

Eurice Agbagaa #20s1980s #quackery #hemorrhagedeath

SUMMARY: Eurice Agbagaa, age 26, bled to death on January 15, 1989 after being abandoned in the care of a receptionist by Abram Zelikman in New York, NY.

Eurice Agbagaa, a 26-year-old immigrant from Ghana, went to [Abram Zelikman](#) for a [safe, legal abortion](#) on January 7, 1989. [Zelikman](#) estimated the pregnancy as 11 to 12 weeks. He performed the abortion at about 1pm, then sent Eurice to the recovery room.

Over the next 2 1/2 hours, Eurice bled so heavily that the receptionist, Yolanda Penalzer, became alarmed and asked Zelikman to do something. Zelikman told her that the bleeding was normal and that she should put an ice bag on the patient. He then left the facility, leaving Yolanda to care for the patients in recovery.

Yolanda continued to be concerned about Eurice's bleeding, and tried repeatedly to reach Zelikman at his home, but couldn't contact him. Finally she called an ambulance. The ambulance crew found Yolanda performing CPR on Eurice, who was in shock. They were able to restore her breathing and transport her to a hospital, where an emergency hysterectomy was done. It was determined that Eurice had actually been at least 19 weeks pregnant. Eurice had a perforated uterus and severed abdominal artery.

Eurice survived the surgery and was put on life support, but remained in a coma until her death in the early morning of January 15.

Zelikman's license was suspended.

Eurice isn't the only woman who ended up having an abortion far later in the pregnancy than she intended. [read more about ****Unintended Late Abortions****](#) .

How many “bad apples” does it take

Dr. Abram Zelikman

*Left a hemorrhaging abortion patient, Eurice Agbagaa, in the care of a receptionist. When the alarmed receptionist called and pleaded for his return, he ordered an ice pack for Eurice's abdomen. When Eurice stopped breathing, the receptionist tried CPR, but it was too late.

before you finally treat the orchard?
The time for abortion industry regulation is now.

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Sources:

- "License Suspended After Patient Dies," *Watertown (NY) Daily Times*, Feb. 4, 1980
- New York Post 1/10/89;

- New York Daily News 1/12/89, 1/16/89;
- Associated Press 1/16/89, 2/3/89
- "Patient left bleeding; doctor's license pulled," *Rochester (NY) Democrat and Chronicle*, Feb. 4, 1985
- "Doctor suspended," *Poughkeepsie Journal*, Feb. 4, 1989

**Rochester (NY) Democrat and Chronicle
February 4, 1989**

Patient left bleeding; doctor's license pulled

ALBANY — The state yesterday suspended the license of a Brooklyn doctor who is accused of leaving an abortion patient bleeding in a clinic.

The 26-year-old patient suffered a perforated uterus and massive bleeding during the abortion performed by Dr. **Abram Zelikman** on Jan. 7, state Health Commissioner Dr. David Axelrod said. She died of her injuries Jan. 15, Axelrod said.

Format: Abstract ▾

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[Surg Gynecol Obstet](#). 1983 Nov;157(5):461-6.

Fatal hemorrhage from legal abortion in the United States.

[Grimes DA](#), [Kafrissen ME](#), [O'Reilly KR](#), [Binkin NJ](#).

Abstract

Deaths from hemorrhage associated with legal induced abortion should not occur. Yet hemorrhage was the third most frequent cause of death from legal abortion in the United States between 1972 and 1979. This study was undertaken to document the scope of the problem, to identify risk factors for fatal hemorrhage and to recommend ways of preventing these deaths. Deaths were identified through the CDC's nationwide surveillance of deaths from abortions; information on numbers and characteristics of women having legal abortions was obtained from CDC and the Alan Guttmacher Institute. Twenty-four women died from hemorrhage after legal abortion in the United States from 1972 to 1979, for a death-to-case rate of 0.3 deaths per 100,000 abortions (95 per cent confidence interval 0.2 to 0.5). Women who died from hemorrhage were significantly older than those who died from other causes (27.6 versus 24.4 years; p less than 0.05). Documented uterine perforation or rupture was far more frequent among women who died from hemorrhage than those who died from other causes (71 versus 8 per cent; p less than 0.001). Women who sustained uterine perforation or rupture were over 1,000 times more likely to die from hemorrhage than those who did not. Deaths from hemorrhage can be eliminated by preventing uterine trauma during abortion and by rapidly diagnosing and treating hemorrhage if it occurs.

PIP: All deaths from hemorrhage (excluding disseminated intravascular coagulation) after legal abortion in the US were analyzed and compared with legal abortion deaths from all other causes during the January 1972 to December 31, 1979 period. The cause of death in each instance was determined after review of information from the woman, her family or friends, the medical staff, clinic or hospital records; autopsy reports; and death certificates. 24 women died from hemorrhage after legal abortion in the US from 1972-79. During this interval, 7,298,000 legal abortions were reported to the Centers for Disease Control (CDC). The death to case rate for hemorrhage from legal abortion during this period was 0.3 deaths/100,000 abortions. During this same interval, 132 women died of other causes related to legal abortion. No consistent temporal trend in deaths from hemorrhage after legal abortion was evident. The death to case rate for hemorrhage by year ranged from 0.1-0.5 deaths/100,000 abortions, reflecting the small numbers of such deaths each year. The proportion of all legal abortion deaths that was attributable to hemorrhage varied widely year by year, ranging from 4-36%. Women who died from hemorrhage after legal abortion were significantly older than women who died from other causes. Uterine perforation or rupture was far more frequent among women who died from hemorrhage than from other causes (71 versus 8%). Those who died from hemorrhage were 9.4 times more likely to have sustained trauma to the uterus than those who died from other causes. Few other important differences emerged between the 2 groups. Calculation of characteristic specific death to case rates revealed several factors associated with an increased risk of death from hemorrhage. Age was a powerful risk factor for fatal hemorrhage, the risk increasing with advancing age. Hemorrhage requiring transfusion was significantly more frequent among older women. Women of minority races had a higher risk of death from hemorrhage, although this was true for other causes of death as well. Gestational age also influenced the risk of death from hemorrhage. The risk increased progressively through the 16-20 week interval, after which it declined. Overall, the risk of death from hemorrhage was higher in hospitals. Preexisting medical conditions and incomplete abortion increased the risk of death from abortion. Women who sustained uterine perforation or rupture had a risk of death from hemorrhage over 1000 times that of women without this trauma. Uterine trauma caused the bleeding in 17 of the 24 fatal instances of hemorrhage. Lack of adequate postoperative monitoring or treatment of hemorrhagic shock was common to all 24 deaths.

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POUGHKEEPSIE JOURNAL, FEB. 4, 1989

Doctor suspended

ALBANY, N.Y. — The state Friday suspended the license of a Brooklyn doctor who allegedly left an abortion patient bleeding in a clinic while he performed two other abortions and then left the building.

The patient, who was rushed to a hospital emergency room and underwent emergency surgery, died Jan. 15 of a injuries inflicted during the abortion performed by Dr. Abram Zelikman, said state Health Commissioner Dr. David Axelrod.

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