





3. I own and operate a private gynecology practice, Women's Care Gynecology, Inc. ("WCG"), in Bridgeton, Missouri.

4. WCG is located in a condominium unit that is part of a multi-unit office building, which was constructed on or about 1975. I have operated WCG in this same physical location for over three decades, beginning in 1976. Subsequent to opening WCG in its existing location, I have not undertaken any significant renovations of its physical facilities.

5. I provide a range of gynecological services at WCG, including minor surgical procedures such as cervical biopsy, surgical completion of miscarriage, hysteroscopy, laser of the cervix, and cryosurgery of the cervix. These surgical procedures also include first-trimester abortions (up to a gestational age of 14 weeks as measured from the first day of the woman's last menstrual period). The gynecological services I provide at WCG also include medication abortion.

6. I have continuously provided first trimester abortions in my private medical practice since 1976. During that time, I estimate that I have safely performed approximately 17,000 first-trimester abortions at WCG. My abortion patients have experienced extremely low complication rates throughout my more than 30 years practicing of WCG.

7. At present, I provide approximately 10-12 abortions each week at WCG. Abortion patients make up less than 51% of my patients at WCG, and abortion-related revenue makes up less than 51% of the revenue at WCG.

8. First trimester surgical abortion, which involves neither incisions nor general anesthesia, is one of the safest surgical procedures performed in this country.



First trimester surgical abortions take only a few minutes to perform and patients are able to leave the facility within a few minutes to an hour after surgery. First trimester medication abortion involves no surgery at all, but simply the taking of medications provided to the patient by the physician, and patients are able to leave the facility immediately after the medications have been given.

9. The National Abortion Federation (“NAF”) is the largest professional association of abortion practitioners in the United States. NAF annually publishes “Clinical Policy Guidelines,” a set of clinical guidelines for the provision of abortion, and it conducts inspections of member providers to ensure that they comply with those guidelines.

10. WCG is a member of NAF and submits itself to inspections by NAF to ensure its compliance with that organization’s clinical policy guidelines.

11. The American College of Obstetricians and Gynecologists (“ACOG”) is the leading professional association of obstetrician-gynecologists in the country. ACOG periodically publishes “Guidelines for Women’s Healthcare,” which provide guidance to practitioners regarding the safe provision of outpatient gynecological care, including abortions.

12. Performing first-trimester surgical and medication abortions in a private office setting, like WCG, rather than in an ambulatory surgical center (“ASC”), falls within the applicable standard of care according to the two major professional organizations in the area of abortion care, NAF and ACOG. The relevant sections of the ACOG Guidelines for Women’s Healthcare (2002) and the 2007 NAF Clinical Policy Guidelines are attached hereto as Exhibits 1 and 2.



13. Prior to the 2007 Amendment to the Missouri Ambulatory Surgical Center Licensing Law (the "2007 Amendment"), I was not required by law to license WCG as an ambulatory surgical center ("ASC").

14. It is my understanding that, pursuant to the 2007 Amendment, WCG, and any other abortion provider who performs five or more first trimester abortions per month, must now become licensed as an ASC.

15. It is my further understanding that the Department of Health and Senior Services ("DHSS") has previously adopted regulations governing abortion facilities subject to licensure under Missouri's ASC Licensing Law, and that those regulations established two different sets of physical construction requirements for abortion facilities: a more stringent set of standards for newly constructed or newly renovated abortion facilities, and a modified and more flexible set of standards for abortion facilities in operation prior to October 1987.

16. DHSS has notified me that WCG must meet the physical construction standards that are applicable to new abortion facilities.

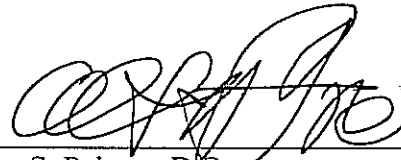
17. In order for WCG to meet the physical construction standards for new abortion facilities, I would need to gut-renovate and rebuild my entire office space, attempt to make alterations to the building in which WCG is located, and reduce the size of my practice. The enormous costs of such an undertaking are not economically feasible for me or WCG. As a result, if WCG is required to meet the new construction standards in order to continue providing abortions, I will be forced to stop providing abortions at WCG.





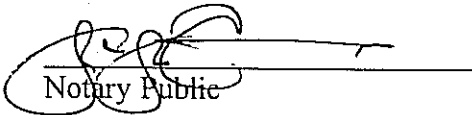
18. Moreover, my medical practice at WCG is not financially sustainable without the revenue I currently receive from performing abortions there. Accordingly, if I cannot perform abortions at WCG, I will be forced to close my medical practice entirely.

19. I can readily bring WCG into compliance with the physical construction standards applicable to existing facilities, if I am permitted to obtain licensing for WCG under those standards.



Allen S. Palmer, D.O.

Sworn to before me this 9th  
day of ~~August~~, 2008.  
September



Notary Public

