	0	0	0	0	0	0	0	13
Planned Parenthood (Mobile)	1134	2	0	0	0	1	563	0	553	1	0	0	0	0	0	14
Reproductive Health Services, Inc	1007	1005	0	0	0	0	0	0	0	1	0	0	0	0	0	1
West Alabama Women's Center	3600	2947	1	28	0	0	623	0	0	0	0	0	0	0	0	1
The Women's Center*	105	105	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitals																
University Hospital (UAB)	6	0	0	0	0	0	4	0	0	0	1	0	0	0	1	0
Huntsville Hospital USA Children and Women's	8	0	0	0	0	0	6	0	0	0	1	0	0	0	0	1
Women's	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Total	8485	5311	2	28	0	1	2186	1	907	6	3	0	0	0	1	39
* Unlicensed abortion clinic																
Revised 03/2015																