



**Unfavorable (Seeking Amendment)**  
**HB837 – More Opportunities for Career Focused Students Act**  
 Laura Bogley, JD  
 Director of Legislation, Maryland Right to Life

**Maryland Right to Life (MDRTL) is opposed to House Bill 837 as written, to the extent that the bill could authorize the abortion industry to recruit students in Maryland public schools and to pass costs for training and certifying student abortion workers onto Maryland taxpayers. Abortion is not healthcare and the state should not license and subsidize the abortion industry to recruit students for certification as substandard abortion providers.**

**PROTECT SCHOOLCHILDREN FROM THE ABORTION INDUSTRY IN SCHOOLS-** Without your amendment excluding abortion certification from qualified apprenticeship programs, additional taxpayer funds may be used to recruit and train a substandard abortion workforce from among Maryland public high school students. The bill would mandate that all county public schools pay for **apprenticeship entrance examinations** or **industrial certification examinations**, with questionable existing funds. The Maryland General Assembly by enacting the **Abortion Care Access Act** of 2022, authorized non-physicians who complete an undefined certification program to perform or provide abortions. We oppose any use of public funds, including any funds previously budgeted, to certify non-physicians to commit abortions. We oppose any insidious policy that would allow the abortion industry to recruit schoolchildren to be trained to commit abortions as a “career in healthcare”.

**ABORTION IS NOT HEALTH CARE –** Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

**TAXPAYER FUNDS AND FUNGIBILITY -** Without your amendment, this bill will necessarily apply to abortion workers and contribute to the enrichment of the abortion industry. The bill also serves as a pass-through mechanism for the use of federal funds to benefit the abortion industry. Under the concept of “**fungibility**”, any public funds used to offset the costs of doing business of the abortion industry, i.e. training workforce, is to be considered a public abortion subsidy. Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

**UNENFORCED -** The Maryland Department of Health has failed to ensure that existing non-physician abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland

Department of Health and through this program, the Maryland Department of Labor and Workforce Development.

**COMPLIANCE WITH FEDERAL TITLE IX** - Regulations attached to Federal Title IX require any institution that receives federal funds, which may be as tenuous as accepting grant money, tax credits or waivers, is required to provide equal accommodation for pregnancy and termination of pregnancy. Therefore any effort the government makes to promote or fund abortions and abortion providers, must be matched with equal resources for pregnancy and pro-life providers, such as pregnancy resource centers. In order to comply, the Maryland Department of Labor and Workforce Development would be required to provide equal access and resources to students for training and certification in prenatal care, childbirth and delivery.

**PRIORITIZE LIFE** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

**For these reasons, we respectfully urge you to preserve the otherwise legitimate purposes of this bill by amending it to exclude its application to abortion, abortion workers, training and certification or by issuing an unfavorable report. While a statement of legislative intent by the bill sponsors may serve as an historical footnote, it will not prevent exploitation of this law by the abortion industry. We urge you to vote against any measure to allocate public funds to abortion providers, services, education, training or certification, particularly within our schools.**

## Terrifying Botched Abortion by Nurse Results in Multi-Million-Dollar Suit Against Brigham-Connected Late-Term Facility (Excerpt Only)

October 14, 2021 By [Operation Rescue 14 Comments](#)



*Capital Women's Services is a late-term abortion facility in Washington, D.C. with connections to the discredited New Jersey abortionist Steven Chase Brigham. This is where a nurse conducted a botched late-term abortion that resulted in a major medical malpractice suit.*

By Cheryl Sullenger

Washington, D.C. – From the moment [Capital Women's Services](#) opened in 2017, there was controversy. The facility had quietly located in an unremarkable multi-office building on Georgia Avenue in northwest Washington, D.C. where there were few regulations that would hamper its very-late-term abortion business.

### Nightmare begins

Markeisha Hemsley, a Maryland resident, arrived at Capital Women's Services between 8:00 and 9:00 a.m. on the morning of October 25, 2018, for a second trimester Dilation and Evacuation (D&E) abortion. When she first made her appointment, the only information the scheduler asked for was her name and the length of her pregnancy. Hemsley was accompanied to the abortion facility by her mother. Together, they had managed to scrape together the \$1,495 for the second trimester abortion, which was paid with a combination of cash and credit card. Hemsley's malpractice complaint alleged that she was never fully informed about her abortion, which is a hallmark of Brigham's known practices. She was never told by anyone at Capital Women's Services what to expect, who would be doing her abortion, how the abortion would be done, or what risks she might be assuming in giving her consent for the abortion.

Hemsley's baby was 20.3 weeks gestation.

The lawsuit's [statement of facts](#) explained the national standard used for abortions at 20.3 weeks of pregnancy. The national standard of care for second-trimester abortions, and specifically for procedures at gestational periods of 20.3 weeks, required 1) the use of an osmotic dilator, typically laminaria, inserted 12-24 hours prior in order to dilate the cervix to 3-4 centimeters, depending on the size of the fetal tissue; 2) the use of two sizes of forceps, referred to as Bierer and Sopher forceps, to extract the fetal tissue and majority of the placenta through the cervix; and 3) a suction curette to then extract the remainder of the fetal tissue and placenta inside of the uterus. Cannulas are rarely wide enough to adequately aspirate the large amount of fetal tissue present at this gestational age. However, the national standard, as horrific as it is for the baby, was not even close to what Hemsley got.

At around 11:30 a.m., Hemsley was given two doses of Misoprostol. One dose was taken immediately and the second dose an hour later.

Her dosage was the same as given by Capital Women's Services for Methotrexate and Misoprostol (M&M) chemical abortions done at home over a period of several hours or days. In Hemsley's situation, the doses should have been taken three hours apart, with the abortion beginning six hours later for maximum dilation effect. This would have an impact on how the day unfolded.

About two hours and 45 minutes after taking the first dose, Hemsley's name was called, and she was escorted to a procedure room.

### Nurse Jefferson

That's when she met [Khalilah Q. Jefferson](#) for the first time. Jefferson had entered the room wearing a white lab coat, but never introduced herself, leaving Hemsley to assume she was a doctor.

Jefferson is, in fact, licensed as a registered nurse and a certified registered nurse practitioner in Washington, D.C., and Maryland — not a licensed physician.

In the District of Columbia, non-physicians, including nurse practitioners, are allowed to conduct abortions with no apparent gestational limit. However, second trimester abortions require a very different skill set than simply handing someone abortion pills, or even conducting a relatively simpler first trimester suction aspiration abortion. Nurse Practitioners simply are not qualified to conduct surgeries of this nature. During the second trimester, the risk of medical catastrophe rises with each passing week. The fact that Capital Women's Services allowed an unsupervised nurse practitioner to conduct complex second trimester D&E abortions – presumably up to 36 weeks – was appalling. The danger this posed cannot be overstated.

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With Hemsley under the illusion that Jefferson was a physician, Jefferson told her to “get undressed, lay down on the operating table, and place her legs in stirrups.” At approximately 2:15 p.m., Jefferson injected two drugs to induce conscious sedation. That was enough, along with the improper dosing of Misoprostol, to cause Hemsley to turn on her side and vomit.

### **Botched**

Jefferson then began the abortion using mechanical dilators, which were insufficient to adequately open Hemsley's cervix large enough to use the forceps needed to complete her abortion. It is important to note that her malpractice suit claims that osmotic dilators, such as laminaria, were *never* used on Hemsley.

In fact, Hemsley has no memory of seeing Jefferson use forceps at Capital Women's Services. According to the legal complaint, Jefferson negligently used a suction cannula with ultrasound guidance to begin removing the baby's body parts without bothering to first remove the larger pieces of the baby that would not fit through the suction tubing.

By this time, the sedation was beginning to wear off and Hemsley began to feel excruciating pain. As Jefferson rolled the ultrasound transducer over her abdomen, Hemsley heard Jefferson say repeatedly, “I missed it.”

According to treatment records referenced in the legal complaint, Jefferson was looking for the baby's calvarium, or skull. Jefferson had perforated Hemsley's uterus and shoved her baby's head through the tear where it lodged in her abdomen.

At this point, Jefferson should have called an ambulance to transport Hemsley to a hospital where she could get the surgery she needed to remove the calvarium and treat her uterine perforation and other complications.

Instead, Nurse Jefferson left the procedure room to inform Hemsley's mother that “the sonogram was not giving a clear enough image of the fetus, and that she wanted to move Ms. Hemsley to ‘her other office’ where they had better equipment,” according to the complaint.

### **“Shut up!”**

Jefferson never bothered to tell Hemsley's mother that the “other office” was in Maryland and that no ambulance would be called.

Suffering in pain with a life-threatening internal injury, Hemsley was placed in the back seat of Jefferson's personal BMW SUV with the help of other clinic workers.

Unsure of where she was being taken and in so much pain that she feared she might die, Hemsley begged Jefferson to take her to a hospital.

The complaint narrative described Jefferson's atrocious behavior during the estimated 27-minute nightmarish drive from the D.C. facility to the Moore OBGYN's Greenbelt, Maryland office:

Jefferson transported Ms. Hemsley to the Moore OBGYN facility at 7525 Greenway Center Drive in Greenbelt, MD, approximately 14 miles away and across a state line. Ms. Hemsley remained in tremendous pain and pleaded for Jefferson to stop and take her to the hospital. In response, Jefferson turned the volume up on the stereo to drown out Ms. Hemsley's cries, insulted her, and yelled, “Shut up!”

With the help of an unidentified employee of Moore OBGYN, Hemsley was taken inside, placed on a “operating table,” and hooked up to a sonogram belt. Hemsley lay in pain, unsure of what would happen next.

## Illegal abortion?

Jefferson attempted to complete the abortion, even though in Maryland, to do so was a violation of state law that allows only licensed physicians to conduct abortions.

Hemsley's malpractice complaint detailed what happened next.

At this point, Ms. Hemsley's medication had worn off, and she was in extreme pain. She cried out for Jefferson to stop and felt like she was going to die.

Jefferson did not stop and . . . used forceps to try to remove the calvarium from the abdominal cavity through the cervix, a hazardous maneuver with Ms. Hemsley's uterus already perforated.

[Hemsley's mother], who had followed Jefferson to the Moore OBGYN facility and heard her daughter's cries, entered the operating room and saw Jefferson standing in front of her screaming daughter holding bloody forceps. Jefferson finally relented and agreed that Hemsley should go to the hospital. As Hemsley's mom attempted to call for an ambulance, Jefferson pleaded with her not to reveal the location of the office.

It is unknown how Jefferson thought the ambulance would know how to reach them if the 911 dispatcher was not given the address.

Hemsley's mother refused not to identify the office, so Jefferson then "grabbed [the] phone from her hand and impersonated [Hemsley's mother] to the 9-1-1 dispatcher, repeatedly referring to Ms. Hemsley as 'my daughter.'" Hemsley, with only her mother's help, was forced to take an elevator to the lower floor then wait on the curb for the ambulance. Held up by her mom, Hemsley drifted in and out of consciousness due to the extreme pain.

When the ambulance arrived, Jefferson "intercepted" the EMTs and identified herself as an employee of Moore OBGYN. She then proceeded to give them a false story about Hemsley's abortion and the true extent of her injuries.

"This misrepresentation was intentional, self-serving, reckless, completely disregarded Ms. Hemsley's rights, and prolonged her pain and suffering," the complaint stated.

## Other lies

In Hemsley's charts, Jefferson repeatedly omitted important information or just downright lied about her procedures and Hemsley's condition during the abortion.

Below is an example quoted directly from Hemsley's malpractice complaint.

Hemsley's cervix was noted as dilated to 101 millimeters, or 10.1 centimeters. This diameter is both physically impossible with a mechanical dilator and medically unnecessary. Jefferson also reported an estimated blood loss of just 25 mL, an astonishingly low number for a procedure that typically produces a blood loss in the 100 mL — 400 mL range.

For the record, [complete cervical dilation](#) for a woman delivering a full-term baby is 10 cm, at which time, she can begin to push the baby into the world.

## Finally at the hospital

Hemsley was finally transported by ambulance to George Washington Hospital's emergency room, arriving at 6:15 p.m. There, she displayed an "altered state of consciousness" and complained of throbbing, severe abdominal pain. She was diagnosed with massive internal bleeding. Doctors discovered a seven-centimeter (or nearly 3 inch) tear in the uterus.

Hemsley was rushed into surgery where she was given a horizontal "bikini" incision that stretched from hip to hip so that the surgeon could clean up the blood that pooled between her organs, repair her uterine perforation, and inspect her urethra and bladder for injury. Her uterus was temporarily removed from her body so the skull of her baby could be located and removed.

A doctor consulted with Hemsley after her surgery and advised her not to have children for two years. She explained that if Hemsley ever did become pregnant, she would require strict monitoring and could never deliver vaginally again.

In all, Hemsley spent four days in the hospital.

She was so traumatized by her horrific experience that she feared seeing an OBGYN. It wasn't until February 2021 that she was able to muster the courage to visit an OBGYN again. She continues to suffer "psychological and emotional symptoms, especially in October."

Hemsley's lawsuit is seeking a total of \$30 million in compensatory and punitive damages, costs, and whatever other relief "the court deems just and proper."