



ADVERTISEMENT

Handful of Abortion Clinics Put Poor at Risk

By JULIE MARQUIS AND LEE ROMNEY

APRIL 5, 1998
12 AM



TIMES STAFF WRITERS

In an era when abortion is widely considered safe, thousands of Southern California women--primarily low-income, often Latina--are obtaining abortions from a handful of high-volume doctors who have repeatedly run into trouble with the state licensing board and in some cases run afoul of the law.

In scattered offices and storefront clinics throughout the region, these doctors quietly perform a procedure--sometimes late in the pregnancy--that many other physicians shun. Their patients tend to be desperate for help and disinclined to complain.

For the record:

12:00 AM, Apr. 09, 1998 For the Record

Los Angeles Times Thursday April 9, 1998 Home Edition Part A Page 3 Metro

Desk 2 inches; 38 words Type of Material: Correction

Abortions--A story in Sunday's Times reported that Dr. Bruce Steir had "cut into" the bowel of a patient who died of a perforated uterus after an abortion.

The autopsy report indicates that the patient's bowel showed evidence of surface hemorrhaging but was not punctured.

In the past five years, three doctors and a clinic manager in Southern California have been charged with felonies in connection with illegal or botched abortions. In three of

the cases, patients died. The doctors--some of whom provide 100 abortions a week or more, according to state records--all had long medical board records.

Officials concede that the small number of cases in which charges are brought represent only the most egregious problems and reflect the difficulty in policing the clinics.



The cases also dramatically illustrate the challenges poor women, particularly in immigrant communities, face in obtaining quality health care.

Although the public is largely unaware of what may go on inside these clinics, the potential for trouble is well known to some physicians and patient advocates.

“We call them chop shops,” said Dr. Jorge Carreon, a longtime South Gate obstetrician and gynecologist. “They are legal, but they are practicing medicine that is below the standard of care.”

Problem Doctors Difficult to Catch

Monitoring and disciplining errant doctors is complicated by abortion politics. Anti-abortion forces condemn what they call “abortion mills,” while abortion rights advocates blame opponents for marginalizing a legal procedure they believe should

be widely available.

For years, a problem provider's work may go largely unnoticed, except by women who accept discount leaflets on the streets or anti-abortion activists who painstakingly track the clinics' performance and protest at their doors. Sometimes, a single incident--a patient death, a near death or the provider's arrest--turns a harsh light on their history.

Dr. Gordon Goei had toiled for years in clinics throughout the region before making news late last month when authorities were called to a Northridge hospital where his 42-year-old patient was bleeding profusely. They found her 26-week-old fetus in a trash bag inside a Van Nuys clinic.

Goei, 55, was practicing despite a suspended medical license. He has been charged with performing an illegal abortion and is out on bail.

Trent Copeland, Goei's attorney, said his client didn't know he was practicing illegally because he never received notice that his license was suspended.

"I think he's found himself on the wrong side of the political question and has faced unfair attention," Copeland said. "The tragic irony is, this is a man who has spent his life providing medical services to low-income people."

But Goei was no stranger to the medical board; he had a 99-page file detailing disciplinary actions dating to 1979, when he was first placed on probation. He was disciplined again in 1984, in 1992, and in 1997--the most recent time for mishandling cases of eight obstetrical (non-abortion) patients.

Six days before he performed the abortion that led to his arrest, his license was suspended because he failed a competency exam required under probation, according to medical board records.

In other cases:

* Dr. Bruce Steir, 68, formerly one of the most active abortion providers in Northern California, faces second-degree murder charges in the 1996 death of a 27-year-old African American woman at a Moreno Valley clinic. Authorities say that Steir mistakenly cut into Sharon Hamptlon's bowel, then, despite realizing his error, left to catch a plane without referring her to a hospital.

Steir has since retired. His attorney, Mark Merin, said Steir did not know he had perforated Hamptlon's uterus and would never have left if he had.

Hamptlon was a fast-food restaurant worker on Medi-Cal who had been 20 weeks pregnant. She slipped into unconsciousness in her mother's car on the way home to Barstow, after telling her 3-year-old son she loved him, her mother, Doris, said. She bled to death.

Steir was on probation with the medical board at the time, practicing without oversight from a required proctor, according to court papers. He had been accused before of failing to refer injured abortion patients to hospitals, medical board records show, and he had been stripped of clinical privileges in the Navy.

* Dr. Suresh Gandotra was accused by state licensing authorities in 1995 of botching a late-term abortion that killed a 23-year-old Mexican woman who traveled from Tijuana to his San Ysidro clinic.

Licensing officials took heat from critics in the case because a forgotten file indicated that Gandotra had so seriously injured a late-term abortion patient four years earlier that a treating physician described her anatomy in medical board records as "difficult to identify."

The San Diego County district attorney's office filed involuntary manslaughter

charges in the patient's death, but Gandotra, then 45, had left the country.

Gandotra, who said he performed more than 100 abortions per week, had no hospital admitting privileges at any facility. Nor did he have basic emergency supplies on hand, such as blood for transfusions, according to medical board records.

A medical expert for the licensing board, in a sworn declaration, stated that Gandotra deviated from the standard of care in 10 significant ways--including "an extreme delay" in transferring the patient to the hospital.

His lawyer said in an interview that Gandotra had not operated below the standard of care.

* Alicia Ruiz Hanna was convicted in 1994 of second-degree murder and performing illegal abortions after Angela Sanchez, a 27-year-old mother of four, died on the operating table of Hanna's Santa Ana clinic. Hanna owned and operated the clinic under the license of Dr. Anthony Lee Cappelli, who rarely visited the two-room facility, according to court testimony.

Prosecutors asserted that Hanna posed as a doctor, performing up to 20 abortions with no doctor present. Sanchez suffered seizures after Hanna injected her with an unknown drug; Hanna later prevented a receptionist from calling 911, court testimony revealed.

Hanna's lawyer conceded that she erred in practicing medicine without a license but sought a lesser charge of involuntary manslaughter.

A devout Catholic, Sanchez had told family members only that she was getting a checkup. Two of her children sat in the waiting room for hours after she died. Later, they saw Hanna trying to stuff their mother's body into the trunk of a car, according to court testimony.

Hanna's clinic was financially ailing when she began performing abortions herself to eliminate the middle man--the physician, prosecutors said.

An estimated 1.3 million abortions are performed in America each year. Nearly 90% are done in the first trimester--an outpatient procedure that's "safer than having your tonsils out," said Charlotte Newhart, of the American College of Obstetricians and Gynecologists in California.

Abortion is 25 times less likely to result in maternal death than childbirth, according to her agency. Second-trimester abortions are more risky, so many doctors don't do them. Others say it is only appropriate to do them in a hospital or ambulatory surgical facility.

But abortions for poor women often meet a lesser standard.

Doctors in clinics can operate without much oversight, often without the peer review they would receive in a hospital, critics say.

"There isn't anybody watching them, and too many times their qualifications are subpar," said Julie D'Angelo, an attorney with the Center for Public Interest Law in San Diego.

Patients Reluctant to Come Forward

State officials concede that such abortion clinics are difficult to regulate. "Very frequently we will find out" about a patient with a complication "only because they are ultimately transferred to an emergency room," said Ron Joseph, the state medical board's executive director.

In addition, he said, cases involving allegations of substandard abortions can be tough to prosecute because even injured patients often are reluctant witnesses.

And even when the board revokes a license, its decision does not necessarily stand.

Although former medical board executive director Dixon Arnett pronounced Dr. Leo F. Kenneally's case "the most egregious I have seen, bar none," a Superior Court judge overturned the board's decision to yank his license.

That decision came after eight years of legal wrangling between Kenneally and the board and highlighted some of the problems immigrant women face in obtaining abortions.

An administrative law judge found in 1994 that Kenneally--considered the highest-volume provider in the state--had erred in his care of two abortion patients who died and five others who were treated negligently.

Nevertheless, he noted that the doctor was an "unselfish and committed provider serving the poor in a community that is grossly underserved medically. . . . His absence would make it much more difficult for disadvantaged women to obtain such services."

Confusion runs deep in the immigrant community about what abortion services are available--a key to explaining why the problem continues.

"I thought it was illegal," said 23-year-old Miguel Rodriguez, referring to abortion, as he waited for his wife to get a checkup at a South Figueroa Street clinic.

Outside another Los Angeles clinic where his wife was being treated for abortion complications, Juan Gallan of Ontario said: "You have no way of knowing if the service you're getting is good or not."

He simply looked in the Spanish-language Yellow Pages and chose the cheapest cash service, he said.

Many poor women do not know that short-term emergency Medi-Cal cards are available for abortions; that there are outpatient abortion facilities associated with major hospitals; or that Planned Parenthood doesn't turn anyone away for lack of means.

The taboo associated with abortion in the largely Catholic Latino community complicates matters, said state Deputy Atty. Gen. Gloria Barrios, who is handling the state's investigation of Goei.

"There still is . . . shame," she said. "You would come across a flier from these kinds of clinics more readily than you would hear of a safer family-planning clinic. You're scared, you're naive."

Troubled abortion clinics are one symptom of a general lack of access to mainstream care in poor or immigrant communities. Filling that void are small, independently run clinics.

"These are usually office-based providers in a strip mall, usually not board-certified, usually without hospital affiliation," said David Hayes-Bautista, executive director of UCLA's Center for the Study of Latino Health. "Some of these doc-in-the-boxes do provide good, quality care," he added, but they are "off the radar screen of organized medicine."

Effective Regulation Is Hampered

Abortion clinics catering to poor Latinas have sprung up across the Southland--from Santa Ana to the San Fernando Valley. Some are doctor-owned, others are run by lay people. All that is needed is a doctor's name to hang on the shingle. Often, they rely on migrating doctors, like Goei and Steir, to meet demand. Sometimes they offer only abortions; other times abortion is one of many services.

The doctors who work in these clinics are not required to have any particular credentials or training beyond their medical licenses. Often, training comes on the job. Sometimes the doctors have no hospital privileges, or the privileges have been revoked. Consumer advocates say such doctors may be reluctant to transport patients to hospitals in emergencies because that is when they come under scrutiny by other doctors--and perhaps the medical board.

Even some doctors within the industry agree there is a problem.

“A patient with private insurance will go to a private doctor. But abortion clinics per se are mostly Latino patients,” said Dr. Albert R. Brown, an abortion provider who has been reprimanded by the medical board for failing in one case to complete an abortion.

“They are some of the best patients. They come in and they don’t complain. Sometimes they are given abortions when they’re not even pregnant. . . . It’s an unregulated industry.”

Brown works out of a small, fifth-floor office in Los Angeles, down the hall from a competing clinic. He said he started doing abortions full time because he thought he could offer safe services at lower prices to an exploited community.

Some get into the business for other reasons, he says. “People are making megabucks in it,” he said. High-volume clinics will charge as much as \$300 in the first trimester and \$1,200 in the second.

Brown is now being sued by the state attorney general’s office after 48 fetuses from his clinic were dumped in a Chino Hills field. He said they were stolen.

Effective regulation of clinics is hampered by bitter politics. Instead of addressing concerns about substandard care, each side in the abortion debate uses the problem

to make its own points.

If abortion is marginalized, said Brian Johnston, western director of the National Right to Life League, it's because "it's a grisly thing--legal or not. That's why most doctors don't end up doing it."

Countered Susan Fogel, legal director of the California Women's Law Center: "The anti-choice movement has succeeded in diminishing the number of physicians who are practiced and trained in providing abortion. Women need a safe place to go. We need to bring these services out of the dark corners."



Lee Romney

Former staff writer Lee Romney covered the Bay Area and Northern California news for the Los Angeles Times from the San Francisco bureau. Romney grew up in Canada and then Arizona before moving to the Bay Area. She started with the L.A. Times in 1992 and after many years in the Southland returned to San Francisco in 2003. She left the newsroom in 2015.

Around the Web

Ads by Revcontent



Americas #1 Futurist George Gilder's 2020 Prediction Will Stun You

INTERNET REBOOT 2020



How Dogs Cry For Help: 3 Warning Signs Your Dogs Is Crying For Help

DR. MARTY



3 Ways Your Cat Asks for Help

DR. MARTY



Kansas Launches New Policy for Cars Used Less Than 50 Miles/day

EXPERTS IN MONEY



Here's How Walt Disney Rid His Theme Parks of Mosquitoes Permanently

MATERNITY WEEK



Millennials Won't Buy These Brands, and They're Disappearing

MONEYWISE.COM

ADVERTISEMENT

MOST READ

1 Gov. Gavin Newsom orders all Californians to stay at home

2 Californians ordered to stay at home: Here are the new rules

3 L.A. orders all nonessential businesses closed, bans public gatherings of any size

4 Here is what you can and can't do under L.A.'s new coronavirus health orders

5 What are the coronavirus restrictions in my community? A guide for Southern California

ADVERTISEMENT

Los Angeles Times

Subscribe for unlimited access

Follow Us



Copyright © 2020, Los Angeles Times | [Terms of Service](#) | [Privacy Policy](#) | [CA Notice of Collection](#) | [Do Not Sell My Info](#)