Editor's Note: The Delaware Attorney General's office filed a complaint Thursday against former Planned Parenthood abortion doctor Timothy F. Liveright, citing him for unprofessional, incompetent and negligent conduct and calling him a "clear and immediate danger to the public." Liveright's name was raised repeatedly at Legislative Hall Wednesday, when nurses – Jayne Mitchell-Werbrich and Joyce Vasikonis – shared their concerns and experiences at the clinic in an ad hoc hearing called by Sen. Robert Venables, D-Laurel, and Sen. Greg Lavelle, R-Sharpley. This is the transcript of the testimony given by nurse Joyce Vasikonis.

My name is Joyce Vasikonis. I am a registered nurse with a multi-state license. I have been a woman's health nurse for 37 years. I began working Labor and Delivery in Atlanta, Ga. and continued in New Jersey. I have worked as an assistant nurse manager at a tertiary care center, nurse manager at the largest Labor and Delivery in South Jersey and a coordinator for Pennsylvania's, Healthy Beginnings Plus Program in Philadelphia. When I moved to Western Pennsylvania, I developed, directed and managed this same state program for 11 years. I have been in Delaware since 2006. I worked for a short period of time in Labor and Delivery and for a non-profit. I worked over four years as a triage nurse in an OB/GYN practice here in Dover. Currently I am a student at the University of Delaware in Women's Studies with a minor in Domestic Violence Prevention.

I want to make it very clear that I will only be talking about my personal experiences at Planned Parenthood of Delaware. I will be referring to abortion throughout my testimony because that is the area I was hired to work and where I found the most deficiencies. My issue is not abortion but unsafe medical practices that put women at potential risk for harm. These unsafe medical practices taken to another setting would put patients of any gender, having any surgical procedure, at risk. My testimony is not presented to decrease access to, decrease the number performed or eliminate any abortions but to make abortion a safe procedure at Planned Parenthood of Delaware.

It would take me the entire afternoon to discuss all the deficiencies I discovered at Planned Parenthood of Delaware during the 10 months I worked there. What I found was that the culture at Planned Parenthood of Delaware was focused on maximizing profits and the bottom line; not quality healthcare for women. My testimony will be limited to an overview. Following, in no particular order, is a partial list of deficiencies:

- All staff was inadequately trained, particularly in blood borne pathogens
- Management was inadequately trained
- No Policy and Procedure Manuals were available for staff
- No MSDS (material safety data sheets) were available for staff
- No job duty descriptions for staff
- Disregard for patient needs or comfort
- Disregard for staff input or suggestions
- Staff were to work until services were completed without any breaks
- I experienced both sexual and racial harassment
- Many staff members were fired without cause
- Abnormal STD (sexually transmitted disease) lab results and STAT labs(to be completed and reported immediately) were not followed per protocol
- The clinics were severely disorganized and there was a carelessness in job performance
- Patient scheduling was not controlled in response to inadequate staffing levels; patients often had no place to sit and waited as long as six hours to be seen
- Outdated equipment and supplies remained in use
- Broken equipment remained in the clinical setting
- HIPAA compliance (patient confidentiality) was violated daily

- Quality and Risk management policies were not followed or enforced
- Surgical suites and recovery rooms were not thoroughly cleaned between patients
- Patient complications were not reported
- Sterile instruments were not handled in a manner consistent with accepted sterile technique
- Dr. Timothy Liveright did not wear sterile gloves during procedures
- Speed was the ultimate goal

Let me briefly describe my routine day as a per diem nurse in abortion services. In the surgical area I, and two other nurses, would begin to prepare for the day by stocking the rooms. This often required searching through disorganized closets crammed with supplies. Other nurses removed syringes from their sterile packaging, labeled them for sedation medications before placing them in a plastic bin. A local anesthetic was drawn up into individual syringes and placed on the equipment table in the surgical suites. Both of these actions were breaks in sterile and surgical technique but were done for increased speed. I made my manager, Robert Racer, aware but nothing changed

When I worked the recovery area, I was expected to also prepare patients for procedures. As charts were brought to me, after patients had their ultrasound, blood work and counseling, I identified the patient, reviewed the chart for completeness, verified the patients understanding of consents and procedure, reviewed the medical history, determined if the patient required any pre-medication and verified post-procedure birth control plans. If the patient was Spanish speaking, I had to walk to the front of the clinic to find an interpreter and wait for her availability.

Once procedures started, I was to recover patients by monitoring their vital signs and bleeding, give discharge instruction and, at times, administer medications. At the same time I was also preparing other patients for procedures. The only area for patient charts was a small desk or on the counter by the sink. All patients were instructed in the recovery room. Try as I could, there was no way to maintain confidentiality. Charts could be seen, questions and instructions could be overheard. There was no privacy for any patient. I had to repeatedly leave the recovery room which violated standards of care and placed patients at potential risk. Robert Racer, my manager, was made aware but nothing changed.

If there was not a steady supply of patients ready for their procedure, physicians frequently complained. Physicians were paid by procedure. I was expected to do whatever was necessary to keep up the speed. Usually someone assisted with taking blood pressures but they could not evaluate a patient so I had to monitor the assistant continuously. There were no breaks until the day was complete. Administration continually pushed to run abortion services with two rather than three nurses to reduce cost.

When I was assigned to the surgical suites I prepared the rooms and checked all equipment. I identified the patient, instructed her in what to expect and comforted her. I started the intravenous and administered the medications for patients receiving sedation. I monitored patient vital signs as I assisted the physician. After the procedure, I prepared the patient for transfer to the recovery room before cleaning the room and preparing it for the next patient. Twice Dr Timothy Liveright said he cleaned a room and brought a patient back. The room was not correctly cleaned. Both times I removed the patient to clean the room. The second time this happened I instructed Dr Liveright he was never to do this again. It was routine to be alone with the physician in the surgical suite. During the procedure the physicians often ignored the patent and talked about topics of their own interest.

In January 2012, my manager, Robert Racer, asked me to go to the Dover site and check emergency drugs, equipment and surgical suites because Dr Meyers, the new Medical Director, was planning to go to that site. I found outdated drugs in the emergency box, intravenous solutions expired since 2008 and sterile needles outdated since 2005 as well as other outdated equipment. I made Mr. Racer aware and I destroyed all outdated materials on my own. Expired items could be unsterile or the quality degraded. They should never be left in the clinical setting where they could be mistakenly used.

February 17, 2012 I also began working, with another nurse, to assist Dr. Carole Meyers, Medical Director, in Quality and Risk management. I was shocked to find Quality Assurance to be a shambles. Reviews and assessments were

not done per standards. Those done were not reported in a way they could be verified. Job duties and procedures were non - existent. Dr. Meyers said Quality and Risk Management had been identified as having deficiencies when she audited for accreditation in 2008. I began to work on job responsibilities and procedures in the clinical areas. A Quality Assurance specialist was hired temporarily.

My manager was fired; I was not given the reason for his dismissal. Nancy Hoffman, CEO, offered me the Surgical Services Manager's position. By this time I was greatly concerned about the working conditions but felt I could make a difference. Dr Meyers assured me things would improve. I agreed to take the position on an interim basis until they hired a manager because I was not interested in working full time. I was offered complete support and cooperation from both Dr Meyers and Nancy Hoffman. Support and cooperation never materialized. No one oriented me or willingly gave assistance. I was now working in a battleground between trying to correct the massive number of issues and being undermined by the Wilmington manager, Carolyn Smith-Brown and the CEO, Nancy Hoffman. As it turned out, I often worked 60 hour weeks.

I began the Interim Surgical Services Manager position the afternoon of March 19th 2012. Nancy Hoffman, CEO informed me that surgical services were scheduled the 21st, 22nd, 23rd and 24th with no staff scheduled. I discovered I had one full time health care assistant and a few per diem nurses as surgical service employees. All other clinical employees were to be asked if they would work or obtain approval by Carolyn Smith-Brown, their manager. There was not even a current list of employee contact information.

I informed Nancy Hoffman and Dr Carole Meyers training was severely lacking and staff had been given too much responsibility with inadequate knowledge. I informed them staff did not understand sterile technique. Instruments were packed into the autoclave where steam could not completely surround them. Instruments were removed before the cycle was completed and either put out wet or placed in the food freezer to cool. These are serious breaks in sterile procedure which could result in viruses or bacteria remaining on the instruments. This placed patients at risk for contracting hepatitis, HIV or any number of bacterial infections. There was no response. After two weeks in this position, I had developed a training program, presented it for approval at the managers meeting and began to train the staff myself. Sterility must be done correctly every time to ensure patient safety.

Nancy Hoffman, CEO, made me aware abortions had not been reported accurately to the state and I was to fix it. I verified the health care assistant assigned to this knew the proper procedure and she agreed to ensure this was done. I discovered the following month she was not reporting. I assumed this responsibility because there was no one else. I called the state agency to order supplies and was told there were several months where reporting was clearly low or no reports received. Reporting abortion statistics was correct for my tenure and all reports were presented to my supervisors for submission to the state.

Another issue was quantitative HCG's (pregnancy hormone levels) being followed appropriately. This lab test is done to evaluate how far along in the pregnancy a patient is but also to evaluate for an ectopic pregnancy which could be life threatening if left undiagnosed. Since this had been a deficiency identified by Dr. Meyers during the accreditation of 2008, Dr Meyers wanted this solved ASAP. Accreditation was scheduled again for August. This should not have been a difficult procedure but the staff refused to handle abortion items during gynecology clinics and Carolyn Smith-Brown, the Wilmington manager, would not ensure all labs were followed at her site. The only way I was able to solve it was to check the lab book at the end of surgical days, take that patient's chart and follow up myself. I continually discussed with Dr Meyers this was an unacceptable remedy but it did not change.

Gloria Johnson was hired into the VP for Medical Services position in April 2012. Over the course of three months she fired Carolyn Smith-Brown and all but one health care assistant in the Wilmington office. The entire staff, including the manager, of the Dover office resigned. I received an email from Shirley Farrell, Director of Human Resources July 30, 2012 saying Gloria Johnson told her I would write up behavior I observed of one employee that had applied for unemployment. I was asked to write I had observed rude and combative behavior during a meeting May 23rd 2012 as this was the reason given for firing. I was asked for information on another employee to assist in not granting

unemployment benefits. I had not witnessed any reasons for firing either employee refused to provide false documentation.

In May 2012, Gloria Johnson requested I work in the Dover office as professional backup for health care assistants giving out birth control pills, the morning after pill and doing urine pregnancy testing. I found patient charts all over this office, phone calls were not being returned and staff did not correctly document meds given to the patient. Also lab results were not being obtained for weeks at a time. I brought this to the attention of both Gloria Johnson and Dr Carole Meyers. I refused to assume managerial responsibilities without orientation. Marcy Williams, licensed practical nurse, was hired as the Surgical Services Manager in mid June 2012. She assumed the responsibilities and I was returned to a per diem position mid July.

New staff was being thrown into the clinical setting with no orientation. I was no longer the manager so could not initiate any corrective actions. The new staff knew nothing about sterile technique. For the last three weeks I worked at Planned Parenthood of Delaware, I alone scrubbed and sterilized instruments because no one else knew how. The Dover office did not have impervious gowns which are required when in contact with potentially contaminated fluids. I repeatedly made Marcy Williams aware but she said the isolation gowns were cheaper. I put myself at risk for contracting any number of diseases. Nothing had changed as of my last day working.

On July 17, 2012 I sent an email to the CEO, VP of Medical Services, Director of Human Resources and the Medical Director. I complained they had allowed a full schedule of patients with half the required staff. I explained the risk to both patients and staff and the barrage of criticism we endured that day. I requested the situations be seriously dealt with, patient schedule be limited to a number staff could support and staff be trained properly. Administration's response was to arrive at the Dover site the following week and force the physician to publically apologize for her complaints. Actually the barrage of criticism had been by Gloria Johnson herself. The CEO responded to me by email saying the schedule was to be limited but the instruction had not been followed. I was reassured the issues were all being addressed.

After this email, Gloria Johnson began to refer to me as "white girl" in front of staff. I reported this to Human Resources.

My last email was dated August 2nd 2012. The previous day Gloria Johnson asked if I would counsel patients. I agreed to counsel patients if I was oriented and properly trained. My orientation was Marcy Williams showing me the consent forms. During that day I went to Gloria Johnson several times to make her aware I did not know how to do funding, didn't know costs or correct explanations for FDA guidelines vs. Planned Parenthood guidelines for drug administration. I was on my own.

That day all health care assistants had been sent to state mandated HIV counseling training. The patient schedule remained at the usual level. I discovered the staff member assigned to sterilizing instruments had never done this before and had no orientation. At the end of the day I was handed three positive STD results that had been received eight days previously. Not only were these far past the date the patients should have been notified but I was not the appropriate person to follow up on abnormal labs. There was no protocol for me to prescribe treatment and I am not licensed to prescribe medications. This is an issue I had discussed previously with Dr. Meyers and had requested a protocol to be written so I could follow up on these results. Nothing had been done.

My last scheduled day at Planned Parenthood was August 3rd 2012. I felt there was no attempt to ensure patient or staff safety. During my employment, I made the appropriate administrator aware of each unsafe situation I discovered. I corrected everything in my power. Every improvement I made was reversed by Gloria Johnson. When I left, the surgical service was just as dangerous to patients and staff as when I arrived. I need to emphasize the handling of blood borne pathogens and sterility is an issue than cannot be addressed "in time", as Planned Parenthood has often claimed. Patients and staff must be protected from potential infection at all times. I worked 8/3/12 and informed all administrators by email it was my final day and the reasons for my leaving. I felt continuing would put myself and my professional license at risk.

As a nurse, I am mandated by the state of Delaware to report. I collaborated with Jayne Mitchell- Werbrich in her reporting. I did email the regulatory agency after Jayne Mitchell-Werbrich made her report but I received no reply. Jayne reported to OSHA (Occupational Health and Safety Administration) and I responded to the inaccuracies of Planned Parenthood's response. OSHA did find violations and fined Planned Parenthood.

My recommendation is for Planned Parenthood to be:

- Managed by a knowledgeable medical group
- Accredited by an independent national organization
- Regulated by an impartial agency

Planned Parenthood self regulates and self accredits. Dr Carole Meyers was the Federation auditor for the 2008 accreditation and then the Delaware medical director, brought in just months before the 2012 accreditation. There is now another medical director at Planned Parenthood of Delaware. For Planned Parenthood to regulate itself allows them to cover up their own deficiencies and gives them protection from discovery. My experience has been Planned Parenthood of Delaware feels they are above question or scrutiny as to whether they actually provide adequate care or follow the law.