ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 8672
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Haskell: Yeah. I taped a procedure a couple of years ago, a very brief video, that simply showed the technique. The old story about a picture's worth a thousand words.

AMN: As National Right to Life will tell you.

Haskell: Afterwards they were just amazed. They just had no idea. And here they're rabid supporters of abortion. They work in the office there. And...some of them have never seen one performed...

Comments on elective vs. non-elective abortions:

Haskell: And I'll be quite frank: most of my abortions are elective in that 20-24 week range... In my particular case, probably 20% are for genetic reasons. And the other 80% are purely elective...

An Abortion Rights Advocate Says He Lied About Procedure
DAVID STOUT
New York Times, Late Edition - Final ED, COL 01, P 12
Wednesday February 26 1997

WASHINGTON, Feb. 25 - A prominent member of the abortion rights movement said today that he lied in earlier statements when he said a controversial form of late-term abortion is rare and performed primarily to save the lives or fertility of women bearing severely malformed babies.

He now says the procedure is performed far more often than his colleagues have acknowledged, and on healthy women bearing healthy fetuses.

Ron Fitzsimmons, the executive director of the National Coalition of Abortion Providers, said he intentionally misled in previous remarks about the procedure, called intact dilation and evacuation by those who believe it should remain legal and "partial-birth abortion" by those who believe it should be outlawed, because he feared the truth would damage the cause of abortion rights.

But he is now convinced, he said, that the issue of whether the procedure remains legal, like the overall debate about abortion, must be based on the truth.

In an article in American Medical News, to be published March 3, and an interview today, Mr. Fitzsimmons recalled the night in November 1995, when he appeared on "Nightline" on ABC and "lied through my teeth" when he said the procedure was used rarely and only on women whose lives were in danger or whose fetuses were damaged.

"It made me physically ill," Mr. Fitzsimmons said in an interview. "I told my wife the next day, 'I can't do this again.' "

Mr. Fitzsmmons said that after that interview he stayed on the sidelines of the debate for a while, but with growing unease. As much as he disagreed with the National Right to Life Committee and others who oppose abortion under any circumstances, he said he knew they were accurate when they said the procedure was common.

In the procedure, a fetus is partly extracted from the birth canal, feet first, and the brain is then suctioned out.

Last fall, Congress failed to override a Presidential veto of a law that would have banned the procedure, which abortion opponents insist borders on infanticide and some abortion rights advocates also believe should be outlawed as particularly gruesome. Polls have shown that such a ban has popular support.

Senator Tom Daschle of South Dakota, the Democratic leader, has

suggested a compromise that would prohibit all third-trimester abortions, except in cases involving the "life of the mother and severe impairment of her health."

The Right to Life Committee and its allies have complained repeatedly that abortion-rights supporters have misled politicians, journalists and the general public about the frequency and the usual circumstances of the procedure.

"The abortion lobby manufactures disinformation," Douglas Johnson, the committee's legislative director, said today. He said Mr. Fitzsimmon's account would clarify the debate on this procedure, which is expected to be renewed in Congress.

Mr. Fitzsimmons predicted today that the controversial procedure would be considered by the courts no matter what lawmakers decide.

Last April, President Clinton vetoed a bill that would have outlawed the controversial procedure. There were enough opponents in the House to override his veto but not in the Senate. In explaining the veto, Mr. Clinton echoed the argument of Mr. Fitzsimmons and his colleagues.

"There are a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities, which will cause them to die either just before, during or just after childbirth," the President said. "And these women, among other things, cannot preserve the ability to have further children unless the enormity -- the enormous size of the baby's head -- is reduced before being extracted from their bodies." A spokeswoman for Mr. Clinton said tonight that the White House knew nothing of Mr. Fitzsimmons's announcement and would not comment further.

In the vast majority of cases, the procedure is performed on a healthy mother with a healthy fetus that is 20 weeks or more along, Mr. Fitzsimmons said. "The abortion-rights folks know it, the anti-abortion folks know it, and so, probably, does everyone else," he said in the article in the Medical News, an American Medical Association publication.

Mr. Fitzsimmons, whose Alexandria, Va., coalition represents about 200 independently owned clinics, said coalition members were being notified of his announcement.

One of the facts of abortion, he said, is that women enter abortion clinics to kill their fetuses. "It is a form of killing," he said. "You're ending a life."

And while he said that troubled him, Mr. Fitzsimmons said he continued to support this procedure and abortion rights in general.

Statement of Brenda Pratt Shafer, R.N.

Before the

Subcommittee on the Constitution

Committee on the Judiciary

U.S. House of Representatives

Hearing on The Partial-Birth Abortion Ban Act (HR 1833)

March 21, 1996

Mr. Chairman and honorable members of the Judiciary Committee, I am Brenda Pratt Shafer. I am here before you, at the request of the Committee, to relate to you my experience as an eyewitness to what is now known as the partial-birth abortion procedure.

I am a registered nurse. licensed in the State of Ohio, with 14 years of experience. In 1993, I was employed by Kimberly Quality Care, a nursing agency in Dayton, Ohio. In September, 1993, Kimberly Quality Care asked me to accept assignment at the Women's Medical Center, which is operated by Dr. Martin Haskell. I readily accepted the assignment because I was at that time very pro-choice. I had even told my teenage daughters that if one of them ever got pregnant at a young age, I would make them get an abortion. They disagreed with me on this, and one of them even wrote an essay for a high school class that mentioned how we differed on the issue.

So, because of the strong pro-choice views that I held at that time, I thought this assignment would be no problem for me.

But I was wrong. I stood at a doctor's side as he performed the partial-birth abortion procedure-- and what I saw is branded forever on my mind.

I worked as an assistant nurse at Dr. Haskell's clinic for three days-- September 28, 29, and 30, 1993.

On the first day, we assisted in some first-trimester abortions, which is all I'd expected to be involved in. (I remember that one of the patients was a 15-year-old-girl who was having her third abortion.)

On the second day, I saw Dr. Haskell do a second-trimester procedure that is called a D & E (dilation and evacuation). He used ultrasound to examine the fetus. Then he used forceps to pull apart the baby inside the uterus, bringing it out piece by piece and piece, throwing the pieces in a pan.

Also on the first two days, we inserted laminaria to dilate the cervixes of women who were being prepared for the partial-birth abortions-- those who were past the 20 weeks point, or 4½ months. (Dr. Haskell called this procedure "D & X", for dilation and extraction.) There were six or seven of these women.

On the third day, Dr. Haskell asked me to observe as he performed several of the procedures that are the subject of this hearing. Although I was in that clinic on assignment of the agency, Dr. Haskell was interested in hiring me full time, and I was being given orientation in the entire range of procedures provided at that facility.

I was present for three of these partial-birth procedures. It is the first one that I will describe to you in detail.

The mother was six months pregnant (26½ weeks). A doctor told her that the baby had Down Syndrome and she decided to have an abortion. She came in the first two days to have the laminaria inserted and changed, and she cried the whole time. On the third day she came in to receive the partial-birth procedure.

Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen, I could see the heart beating. As Dr. Haskell watched the baby on the ultrasound screen, the baby's heartbeat was clearly visible on the ultrasound screen.

Dr. Haskell went in with forceps and grabbed the baby's legs and pulled them down into the birth canal. Then he delivered the baby's body and the arms-- everything but the head. The doctor kept the baby's head just inside the uterus.

The baby's little fingers were clasping and unclasping, and his feet were kicking. Then the doctor stuck the scissors through the back of his head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks that he might fall.

The doctor opened up the scissors, stuck a high-powered suction tube into the opening and sucked the baby's brains out. Now the baby was completely limp.

I was really completely unprepared for what I was seeing. I almost threw up as I watched the doctor do these things.

Mr. Chairman, I read in the paper that President Clinton says that he is going to veto this bill. If President Clinton had been standing where I was standing at that moment, he would not veto this bill.

Dr. Haskell delivered the baby's head. He cut the umbilical cord and delivered the placenta. He threw that baby in a pan, along with the placenta and the instruments he'd used. I saw the baby move in the pan. I asked another nurse and she said it was just "reflexes."

I have been a nurse for a long time and I have seen a lot of death-- people maimed in auto accidents, gunshot wounds, you name it. I have seen surgical procedures of every sort. But in all my professional years, I had never witnessed anything like this.

The woman wanted to see her baby, so they cleaned up the baby and put it in a blanket and handed the baby to her. She cried the whole time, and she kept saying, "I'm so sorry, please forgive me!" I was crying too. I couldn't take it. That baby boy had the most perfect angelic face I have ever seen.

I was present in the room during two more such procedures that day, but I was really in shock. I tried to pretend that I was somewhere else, to not think about what was happening. I just couldn't wait to get out of there. After I left that day, I never went

back. These last two procedures, by the way, involved healthy mothers with healthy babies.

I was very much affected by what I had seen. For a long time, sometimes still, I had nightmares about what I saw in that clinic that day.

That's why, last July, I wrote a letter to Congressman Tony Hall of Dayton, in support of the bill, telling what I had seen. And that led to me being asked to tell others what I 'd seen, just as I am doing here today.

Mr. Chairman, since I wrote that letter to Congressman Tony Hall, I have been subjected to some strange attacks on my credibility, and I would like to address these briefly.

Last July 12, I sat in the audience as the full Judiciary Committee debated this legislation, and I heard Congresswoman Schroeder read a letter from Dr. Haskell to the Judiciary Committee (also dated July 12) in which he said, "I have examined our records and found no evidence of a Brenda Shafer working for us during 1993."

Fortunately, I had previously provided the Constitution Subcommittee with the pertinent payroll records from Kimberly Quality Care, including their invoice to Dr. Haskell's clinic. After these documents were circulated, Congresswoman Schroeder withdrew that particular allegation, explaining it away as resulting from confusion over my married name. But it seemed peculiar to me at the time that neither she nor her staff had contacted me, or the subcommittee staff, to request documentation, before she basically called me a liar in front of everybody. But there was much more of that sort of thing to come.

In his July 12 letter, Dr. Haskell said also said that my account was "inaccurate," because "she describes procedures at 26 1/2 weeks and 25 weeks... This is contrary to my own self-imposed and established limit of 24 weeks." But in recent times I've seen an article published in *American Medical News* for July 5, 1993-- just a few months before I worked for him-- in which Dr. Haskell said that he performs the procedure "up until about

25 weeks," which conflicts with his letter to the Judiciary Committee.

Also, in Dr. Haskell's 1992 paper describing the partial-birth procedure, "Dilation and Extraction for Late Second Trimester Abortion," which you have all seen, he wrote, "This author routinely performs this procedure on all patients 20 through 24 weeks LMP [i.e., from last menstrual period] with certain exceptions. The author performs the procedure on selected patients 25 through 26 weeks LMP." Keep in mind that this 26½-week little boy had Down syndrome, so this was a "selected patients" case.

Later, I learned another letter had been produced by Dr. Haskell's operation, dated July 17, this one signed by Christie Gallivan, a nurse. This letter was cited by opponents of the bill before and during the House and Senate floor debates, and was even entered into the *Congressional Record* by Senator Barbara Boxer.

In this letter, Christie Gallivan acknowledged that I had worked at the clinic for three days, but went on to claim that since I was a temporary nurse, I "would not have been present" at such a procedure-- *or*, then again, in the alternative, that if I *did* see such a procedure, then my memory must be faulty, or else that I must be deliberately "misrepresenting" what I saw.

Well, as I've said from the beginning, although I was assigned by a temporary agency, Dr. Haskell needed another surgical nurse-- I was told that he was having a hard time keeping them-- and he seemed to be interested in hiring me on a permanent basis. He wanted me to observe the procedure.

Christie Gallivan was the surgical nurse and she spent those three days giving me an "orientation," as it says on the Kimberly Quality Care invoice. But what is striking to me is how blatantly inconsistent Nurse Gallivan's letter is, not only with what I saw, but with what Dr. Haskell himself has written and said elsewhere.

Christie Gallivan wrote, "Dr. Haskell does not use ultrasound in the performance of second-trimester procedures." Then she went on, regarding my account, "Therefore, her entire description of her experience with viewing the second-trimester abortion, which

includes Dr. Haskell using the ultrasound while doing this procedure, is clearly questionable."

Yet, in Dr. Haskell's paper explaining how he performs the procedure, he clearly states that the surgical assistant "places an ultrasound probe on the patient's abdomen and scans the fetus, locating the lower extremities." And a little further on, referring to the forceps, he wrote, "When the instrument appears on the sonogram screen, the surgeon is able to open and close its jaws to firmly and reliably grasp a lower extremity."

So when Christie Gallivan writes that I could not have seen a baby moving, you can evaluate that statement in the light of her other statements on these points on which there is such a clear written record. And, you should notice that she never tries to explain, in this letter, why anyone should believe that these babies supposedly don't move. I've been given a copy of a transcript of the tape-recorded interview with Dr. Haskell conducted by the *American Medical News* in June, 1993-- only three months before my time at his clinic-- in which he explicitly acknowledged that most of these babies are alive when he pulls them out.

On November 17, I testified before the Senate Judiciary Committee. Senator Kennedy asked me why it had been reported, in a nursing newsletter, that I was employed by the National Right to Life Committee. As replied, and I tell you know, I've never been a member of, or a donor to, that organization, and certainly in no sense an employee.

Certainly, since last summer I have cooperated with National Right to Life in their efforts to make my experience more widely known, because I think it's important that people know the truth about this matter. But National Right to Life has not paid me for anything, and nobody else has paid me for anything in connection with this subject either, beyond reimbursing travel and accommodation expenses. By the way, the editor of the nursing newsletter subsequently retracted the erroneous claim.

Most recently, I got a copy of a letter sent to a constituent by Congresswoman Lynn Rivers of Michigan, written in longhand, in which this distinguished member of

Congress claimed that I "was unwilling to testify under oath or submit herself to cross-examination in front of Congress-- even though she was sitting in the hearing room while testimony was being taken."

Of course, Mr. Chairman, that is all pure fiction. By the time I heard of your bill and wrote my letter to Congressman Hall, on July 9, you had already concluded the hearing on your legislation. I was present for the July 12 markup, and spoke with various members of the committee and the press informally, but of course there was no opportunity for me to formally testify on that occasion, although I certainly would have welcomed the opportunity.

In November, when Senator Hatch invited me to testify before the Senate Judiciary Committee, I accepted immediately and without qualification. During the question period, Senator Kyl asked me if I would be willing to testify to these things under oath and I replied, "Yes, sir. I would. Or under a lie detector or anything else I need to do." [Senate hearing record, p. 63] And I tell you the same thing.

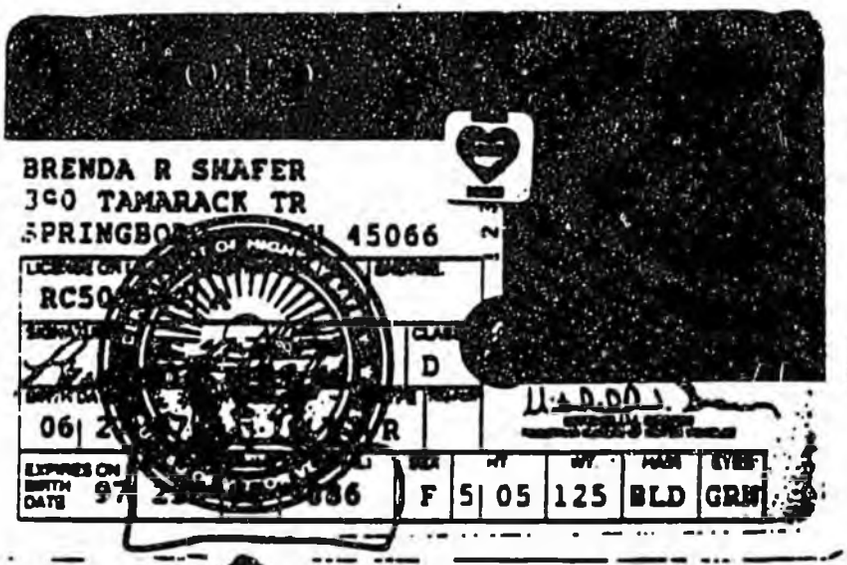
Mr. Chairman, thank you for indulging me in unburdening myself on these points. It is been frustrating to hear, and hear of, these attacks on my truthfulness, and not be able to respond.

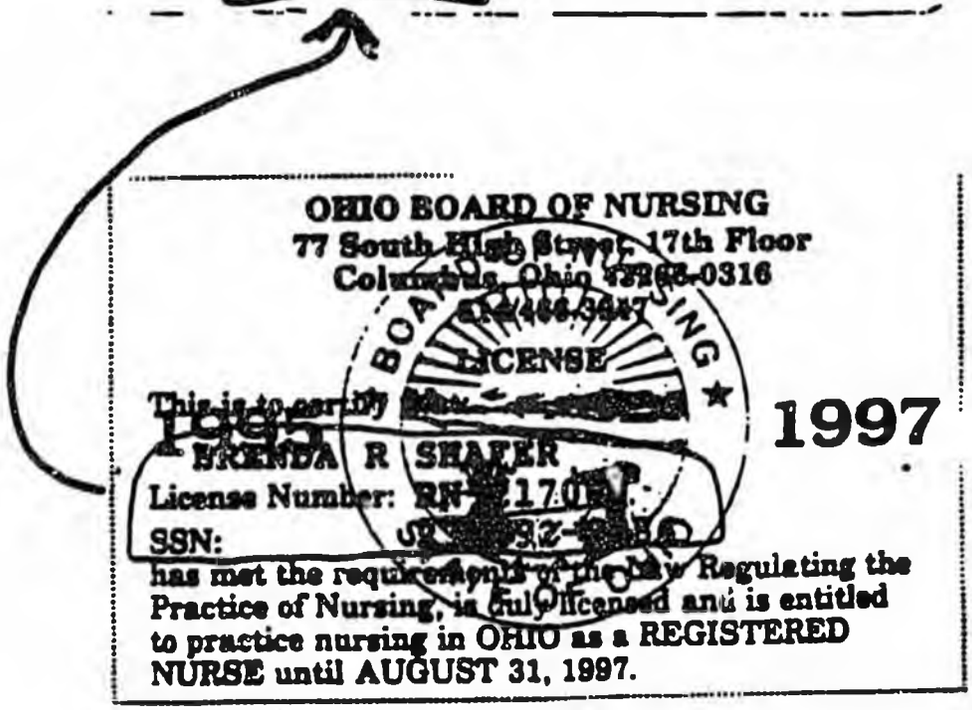
It is still amazing to me that certain individuals who hold high elective offices, offices for which I hold great respect, have been so willing to publicly spread this kind of blatant misinformation about me, without making the slightest effort to investigate or look at any of the documentation.

Mr. Chairman, these people who say I didn't see what I saw-- I wish they were right. I wish I hadn't seen it. But I did see it, and I will never be able to forget it. That baby boy was only inches, seconds away from being entirely born, when he was killed. What I saw done to that little boy, and to those other babies, should not be allowed in this country.

Thank you.

Pratt is Brenda Shafer's maiden name. Below are her social security number and RN license number listed on her Ohio driver's license and Ohio Board of Nursing card, respectively. Both numbers are listed on the bill submitted by the nursing agency to Dr. Haskell's clinic. Nurse Shafer worked as an assistant nurse at Dr. Haskell's abortion clinic for three days in September, 1993, an experience she described in a letter to Congressman Tony Hall and in the attached testimony.





KQC Staffing

THANK YOU FOR PAYING TODAY

INVOICE NO. 3100103818

INVOICE DATE 10/01/93

FEDERAL TAX I.D. #480773965

SERVICES	$ 476.00
	$
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TOTAL DUE ▶	$ 476.00

410.00

VOUCHERED INVOICE

ACCT.# - 219 002 01735

To ▶ WOMENS MED◆ CENTER
ATTN: CHRIS
1401 E. STROOP ROAD
DAYTON, OH 45429

REMIT TO: KIMBERLY QUALITY CARE, INC.
P.O. BOX 60410
CHARLOTTE, N.C. 28260

PATIENT NAME WOMENS MED◆ CENTER

PLEASE CALL WITH QUESTIONS CONCERNING THIS INVOICE.

	PERFORMED BY	SKILLS	LICENSE NO.	DATE	SHIFT	TIME FROM	TIME TO	NO. OF HOURS	RATE	AMOUNT
1	PRATT, BRENDA	REGNUR		9 28 93	1	1030	1500	4 50	20 00	90 00
2	PRATT, BRENDA	REGNUR		9 29 93	1	930	1730	8 00	20.25 00	160.00
3	PRATT, BRENDA	REGNUR		9 30 93	1	930	1730	8 00	20.25 00	160.00

KIMBERLY QUALITY CARE — EMPLOYEE TIME CARD

EMPLOYEE NAME (Last Name, First Name): Pratt, Brenda
SOCIAL SECURITY NO. WRITE CLEARLY: 236-22-2484
LICENSE NO: 21-7060
CLIENT NAME (Last Name, First Name): WMC
OFFICE USE ONLY (CLIENT ID): 1735

DAY	DATE	CIRCLE SHIFT WORKED	AREA WORKED 1	2	3	4	5	TIME CARD 7	8	9	TOTAL	TIMES IN	TIMES OUT	TOTAL HOURS TO BE BILLED AND PAID	CLIENT MUST SIGN EACH DAY
SAT		1 2 3													
SUN		1 2 3													
MON		1 2 3													
TUES	9/28	1 2 3		✓								1030	30	4½	orientation
WED	9/29	1 2 3		✓	orientation							930	1730	8	
THUR	9/30	1 2 3		✓								930	1730	8	
FRI		1 2 3													

EMPLOYEE SIGNATURE: Brenda Pratt RN — CLIENT MUST SIGN INSTRUCTIONS: 20½

BILLABLE EXPENSE | TRAVEL - NO BILL | CHECK NUMBER | INSTANT PAY NUMBER | I AGREE TO TOTAL HOURS AND HAVE READ AND AGREE TO TERMS AND CONDITIONS ON REVERSE SIDE

HANDLING CHARGE | PAYROLL DED AMT | LOCATION | WEEK ENDING

KQC 6/91 3281

*** CRITICAL ***

*** CRITICAL ***

PYRG3[illegible] 10/06/93
PAGE 17
CO/DIV: 219-002

KIMBERLY QUALITY CARE
P A Y R O L L R E G I S T E R
KIMBERLY QUALITY CARE, INC.

PERIOD ENDING 10/0[illegible]/93
PAY DATE 10/0[illegible]/93

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THE WOMEN'S MEDICAL CENTER,
Dayton, July 17, 1995.

DEAR CONGRESSWOMAN SCHROEDER: I am a registered nurse and have worked since July, 1993, in the Dayton office of Dr. Martin Haskell. In this capacity, I was the nurse that supervised the training of Brenda Pratt during her brief temporary employment at the Women's Medical Center of Dayton. As you know, we initially conducted a search of our employment records under the name "Brenda Shafer," as this was the name she signed to the letter which was given to us. When provided with the correct last name, we did in fact find the record of her three-day employment at our Dayton facility.

The information provided by Ms. Pratt as to our practices at the Women's Medical Center of Dayton is largely inaccurate. First, she describes Dr. Haskell performing one 25-week and one 26-week abortion procedure. Dr. Haskell does not perform abortions past 24 weeks of pregnancy. This is a self-imposed limit to which he has scrupulously adhered throughout the time I have worked for him.

Second, Dr. Haskell does not use ultrasound in the performance of second-trimester procedures. We use ultrasound only to determine the pregnancy's gestation. Therefore, her entire description of her experience when viewing a second-trimester abortion, which includes Dr. Haskell's using the ultrasound while doing the procedure, is clearly questionable.

Finally, at no point during a dilatation and extraction or intact D&E is there any fetal movement or response that would indicate awareness, pain or struggle. Ms. Pratt absolutely could not have witnessed fetal movement as she describes. We do not train temporary nurses in second trimester dilatation and extraction, since it is a highly technical procedure and would not be performed by someone in a temporary capacity. If, indeed, Ms. Pratt entered the operating room at any point during D&X procedure, she clearly either is misrepresenting what she saw or remembers it incorrectly.

If you have any further questions, please feel free to contact our office.

Sincerely,

CHRISTIE GALLIVAN, RN.

National RIGHT TO LIFE committee, inc.

Suite 500, 419 7th Street, N.W.
Washington, D.C. 20004-2293 — (202) 626-8800 (FAX) 737-9189 or 347-5907

(202) 626-8820

Partial-Birth Abortions: A Closer Look

By Douglas Johnson
NRLC Federal Legislative Director

September 11, 1996

The final version of the Partial-Birth Abortion Ban Act (HR 1833) was approved by the U.S. Senate by a vote of 54-44 on December 7, 1995, and by the U.S. House of Representatives on March 27, 1996, by a vote of 286-129. On April 10, 1996, President Clinton vetoed the bill. The House is expected to vote on whether to override the veto on or about September 19, 1996. If two-thirds of the House votes to override, the Senate also will vote on whether to override.

Opponents of the bill, including President Clinton and his subordinates, have propagated a number of myths regarding the partial-birth abortion procedure and the bill. These myths include the assertions that partial-birth abortions are very rare and are performed only in extreme circumstances involving serious fetal deformities or threat to the life of the mother; that the bill would jeopardize the lives or health of some women; and that anesthesia given to the mother kills the fetus/baby or renders her pain-free before the procedure is performed. Some of this misinformation -- especially the claim that the procedure is used mostly in cases of severe "fetal deformity" -- has been uncritically adopted as factual by some journalists, columnists, and editorialists.

Yet, these claims are contradicted by the past writings and recorded statements of doctors who have performed thousands of partial-birth abortions, and by other available documentation, including authoritative medical information gathered by the House Judiciary Committee and the Senate Judiciary Committee. This factsheet relies heavily upon such primary sources. For copies of documents cited here, contact the NRLC Federal Legislative Office at (202) 626-8820, fax (202) 347-3668.

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(continued)

PARTIAL-BIRTH ABORTIONS: A CLOSER LOOK, 2

• What is a partial-birth abortion, and what is the Partial-Birth Abortion Ban Act (HR 1833)?

The Partial-Birth Abortion Ban Act (HR 1833) would prohibit performance of a **partial-birth abortion**, except in cases (if there are any) in which the procedure is necessary to save the life of a mother. The complete text of the bill is attached to this factsheet.

The bill defines a "partial-birth abortion" as "an abortion in which the person performing the abortion partially vaginally delivers a *living* fetus before killing the fetus and completing the delivery." [emphasis added] Abortionists who violate the law would be subject to both criminal and civil penalties, but no penalty could be applied to the woman who obtained such an abortion.

This procedure is generally used ***beginning at*** 20 weeks (4½ months) into pregnancy, and "routinely" to at least 24 weeks (5½ months). It has often been used much later-- even into the ninth month. The *Los Angeles Times* accurately and succinctly described this abortion method in a June 16, 1995 news story:

> The procedure requires a physician to extract a fetus, feet first, from the womb and through the birth canal until all but its head is exposed. Then the tips of surgical scissors are thrust into the base of the fetus' skull, and a suction catheter is inserted through the opening and the brain is removed.

In 1992, Dr. Martin Haskell of Dayton, Ohio, wrote a paper that described in detail, step-by-step, how to perform the procedure. ["Dilation and Extraction for Late Second Trimester Abortion."] Dr. Haskell is a family practitioner who has performed over 1,000 such procedures in his walk-in abortion clinics. **Anyone who is seriously seeking the truth behind the conflicting claims regarding partial-birth abortions would do well to start by reading Dr. Haskell's paper, and the transcripts of the explanatory interviews that Dr. Haskell gave in 1993 to two medical publications, *American Medical News* (the official AMA newspaper) and *Cincinnati Medicine*.** [All are available from NRLC.]

Here is how Dr. Haskell explained a key part of the abortion method:

> With a lower [fetal] extremity in the vagina, the surgeon uses his fingers to deliver the opposite lower extremity, then the torso, the shoulders and the upper extremities. The skull lodges at the internal cervical os [the opening to the uterus]. Usually there is not enough dilation for it to pass through. The fetus is oriented dorsum or spine up. At this point, the right-handed surgeon slides the fingers of the left hand along the back of the fetus and "hooks" the shoulders of the fetus with the index and ring fingers (palm down).... [T]he surgeon takes a pair of blunt curved Metzenbaum

> scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.... [T]he surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening. The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents." ["Dilation and Extraction for Late Second Trimester Abortion," pages 30-31.]

Dr. Haskell also wrote that he "routinely performs this procedure on all patients 20 through 24 weeks LMP [i.e., from 4½ to 5½ months after the last menstrual period] with certain exceptions," these "exceptions" involving complicating factors such as being more than 20 pounds overweight. Dr. Haskell also wrote that he used the procedure through 26 weeks [six months] "on selected patients." [p.28] He added, "Among its advantages are that it is a quick, surgical outpatient method that can be performed on a scheduled basis under local anesthesia." (p. 33).

In sworn testimony in an Ohio lawsuit on Nov. 8, 1995, Dr. Haskell explained that he first learned of the method when a colleague

> described very briefly over the phone to me a technique that I later learned came from Dr. [James] McMahon where they internally grab the fetus and rotate it and accomplish-- be ***somewhat equivalent to a breech type of delivery.*** [emphasis added]

Dr. James McMahon. who died in 1995, used essentially the same procedure ***thousands*** of times. and to a much later point in pregnancy-- even into the ninth month. Other abortionists also employ the procedure. as discussed below.

• Aren't "third trimester" abortions rare? At what stage in pregnancy do partial-birth abortions occur? Are these babies "viable"?

It appears that the substantial majority of partial-birth abortions are performed late in the *second* trimester -- that is. before the 27-week mark -- but usually after 20 weeks (4½ months). There is compelling evidence that the overwhelming majority of these pre-week-27 partial-birth abortions are performed for purely "social" reasons.

In an attempt to "filter out" this documentation, many opponents of the bill attempt to narrow the debate to only *third-trimester* partial-birth abortions procedures -- that is, to abortions performed beginning in the 27th week [seventh month] of pregnancy. Some journalists and commentators have readily adopted this "filter." **However, there is really**

no non-ideological justification for adopting this "third trimester" demarcation. It has no basis in the text of the Partial-Birth Abortion Ban Act (HR 1833), which bans partial-birth abortion at *any point* in pregnancy. Nor, contrary to some popular misconceptions, is there any basis in current Supreme Court constitutional doctrine or in neo-natal medical practice for adopting a "third trimester" demarcation.

Under the Supreme Court's doctrine, "viability" is regarded as the constitutionally significant demarcation. In *Planned Parenthood v. Casey* (1992), the Supreme Court explicitly disavowed the "trimester framework" of *Roe v. Wade (1973)*, and reaffirmed that "viability" is (in the Court's view) the constitutionally significant demarcation. "Viability" is the point at which a baby born prematurely can be sustained by good medical assistance. **Currently, many babies are "viable" a full three weeks before the "third trimester." Therefore, most partial-birth abortions kill babies who are already "viable," or who are at most a few days or weeks short of viability.**[1]

(Even at 20 weeks, the baby is seven inches long on average. And, as discussed below, at a March 21 congressional hearing leading medical authorities testified that the baby by this point is very sensitive to painful stimuli.)

At least one partial-birth abortion specialist, the late Dr. James McMahon, regularly performed the procedure *even after* 26 weeks-- even into the ninth month. In 1995, Dr. McMahon submitted to the House Judiciary Constitution Subcommittee a graph and explanation that explicitly showed that he aborted ***healthy*** ("not flawed") babies ***even in the third trimester (after 26 weeks of pregnancy).*** Dr. McMahon's own graph showed, for example, that at 29 or 30 weeks, *one-fourth* of the aborted babies had no "flaw" however slight. **Underneath the graph, Dr. McMahon offered this explanation:**

> **After 26 weeks, those pregnancies that are not flawed are still non-elective. They are interrupted because of maternal risk, rape, incest, psychiatric or pediatric indications.** [chart and caption reproduced in June 15 hearing record. page 109]

In an interview with Constitution Subcommittee Counsel Keri Harrison, Dr. McMahon

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[1]According to the landmark survey of neonatal units in the National Institute of Child Health and Human Development Neonatal Research Network, conducted in 1987 and 1988 by Dr. Maureen Heck, et al, babies born at 23 weeks had on average a 23% chance of survival, rising to 34% at 24 weeks, and 54% at 25 weeks. See "Very Low Birth Weight Outcomes of the National Institute of Child Health and Human Development Neonatal Network," *Pediatrics*, May 1991.

explained that "pediatric indication" referred to underage mothers, not to any medical condition of the mother or the baby.

- **Is the baby alive when she is pulled feet-first from the womb?**

American Medical News reported in 1993. after conducting interviews with Drs. Haskell and McMahon. that the doctors "told *AM News* that the majority of fetuses aborted this way are alive until the end of the procedure." On July 11, 1995, *American Medical News* submitted the transcript of the tape-recorded interview with Dr. Haskell to the House Judiciary Committee. The transcript contains the following exchange:

> **American Medical News:** Let's talk first about whether or not the fetus is dead beforehand.
>
> **Dr. Haskell:** No it's not. No, it's really not. A percentage are for various numbers of reasons. Some just because of the stress-- intrauterine stress during, you know, the two days that the cervix is being dilated [to permit extraction of the fetus]. Sometimes the membranes rupture and it takes a very small superficial infection to kill a fetus in utero when the membranes are broken. **And so in my case, I would think probably about a third of those are definitely are [sic] dead before I actually start to remove the fetus. And probably the other two-thirds are not.**

In an interview quoted in the Dec. 10, 1989 *Dayton News*, Dr. Haskell conveyed that the scissors thrust is usually the lethal act: "When I do the instrumentation on the skull... it destroys the brain tissue sufficiently so that even if it (the fetus) falls out at that point, it's definitely not alive," Dr. Haskell said. [For further evidence on this issue, see the next section.]

Brenda Pratt Shafer, a registered nurse from Dayton. Ohio, stood at Dr. Haskell's side while he performed three partial-birth abortions in 1993. In testimony before the Senate Judiciary Committee (Nov. 17, 1995). Shafer described in detail the first of the three procedures-- which involved. she said. a baby boy at 26½ weeks (over 6 months). According to Mrs. Shafer, the baby was alive and moving as the abortionist

> delivered the baby's body and the arms-- everything but the head. The doctor kept the baby's head just inside the uterus. The baby's little fingers were clasping and unclasping, and his feet were kicking. Then the doctor stuck the scissors through the back of his head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks that he might fall. The doctor opened up the scissors, stuck a high-powered suction tube into the opening and sucked the baby's brains out. Now the baby was completely limp.

Under HR 1833, in any case in which a baby dies *before* being partly removed from the uterus -- whether of natural causes or by an action of an abortionist -- the subsequent removal of that baby is *not* a **partial-birth abortion** as defined by the bill.

- **Does anesthesia given to the mother kill the baby?**

Many prominent defenders of partial-birth abortion have publicly insisted that the unborn babies are killed by anesthesia given to the mother, ***prior to*** being "extracted" from the womb. For example, syndicated columnist Ellen Goodman wrote in November, 1995, that if you listened to supporters of the ban, "You wouldn't even know that anesthesia ends the life of such a fetus before it comes down the birth canal." NARAL President Kate Michelman said, "The fetus, is, before the procedure begins, the anesthesia that they give the woman already causes the demise of the fetus. That is, it is not true that they're born partially. That is a gross distortion, and it's really a disservice to the public to say this." [KMOX-AM, St. Louis, Nov. 2, 1995]

Likewise, Planned Parenthood distributed to Congress a "fact sheet" signed by Dr. Mary Campbell, Medical Director of Planned Parenthood of Metropolitan Washington, which stated, "The fetus dies of an overdose of anesthesia given to the mother intravenously....This induces brain death in a fetus in a matter of minutes. Fetal demise therefore occurs at the beginning of the procedure while the fetus is still in the womb."

However, when this statement was read to Dr. Norig Ellison, the president of the 34,000-member American Society of Anesthesiologists (ASA), he testified, "There is absolutely no basis in scientific fact for that statement....I think the suggestion that the anesthesia given to the mother, be it regional or general, is going to cause brain death of the fetus is without basis of fact." [Senate Judiciary Committee hearing record J-104-54, Nov. 17, 1995, p. 153]

Subsequently, in attempting to defend their "fetal demise" claims, pro-abortion advocacy groups disseminated new claims that the late Dr. James McMahon had utilized exceptionally massive doses of narcotic anesthesia before performing his abortions, and that these massive doses would indeed kill a fetus. But in testimony before the House Judiciary Constitution Subcommittee on March 21, 1996, Dr. David J. Birnbach, president-elect of the Society for Obstetric Anesthesia and Perinatology, testified:

> In order to cause fetal demise, it would be necessary to give the mother dangerous and life-threatening doses of anesthesia." [...] Although there is no evidence that this massive dose will cause fetal demise, there is clear evidence that this excessive dose could cause maternal death. [House Judiciary Committee hearing record no. 73, pages 140, 142]

• Since the baby is still alive when "extracted" from the womb, does she feel pain?

Dr. Norig Ellison, president of the American Society of Anesthesiologists (ASA), wrote to the Senate Judiciary Committee:

> Drugs administered to the mother, either local anesthesia administered in the paracervical area or sedatives/analgesics administered intramuscularly or intravenously, will provide little-to-no analgesia [pain relief] to the fetus. [Senate Judiciary Committee, Nov. 17, 1995 hearing record, page 226]

On March 21, 1996, the House Judiciary Subcommittee on the Constitution conducted a public hearing on "The Effects of Anesthesia During a Partial-Birth Abortion." Four leading experts in the field testified that the fetuses/babies who are old enough to be "candidates" for partial-birth abortion possess the neurological equipment to respond to painful stimuli, whether or not the mother has been anesthetized. Opponents of the bill were unable to produce a single medical witness willing to testify in support of the claims that anesthesia kills the fetus or renders the fetus insensible to pain. [See House Judiciary Committee Hearing Record No. 73, March 21, 1996.)

Dr. Jean A. Wright, associate professor of pediatrics and anesthesia at the Emory University School of Medicine in Atlanta, testified that recent research shows that by the stage of development that a fetus could be a "candidate" for a partial-birth abortion (20 weeks), the fetus "is more sensitive to pain than a full-term infant would be if subjected to the same procedures," Prof. Wright testified. These fetuses have "the anatomical and functional processes responsible for the perception of pain." and have "a much higher density of Opioid (pain) receptors" than older humans. she said.

Dr. David Birnbach, president-elect of the Society for Obstetric Anesthesia and Perinatology, testified, "Having administered anesthesia for fetal surgery, I know that on occasion we need to administer anesthesia directly to the fetus because even at these early ages the fetus moves away from the pain of the stimulation." [hearing record, page 288]

At a hearing before the same panel on June 15, 1995, Professor Robert White, Director of the Division of Neurosurgery and Brain Research Laboratory at Case Western Reserve School of Medicine, testified, "The fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain." After analyzing the partial-birth procedure step-by-step for the subcommittee, Prof. White concluded: "Without question, all of this is a dreadfully painful experience for any infant subjected to such a surgical procedure." [House Judiciary Committee hearing No. 31, June 15, 1995, page 70.]

Prof. Jean Wright concluded, "This procedure, if it were done on an animal in my institution. would not make it through the institutional review process. The animal would be more protected than this child is." [hearing record, page 286]

- **Does the bill contain an exception for life-of-the-mother cases?**

HR 1833 explicitly provides that the ban "shall not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder. illness, or injury," if "no other medical procedure would suffice for that purpose."

[Some pro-abortion advocacy groups have insisted that exception does not apply to disorders associated with pregnancy, since "pregnancy" per se is not a disorder or disease. House Judiciary Committee Chairman Henry J. Hyde (R-Il.) commented that this reading "is absurdly convoluted, and violates standard principles of statutory construction." In a June 7 letter, even President Clinton has acknowledged that the bill "provides an exception to the ban on this procedure only when a doctor is convinced that a woman's life is at risk."]

Under HR 1833, an abortionist could not be convicted of a violation of the law ***unless the government proved, beyond a reasonable doubt, that the abortion was <u>not</u> covered by this exception.*** (In addition, of course, the government would have to prove, beyond a reasonable doubt, all of the other elements of the offense-- that the abortionist "knowingly" partly removed a baby from the womb, that the baby was still alive, and that the abortionist then killed the baby.)

It is noteworthy that none of the five women who appeared with President Clinton at his April 10 veto ceremony required a partial-birth abortion because of danger to her life. As one of the women, Claudia Crown Ades, said in a tape-recorded April 12 radio interview on WNTM (Mobile, AL):

> "My procedure was elective. That is considered an elective procedure, as were the procedures of Coreen Costello and Tammy Watts and Mary-Dorothy Line and all the other women who were at the White House yesterday. All of our procedures were considered elective." [Complete tape recording available on request.]

[Two of the women said that *if* their babies had died natural deaths within their wombs, it could have placed them at risk. But the removal of a baby who dies a natural death, whether by foot-first extraction or in any other manner, is not an abortion and has nothing to do with the bill. Professor Watson Bowes, Jr., of the University of North Carolina, co-editor of the *Obstetrical and Gynecological Survey*, has stated that weeks would pass between the baby's natural demise and the development of any resulting risk to the mother.]

- **What reasons has President Clinton given for vetoing HR 1833?**

On December 7, 1995, before the Senate had even voted on final passage of the bill, chief opponent Sen. Barbara Boxer (D-Ca.) took the floor to make an unqualified statement that President Clinton would veto the bill. On December 8, White House Press Secretary Michael McCurry said unequivocally that the President would veto the bill because "it would represent an erosion of a woman's right to choose."

However, when President Clinton next publicly addressed the issue in a February 28 letter to key members of Congress (after a national poll found 71% support for the ban), he took different tone, although the legal bottom line was unchanged. Mr. Clinton wrote of having "studied and prayed about this issue... for many months," of finding the procedure "very disturbing," and of seeking "common ground... that respects the views of those--including myself-- who object to this particular procedure," while defending *Roe v. Wade*. But the "common ground" that Mr. Clinton proposed tracked the language offered by Sen. Boxer on December 7, and endorsed by the National Abortion and Reproductive Rights Action League (NARAL) as a "pro-choice vote." The Boxer/NARAL amendment would have allowed partial-birth abortion to be performed without any limitation whatever until "viability," and also "after viability where. in the medical judgment of the attending physician, the abortion is necessary to preserve the life of the woman or avert serious adverse health consequences to the woman." (The Senate rejected this gutting amendment.)

The Boxer/Clinton language must be read in the light of *Doe v. Bolton*, the 1973 companion case to *Roe v. Wade*, in which the Supreme Court said that "health" must encompass "all factors-- physical. emotional. psychological, familial and the woman's age-- relevant to the well-being of the patient." Given this expansive definition of "health," adding the word "serious" has no legal effect. since Mr. Clinton proposes to leave entirely up to each abortionist to decide whether "depression" or some other "health" concern is "serious."

In a June 7 letter to leaders of the Southern Baptist Convention, Mr. Clinton said that he favored banning the procedure with an exception for "cases where a woman risks death or serious damage to her health." but not for cases involving "youth" or "emotional stress." But in his formal veto message on the bill. Mr. Clinton referred to a "health" exception as required by *Roe v. Wade*. Mr. Clinton. a former teacher of constitutional law, knows full well that these two positions are inconsistent, because if *Roe/Doe* applies to partial-birth abortions, then even after "viability," the exception must indeed cover "emotional" health.

In his June 7 letter. President Clinton asserted that "the medical community... broadly supports the continued availability of this procedure where a woman's serious health interests are at stake." However, the American Medical Association (AMA) Legislative Council voted *unanimously* to recommend endorsement of the bill, with one member

explaining that the procedure was "not a recognized medical technique." (The full AMA Board of Trustees was divided on the bill and ultimately took "no position.") Of the five medical doctors who serve in Congress, four voted for the bill, including the only family practitioner/gynecologist.

• How often are partial-birth abortions performed?

There are at least 164,000 abortions a year after the first three months of pregnancy, and 13,000 abortions annually after 4½ months, according to the Alan Guttmacher Institute (*New York Times*, July 5 and November 6, 1995), which is an arm of Planned Parenthood. These numbers should be regarded as *minimums*, since they are based on *voluntary reporting* to the AGI. (The Centers for Disease Control reported that in 1993, over *17,000* abortions were performed at *21* weeks and later– and the CDC acknowledges that the reports that it receives are incomplete.)

No one really knows how many late abortions are done by the partial-birth procedure. The Center for Reproductive Law and Policy told *The New York Times*, "The number of procedures that clearly meet the definition of partial birth abortion is very small, probably only 500 to 1,000 a year." (March 28, 1996) **Even if such figures were accurate, the legislation would be urgently needed. If a new virus swept through neo-natal units and killed 500 or 1,000 premature babies, it would be a top news story -- not dismissed as too "rare" to be of consequence. For each human being at the pointed end of the scissors, a partial-birth abortion is a 100% proposition.**

Moreover, the numbers may be considerably higher-- perhaps thousands per year. Dr. Martin Haskell and the late Dr. James McMahon spent years trying to convince other abortionists of the merits of the procedure -- that was the purpose of Dr. Haskell's 1992 instructional paper (see page 3), which was distributed by the National Abortion Federation. a lobbying group for abortion clinics. For years, Dr. McMahon was director of abortion instruction at the Cedar-Sinai Medical Center in Los Angeles. In addition, he invited other doctors to visit his abortion clinic for a period of days to learn the procedure. Also. *The New York Times* reported on Nov. 6, 1995:

> "Of course I use it, and I've taught it for the last 10 years," said a gynecologist at a New York teaching hospital who spoke on condition of anonymity. "So do doctors in other cities."

It is not known how many other abortionists have adopted the method, but a few have made themselves known. On March 19, 1996, Dr. William Rashbaum of New York City wrote a letter to Congressman Charles Canady (R-Fl.), stating that he has performed 19,000 late-

term "procedures," and that he has performed the procedure that HR 1833 would ban "routinely since 1979. This procedure is only performed in cases of later gestational age."

In 1995, Dr. Martin Haskell filed a lawsuit challenging a state abortion-regulation law. In that proceeding, two other doctors filed affidavits affirming that they perform the same procedure as Dr. Haskell -- and that's just in Ohio.

• For what reasons are late-term abortions usually performed?

There is no evidence that the reasons for which late-term abortions are performed by the partial-birth abortion method are any different, in general, than the reasons for which late-term abortions are performed by other methods -- and it is well established that the great majority of late-term abortions do not involve any illness of the mother or the baby. They are purely "elective" procedures-- that is, they are performed for purely "social" reasons.

In 1987, the Alan Guttmacher Institute (AGI), an affiliate of the Planned Parenthood Federation of America (PPFA), collected questionnaires from 1,900 women who were at abortion clinics procuring abortions. Of the 1,900, "420 had been pregnant for 16 or more weeks." These 420 women were asked to choose among a menu of reasons why they had not obtained the abortions earlier in their pregnancies. Only two percent (2%) said "a fetal problem was diagnosed late in pregnancy," compared to 71% who responded "did not recognize that she was pregnant or misjudged gestation," 48% who said "found it hard to make arrangements," and 33% who said "was afraid to tell her partner or parents." The report did not indicate that any of the 420 late abortions were performed because of maternal health problems. ["Why Do Women Have Abortions?," *Family Planning Perspectives*, July/August 1988.]

Also illuminating is an 1993 internal memo by Barbara Radford, then the executive director of the National Abortion Federation, a "trade association" for abortion clinics:

> There are many reasons why women have late abortions: life endangerment, fetal indications, *lack of money or health insurance, social-psychological crises, lack of knowledge about human reproduction, etc.*" [emphasis added]

Likewise, a June 12, 1995, National Abortion Federation letter to members of the House of Representatives noted that late abortions are sought by, among others, "very young teenagers...who have not recognized the signs of their pregnancies until too late," and by "women in poverty, who have tried desperately to act responsibly and to end an unplanned pregnancy in the early stages, only to face insurmountable financial barriers."

In her article about late-term abortions, based in part on extensive interviews with Dr. McMahon and on direct observation of his practice (*Los Angeles Times Magazine*, January 7, 1990), reporter Karen Tumulty concluded:

> If there is any other single factor that inflates the number of late abortions, it is youth. Often, teen-agers do not recognize the first signs of pregnancy. Just as frequently, they put off telling anyone as long as they can.

According to Peggy Jarman, spokeswoman for Dr. George Tiller, who specializes in late-term abortions in Wichita, Kansas:

> About three-fourths of Tiller's late-term patients, Jarman said, are teen-agers who have denied to themselves or their families they were pregnant until it was too late to hide it. [*Kansas City Star*]

• For what reasons are *partial-birth* abortions usually performed?

Some opponents of HR 1833, such as NARAL and the Planned Parenthood Federation of America (PPFA), have persistently disseminated claims that the partial-birth abortion procedure is employed only in cases involving extraordinary threats to the mother or grave fetal disorders. For example, NARAL President Kate Michelman wrote in a Scripps Howard News Service op ed published June 16, 1996. "Late-term abortions are only used under the most compelling of circumstances-- to protect a woman's health or life or because of grave fetal abnormality....nearly all abortions are performed in the first trimester." PPFA said in a press release that the partial-birth abortion procedure is "done only in cases when the woman's life is in danger or in cases of extreme fetal abnormality." (Nov. 1, 1995)

However, claims such as these are inconsistent with the writings and recorded statements of the three doctors who are most closely identified with the procedure: Dr. Martin Haskell, Dr. James McMahon, and Dr. David Grundmann.

Reasons for Partial-Birth Abortions: Dr. Martin Haskell

In his 1992 paper, Dr. Martin Haskell, who has performed over 1,000 partial-birth abortions, described the procedure as "a quick, surgical outpatient method that can be performed on a scheduled basis under local anesthesia." Dr. Haskell, a family practitioner who operates three abortion clinics, wrote that he "routinely performs this procedure on all patients 20 through 24 weeks" (4½ to 5½ months) pregnant [emphasis added], except on women who are more than 20 pounds overweight, have twins, or have certain other complicating factors.

For information on why Dr. Haskell adopted the method, the 1993 interview in *Cincinnati Medicine* is very instructive. Dr. Haskell explained that he had been performing dismemberment abortions (D&Es) to 24 weeks:

> But they were very tough. Sometimes it was a 45-minute operation. I noticed that some of the later D&Es were very, very easy. So I asked myself why can't they all happen this way. You see the easy ones would have a foot length presentation, you'd reach up and grab the foot of the fetus, pull the fetus down and the head would hang up and then you would collapse the head and take it out. It was easy. . . . Then I said, "Well gee, if I just put the ultrasound up there I could see it all and I wouldn't have to feel around for it." I did that and sure enough, I found it 99 percent of the time. Kind of serendipity.

In 1993, the *American Medical News*-- the official newspaper of the AMA-- conducted a ***tape-recorded*** interview with Dr. Haskell concerning this ***specific*** abortion method, in which he said:

> **And I'll be quite frank: most of my abortions are elective in that 20-24 week range. . . . In my particular case, probably 20% [of this procedure] are for genetic reasons. And the other 80% are purely elective.**

In a lawsuit in 1995, Dr. Haskell testified that women come to him for partial-birth abortions with "a variety of conditions. Some medical, some not so medical." Among the "medical" examples he cited was "agoraphobia" (fear of open places). Moreover, in testimony presented to the Senate Judiciary Committee on November 17, 1995, ob/gyn Dr. Nancy Romer of Dayton (the city in which Dr. Haskell operates one of his abortion clinics) testified that three of her own patients had gone to Haskell's clinic for abortions "well beyond" 4½ months into pregnancy, and that "none of these women had any medical illness, and all three had normal fetuses."

Brenda Pratt Shafer, a registered nurse who observed Dr. Haskell use the procedure to abort three babies in 1993, testified that one little boy had Down Syndrome, while the other two babies were completely normal and their mothers were healthy. [Nurse Shafer's testimony before the House Judiciary subcommittee, with associated documentation, is available on request to NRLC.]

Reasons for Partial-Birth Abortions: Dr. James McMahon

The late Dr. James McMahon performed thousands of partial-birth abortions, including the third-trimester abortions performed on the five women who appeared with President Clinton

at his April 10 veto ceremony. Dr. McMahon's general approach is illustrated by this illuminating statement in the July 5, 1993 edition of *American Medical News*:

> "[A]fter 20 weeks where it frankly is a child to me, I really agonize over it because the potential is so imminently there. I think, 'Gee, it's too bad that this child couldn't be adopted.' On the other hand, I have another position, which I think is superior in the hierarchy of questions, and that is: 'Who owns the child?' It's got to be the mother.'"

In June, 1995, Dr. McMahon submitted to Congress a detailed breakdown of a "series" of over 2,000 of these abortions that he had performed. He classified only 9% (175 cases) as involving "maternal [health] indications," of which the most common was "depression."

Dr. Pamela E. Smith, director of Medical Education, Department of Obstetrics and Gynecology, Mt. Sinai Hospital, Chicago, gave the Senate Judiciary Committee her analysis of Dr. McMahon's 175 "maternal indication" cases. Of this sample, 39 cases (22%) were for maternal "depression," while another 16% were "for conditions consistent with the birth of a normal child (e.g., sickle cell trait, prolapsed uterus, small pelvis)," Dr. Smith noted. She added that in one-third of the cases, the conditions listed as "maternal indications" by Dr. McMahon really indicated that the procedure itself would be seriously risky to the mother.

Of Dr. McMahon's series, another 1,183 cases (about 56%) were for "fetal flaws," but these included a great many non-lethal disorders, such as cleft palate and Down Syndrome. In an op ed piece written for the *Los Angeles Times*, Dr. Katherine Dowling, a family physician at the University of Southern California School of Medicine, examined Dr. McMahon's report on this "fetal flaws" group. She wrote:

> Twenty-four were done for cystic hydroma (a benign lymphatic mass, usually treatable in a child of normal intelligence). Nine were done for cleft lip-palate syndrome (a friend of mine, mother of five, and a colleague who is a pulmonary specialist were born with this problem). Other reasons included cystic fibrosis (my daughter went through high school with a classmate with cystic fibrosis) and duodenal atresia (surgically correctable, but many children with this problem are moderately mentally retarded). Guess they can't enjoy life, can they? In fact, most of the partial-birth abortions in that [McMahon] survey were done for problems that were either surgically correctable or would result in some degree of neurologic or mental impairment, but would not harm the mother. Or they were done for reasons that were pretty skimpy: depression, chicken pox, diabetes, vomiting. ["What Constitutes A Quality Life?," *Los Angeles Times*, Aug. 28, 1996]

Over one-third of McMahon's 2,000-abortion "series" involved neither fetal nor materna' health problems, however trivial.

In Dr. McMahon's interviews with *American Medical News* and with Keri Harrison, counsel to the House Judiciary Subcommittee on the Constitution, Dr. McMahon freely acknowledged that he performed **late second trimester** procedures that were "elective" even by *his* definition ("elective" meaning without fetal or maternal medical justification).

After 26 weeks, Dr. McMahon claimed that all of his abortions were "non-elective" -- but his definition of "non-elective" was very expansive. His written submission stated:

> ***"After 26 weeks [six months],*** those pregnancies that are not flawed are still non-elective. They are interrupted because of maternal risk, rape, incest, ***psychiatric or pediatric indications."*** [emphasis added] ["Pediatric indications" was Dr. McMahon's terminology for young teenagers.]

Reasons for Partial-Birth Abortions: Dr. David Grundmann

Dr. David Grundmann, the medical director for Planned Parenthood of Australia, has written a paper in which he explicitly states that he uses the partial-birth abortion procedure (he calls it "dilatation and extraction") as his "method of choice" for abortions done after 20 weeks (4½ months), and that he performs such abortions for a broad variety of social reasons. [This paper, "Abortion After Twenty Weeks in Clinical Practice: Practical, Ethical and Legal Issues," and associated documentation. is available from NRLC.]

Dr. Grundmann himself described the procedure in a television interview as "essentially a breech delivery where the fetus is delivered feet first and then when the head of the fetus is brought down into the top of the cervical canal. it is decompressed with a puncturing instrument so that it fits through the cervical opening."

In the 1994 paper, Dr. Grundmann listed several "advantages" of this method, such as that it "can be performed under local and/or twi-light anesthetic" with "no need for narcotic analgesics," "can be performed as an ambulatory out-patient procedure," and there is "no chance of delivering a live fetus." Among the "disadvantages," Dr. Grundmann wrote, is "the aesthetics of the procedure are difficult for some people; and therefore it may be difficult to get staff." (Dr. Grundmann also wrote that "abortion is an integral part of family planning. Theoretically this means abortions at any stage of gestation. Therefore I favor the availability of abortion beyond 20 weeks.")

Dr. Grundmann wrote that in Australia, late-second-trimester abortion is available "in many

major hospitals, in most capital cities and large provincial centres" in cases of "lethal fetal abnormalities" or "gross fetal abnormalities," or "risk to maternal life," including "psychotic/suicidal behavior." **However, Dr. Grundmann said, his Planned Parenthood clinic *also* offers the procedure after 20 weeks for women who fall into five additional "categories": (1) "minor or doubtful fetal abnormalities," (2) "extreme maternal immaturity i.e. girls in the 11 to 14 year age group," (3) women "who do not know they are pregnant," for example because of amenorrhea [irregular menstruation] "in women who are very active such as athletes or those under extreme forms of stress i.e. exam stress, relationship breakup...," (4) "intellectually impaired women, who are unaware of basic biology...," (5) "major life crises or major changes in socio-economic circumstances. The most common example of this is a planned or wanted pregnancy followed by the sudden death or desertion of the partner who is in all probability the bread winner."**

• Is a partial-birth abortion ever the only way to preserve a mother's physical health?

President Clinton and pro-abortion advocacy groups have made strenuous efforts to persuade the public that partial-birth abortions are necessary to protect the lives or health of pregnant women, and many journalists have uncritically accepted this claim at face value. However, these claims are coming under increasingly sharp challenge from prestigious medical experts, and from women who have given birth to babies in circumstances such as those cited by President Clinton.

The sort of cases highlighted by President Clinton-- third-trimester abortions of babies with disorders incompatible with sustained life outside the womb-- account for a small fraction of all the partial-birth abortions. Confronted with identical cases, most specialists would never consider executing a breech extraction and puncturing the skull. Instead, most would deliver the baby alive, sometimes early, without jeopardy to the mother-- usually vaginally-- and make the baby as comfortable as possible for whatever time the child has allotted to her.

In an interview published in the August 19 edition of *American Medical News*, former Surgeon General C. Everett Koop said, "I believe that Mr. Clinton was misled by his medical advisors on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortions as described-- you know, partial birth, and then destruction of the unborn child before the head is born-- is a medical necessity for the mother. It certainly can't be a necessity for the baby."

Dr. Koop, a world-renown pediatric surgeon, was asked by the *American Medical News*

reporters whether he had ever "treated children with any of the disabilities cited in this debate? For example, have you operated on children born with organs outside of their bodies?" Dr. Koop replied, "Oh, yes indeed. I've done that many times. The prognosis usually is good. There are two common ways that children are born with organs outside of their body. One is an omphalocele, where the organs are out but still contained in the sac... the first child I ever did, with a huge omphalocele much bigger than her head, went on to develop well and become the head nurse in my intensive care unit many years later."

In addition, in the summer of 1996, an organization called Physicians' Ad Hoc Coalition for Truth (PHACT) began circulating material directly challenging President Clinton's claims. As of early September, PHACT reportedly consisted of over 230 physicians, mostly professors and other specialists in obstetrics, gynecology, and fetal medicine. In an advertisement published in August, the PHACT physicians said:

> Congress, the public-- but most importantly women-- need to know that partial-birth abortion is never medically indicated to protect a mother's health or her future fertility.

The PHACT doctors also referred directly to the specific medical conditions that affected some of the women who appeared with President Clinton at his April 10 veto ceremony, such as hydrocephalus (excessive fluid in the head), and commented:

> We, and many other doctors across the United States, regularly treat women whose unborn children suffer these and other serious conditions. Never is the partial-birth procedure medically indicated. Rather, such infants are regularly and safely delivered live, vaginally, with no threat to the mother's health or fertility.

At a July 24 briefing on Capitol Hill, PHACT member Dr. Curtis Cook, an ob/gyn perinatologist with the West Michigan Perinatal and Genetic Diagnostic Center (616-391-3681), said that partial-birth abortion

> is never necessary to preserve the life or the fertility of the mother, and may in fact threaten her health or well-being or future fertility. In my practice, I see these rare, unusual cases that come to most generalists' offices once in a lifetime-- they all come into our office. We see these every day....The presence of fetal disabilities or fetal anomalies are not a reason to have a termination of pregnancy to preserve the life of the mother-- they do not threaten the life of the mother in any way....[and] where these rare instances do occur, they do not require the death of the baby or the fetus prior to the completion of the delivery.

Also present at the July 24 briefing were several women who, while pregnant, had learned

that their unborn babies were afflicted with conditions similar or identical to those cited by President Clinton, but who gave birth to their babies alive. One of the women, Jeannie French of Oak Park, Illinois, distributed a July 17 letter that she and several other women sent to President Clinton, asking for a meeting so that he could learn about the medical alternatives to partial-birth abortion. Ms. French wrote:

> In recent months, I have had the opportunity to get to know many women who've carried and given birth to children with fatal conditions from anacephaly, encepaloceles, Trisomy 18, hydrocephaly, and even a rare disease called body stalk anomaly, in which internal organs develop outside a baby's body. We gave birth to our children knowing that their serious physical disabilities might not allow them to live long.... You say that partial-birth abortion has to be legal for cases *like ours*, because women's bodies would be 'ripped to shreds' by carrying their very sick children to term. By your repeated statements, you imply that partial-birth abortion is the *only or the most desirable response to children suffering severe disabilities* like our children... This message is so wrong!... Will you meet with us personally, and hear our stories?

Ms. French got a brief letter of response from two White House scheduling aides, who said that "the tremendous demands on the President will not give him the opportunity to speak with you and your group.... Your continued interest and support are deeply appreciated."

• What about President Clinton's statement that for some women, the only alternative to partial-birth abortion is to "rip your body to shreds"?

President Clinton has repeatedly justified his veto by referring to cases in which the baby suffers from advanced hydrocephaly (head enlargement). Speaking in Milwaukee on May 23, President Clinton suggested that Bob Dole or others who would deny a partial-birth abortion in such cases are saying "it's okay with me if they ripped your body to shreds and you could never have another baby."

But this is medical nonsense. Medical specialists commonly deal with cases of severe hydrocephaly by a procedure called cephalocentesis, in which a needle is used to withdraw the excess fluid (but *not* the brain), reducing the head size so that normal delivery of a live baby can occur. An eminent authority on such matters, Dr. Watson A. Bowes, Jr., professor of ob/gyn (maternal and fetal medicine) at the University of North Carolina, who is co-editor of the *Obstetrical and Gynecological Survey*, wrote to Congressman Charles Canady:

> Critics of your bill who say that this legislation will prevent doctors from performing certain procedures which are standard of care. such as cephalocentesis (removal of fluid from the enlarged head of a fetus with the most severe form of hydrocephalus) are mistaken. In such a procedure a needle is inserted with ultrasound guidance through the mother's abdomen into the uterus and then into the enlarged ventricle of the brain (the space containing cerebrospinal fluid). Fluid is then withdrawn which results in reduction of the size in the head so that delivery can occur. This procedure is not intended to kill the fetus, and, in fact, is usually associated with the birth of a live infant.

(Note: Cases of hydrocephaly accounted for less than 4% of Dr. McMahon's partial-birth abortions, according to his submission to the House Judiciary Committee.)

• What about the small minority of cases that *do* involve "serious fetal deformity"?

It is true that *some* partial-birth abortions -- a small minority -- involve babies who have grave disorders that will result in death soon after birth. But these unfortunate members of the human family deserve compassion and the best comfort-care that medical science can offer-- not a scissors in the back of the head. In some such situations there are good medical reasons to deliver such a child early, after which natural death will follow quickly.

Dr. Harlan Giles, a professor of "high-risk" obstetrics and perinatology at the Medical College of Pennsylvania, performs abortions by a variety of procedures up until "viability." However, in sworn testimony in the U.S. Federal District Court for the Southern District of Ohio (Nov. 13, 1995), Prof. Giles said:

> [After 23 weeks] I do not think there are any maternal conditions that I'm aware of that mandate ending the pregnancy that also require that the fetus be dead or that the fetal life be terminated. In my experience for 20 years, one can deliver these fetuses either vaginally, or by Cesarean section for that matter, depending on the choice of the parents with informed consent. . . But there's no reason these fetuses cannot be delivered intact vaginally after a miniature labor, if you will, and be at least assessed at birth and given the benefit of the doubt. [transcript, page 240]

In a partial-birth abortion, the abortionist dilates a woman's cervix for three days, until it is open enough to deliver the entire baby breech, except for the head. When *American Medical News* asked Dr. Martin Haskell why he could not simply dilate the woman a little more and remove the baby without killing him, Dr. Haskell responded:

> The point here is you're attempting to do an abortion... not to see how do I manipulate the situation so that I get a live birth instead. [*American Medical News* transcript]

Under closer examination, it becomes clear that in some cases, the primary reason for performing the procedure is not concern that the baby will die in utero, but rather, that he/she will be *born alive*, either with disorders incompatible with sustained life outside the womb, *or* with a *non-lethal* disability. (Again, in Dr. McMahon's table of partial-birth abortions performed for "fetal indications," the largest category was for Down Syndrome.)

Viki Wilson, whose daughter Abigail died at the hands of Dr. McMahon at *38 weeks*, said:

> I knew that I could go ahead and carry the baby until full term, but knowing, you know, that this was futile, you know, that she was going to die... I felt like I needed to be a little more in control in terms of her life and my life, instead of just sort of leaving it up to nature, because look where nature had gotten me up to this point. [NAF video transcript, page 4.]

Tammy Watts, whose baby was aborted by Dr. McMahon in the 7th month, said:

> I had a choice. I could have carried this pregnancy to term, knowing everything that was wrong. [Testimony before Senate Judiciary Committee, Nov. 17, 1995]

Claudia Crown Ades, who appeared with President Clinton at the April 10 veto, said:

> My procedure was elective. That is considered an elective procedure, as were the procedures of Coreen Costello and Tammy Watts and Mary Dorothy-Line and all the other women who were at the White House yesterday. All of our procedures were considered elective. [Quotes from taped appearance on WNTM, April 12, 1996]

In a letter opposing HR 1833, one of Dr. McMahon's colleagues at Cedar-Sinai Medical Center, Dr. Jeffrey S. Greenspoon, wrote:

> As a volunteer speaker to the National Spina Bifida Association of America and the Canadian National Spina Bifida Organization, I am familiar with the burden of raising a significantly handicapped child. . . The burden of raising one or two abnormal children is realistically unbearable. [Letter to Rep. Hyde, July 19, 1995]

• Is there a more "objective" term for the procedure than "partial-birth abortion"?

Some opponents of the Partial-Birth Abortion Ban Act (HR 1833) insist that anyone writing about the bill should say that it bans a procedure "known medically as intact dilation and evacuation." But when journalists comply with this demand, they do so at the expense of accuracy. The bill itself makes no reference whatever to "intact dilation and evacuation" abortions. More importantly, the term "intact dilation and evacuation" is *not* equivalent to the class of procedures banned by the bill.

The bill would make it a criminal offense (except to save a woman's life) to perform a "partial-birth abortion," which the bill ***would define— as a matter of law—*** as "an abortion in which the person performing the abortion partially vaginally delivers a ***living*** fetus before killing the fetus and completing the delivery." [emphasis added]

In contrast, the term "intact dilation and evacuation" was invented by the late Dr. James McMahon, and until recently, was idiosyncratic to him. It appeared in no standard medical textbook or database, nor anywhere in the standard textbook on abortion methods, *Abortion Practice* by Dr. Warren Hern. Because "intact dilation and evacuation"[2] is not a standard, clearly defined medical term, the House Judiciary Constitution Subcommittee staff (which drafted the bill under Congressman Canady's supervision) rejected it as useless for purposes of defining a criminal offense. Indeed, it is worse than useless-- a criminal statute that relied on such a term would be stricken by the federal courts as "void for vagueness."

Although there is no clear definition of the term, we know enough to say that it is inaccurate to equate "intact dilation and evacuation" abortions with the procedures banned by HR 1833, since in his writings Dr. McMahon clearly used the term "intact dilation and evacuation" so broadly as to cover certain procedures which would ***not*** be affected at all by HR 1833 (e.g., removal of babies who are killed entirely in utero, and removal of babies who have died entirely natural deaths in utero). Indeed, at least one of the specific women highlighted by opponents of HR 1833 had various types of "intact D&E" abortion procedures that were ***not*** covered by HR 1833's definition of "partial-birth abortion."

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[2]The term "*intact* dilation and evacuation" should not be confused with "dilation and evacuation," which is a procedure commonly used in second-trimester abortions, involving *dismemberment* of the fetus/baby *while still in the uterus*. The bill does not apply to "dilation and evacuation" abortions at all.

[In his 1992 instructional paper, Dr. Haskell referred to the method as "dilation and extraction" or "D&X"-- noting that he "coined the term." When the bill was drafted, the term "dilation and extraction" did not appear in medical dictionaries or databases.]

The term chosen by Congress, **partial-birth abortion**, is in no sense misleading. In sworn testimony in an Ohio lawsuit on Nov. 8, 1995, Dr. Martin Haskell-- who has done over 1,000 partial-birth abortions, and who authored the instructional paper that touched off the controversy over the procedure-- explained that he first learned of the method when a colleague

> described very briefly over the phone to me a technique that I later learned came from Dr. McMahon where they internally grab the fetus and rotate it and accomplish-- be ***somewhat equivalent to a breech type of delivery.*** [emphasis added]

• Are the five line drawings of the procedure circulated by NRLC accurate, or misleading?

The AMA newspaper *American Medical News* (July 5, 1993) interviewed Dr. Martin Haskell and reported:

> Dr. Haskell said the drawings were accurate "from a technical point of view." But he took issue with the implication that the fetuses were "aware and resisting."

Professor Watson Bowes of the University of North Carolina at Chapel Hill, co-editor of the *Obstetrical and Gynecological Survey*, wrote in a letter to Congressman Canady:

> Having read Dr. Haskell's paper, I can assure you that these drawings accurately represent the procedure described therein.... Firsthand renditions by a professional medical illustrator, or photographs or a video recording of the procedure would no doubt be more vivid, but not necessarily more instructive for a non-medical person who is trying to understand how the procedure is performed.

On Nov. 1, 1995, Congresswoman Patricia Schroeder and her allies actually tried to prevent Congressman Canady from displaying the line drawings during the debate on HR 1833 on the floor of the House of Representatives. But the House voted by nearly a 4-to-1 margin (332 to 86) to permit the drawings to be used.

- **Does the bill contradict U.S. Supreme Court decisions?**

The Supreme Court has never said that there is a constitutional right to kill human beings who are mostly born.

In its official report on HR 1833, the House Judiciary Committee makes the very plausible argument that HR 1833 could be upheld by the Supreme Court without disturbing *Roe*. In *Roe*, the Supreme Court said that "the word 'person,' as used in the Fourteenth Amendment. does not include the unborn." Thus, under the Supreme Court's doctrine, a human being *becomes* a legal "person" upon emerging from the uterus. But a partial-birth abortion does not involve an "unborn fetus." A partial-birth abortion, by the very definition in the bill, kills a human being who is partly born. Indeed, a partial-birth abortion kills a human being who is four-fifths across the 'line-of-personhood' established by the Supreme Court.

Moreover, in *Roe v. Wade* itself, the Supreme Court took note of a Texas law that made it a felony to kill a baby "in a state of being born and before actual birth," and the Court did not disturb that law.

Thus, the Supreme Court could very well decide that the killing of a mostly born baby, even if done by a physician, is not protected by *Roe v. Wade*.

IRENE S. LOHKAMP, M.D.
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February 16, 1997

Regarding: H.B. 65

Dear Representative Kott:

I am a physician in private practice specializing in family medicine. I agree that partial birth abortions should be outlawed in Alaska as stated in Section 18.16.050. This is not the only method available for inducing abortion in the 2nd and 3rd trimester.

As you already know, this procedure is used in late term pregnancy just prior to and beyond gestational age viability.It probably is not successful earlier because the baby's sinews are too delicate to tolerate the traction required to pull the lower extremities and trunk out of the uterus and vaginal canal. The baby is intentionally rotated into breach position, extracted through the birth canal, with the head last remaining within the canal (often forcibly held within) to perform the cranial evacuation that terminates the baby's life functions.

This procedure has met with profound controversy by medical professionals and the general public alike because of its shocking violence and appearance of being infanticide. With extraordinarily rare exceptions, the procedure is not the sole method of achieving late term abortion. There are other methods available which have been practiced for many years before this procedure was developed. These are as safe, and possibly safer, for the mother. Banning partial birth abortions would still preserve the health of the mother and be protective of her rights.

Please sustain a ban on partial birth abortion in Alaska.

Sincerely yours,

Irene Lohkamp MD

Irene Lohkamp, M.D.

Robert G. Thompson, M.D., F.A.C.O.G.
Reproductive Surgeon - Society of Reproductive Surgeons
Diplomate - American Board of Obstetrics and Gynecology

Catherine A. Thompson, R.N., M.S.N.
Advanced Nurse Practitioner

FAX: (907) 465-2819

March 7, 1997

The Honorable Pete Kott
Representative - State of Alaska
Juneau, Alaska

ATTENTION: George Dozier — Re: House Bill 65
Partial Birth Abortion

Dear Sirs:

I am sending this letter in support of your HB 65 which outlaws "partial birth abortions" as specified in the bill. I've reviewed the bill and the arguments of other physicians, including those of the American College of Obstetrics and Gynecology, Physicians Ad Hoc Coalition for the Truth (PHACT), Doctors Susan Lemagie, Cynthia Brook, and Jan Whitefield.

I feel that the testimony of the PHACT is, in fact, the most accurate with regards to the conflicts and issues expressed by the present forces opposed to the bill; there are procedures that are much safer, including the use of prostaglandin medications.

While the use of prostaglandins takes more time, it stresses the patience of the abortionist, it is imminently more safe, and has had more significant peer review, literature, research, and medical data to support its application in appropriate circumstances. The restrictions in House Bill 65 are very specific, and in my opinion, as well as those of the physicians of the PHACT, those specifications do not encompass other abortion procedures as they are currently practiced.

A Professional Corporation, 4001 Dale Street, Suite 117, Anchorage, Alaska 99508
(907) 562-5328, FAX (907) 562-4363, Fertility (907) 562-3562

The Honorable Pete Knox:
March 7, 1997

Once again, however, with regards to the specifications of the abortion procedure as specified, there are no known situations which have been published or peer reviewed for which this procedure would be necessary, nor is it taught in any obstetric or gynecologic residency program in the United States, to the best of my knowledge and that of the professors and physician members of the PHACT.

In summary, I hope you will continue on your course to ensure passage of this bill. There are far safer procedures when medically indicated that pose less of a threat of infection, retained products of conception, uterine perforation, hemorrhage, or death to the patient.

If I can be of further assistance in clarifying these issues, please contact me at your earliest convenience,.

Thank you,

Sincerely,

Robert G. Thompson, M.D., FACOG
Reproductive Surgeon

JOSEPH D. RIEDERER, M.D.
4500 NO. DOUGLAS
JUNEAU, ALASKA 99801
TELEPHONE 907 - 586-3800

March 6, 1997

Representative Pete Kott
State of Alaska
FAX#465-2819

RE: House Bill #65

Dear Representative Kott:

I had hoped to testify on House Bill #65 but I will be out of Juneau at the next hearing. I was present on March 5.

My name is Joseph Riederer. I have been a Juneau physician since 1961. I am not a specialist in OB-GYN; however, a major part of my practice was obstetrics from 1961-77 and I attended perhaps 2000 deliveries, and from that time, have continued to do some C-section and laparoscopic OB and GYN care from 1977-96. I am writing in support of House Bill #65. I would have like to have testified against the use of partial birth abortion as a medical procedure. I believe it is unspeakably inhumane to carry this procedure out on what is frequently a viable infant.

This type of medical procedure, that is, a partial birth abortion, is not even listed or discussed or described as a medical procedure in any of the current OB-GYN references that I can find. For instance, the seven volume authoritative reference on Gynecology and Obstetrics by Sciarra, does not even discuss surgical intervention for late term abortions in this manner.

It has been argued that this is a necessary option for the health and safety of the mother. This is not verified by any respected medical authority that I can find. There are multiple procedural complications to the mother in any abortion procedure. That includes certainly uterine perforation, or rupture, sepsis, bleeding after the procedure, and incompetent cervix, sterility, andpsychological trauma, etc. All of this is in addition to the fetal death. People certainly need to figure out before the 2nd or 3rd trimester if abortion is an option or not if you believe an abortion is a necessity.

The proposed definition of this Bill is specific and no other medical procedure

would be restricted or affected by banning partial birth abortion. The language is clear and specific.

I hope that House Bill #65 will be enacted. Thank you for this consideration.

Sincerely,

Joseph D. Riederer, M.D.

PHACT

'hysicians' Ad Hoc Coalition for Truth

FOR IMMEDIATE RELEASE

FOR INFORMATION CONTACT:
Gene Tarne/Michelle Powers 703/683-5004

FORMER SURGEON GENERAL KOOP SEPARATES MEDICAL FACT FROM FICTION ON PARTIAL-BIRTH ABORTIONS

KOOP: THE PARTIAL-BIRTH ABORTION IS "IN NO WAY...A MEDICAL NECESSITY"

ALEXANDRIA, VA -- In a wide ranging interview with the American Medical News, former Surgeon General C. Everett Koop expressed his opposition to partial-birth abortions and declared that they are not medically necessary.

The former Surgeon General was asked about President Clinton's recent veto of a bill to ban partial-birth abortions and claims regarding the medical need for them. Following is Dr. Koop's response, reported in the August 19th issue of American Medical News:

> **"I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. *Because in no way can I twist my mind to see that the late-term abortion as described -- you know, partial-birth, and then destruction of the unborn child before the head is born -- is a medical necessity for the mother.* It certainly can't be a necessity for the baby. So I am opposed to ... partial birth abortions."**

Asked "have you ever treated children with any of the disabilities cited in the debate? For example, have you operated on children with organs outside of their bodies," Koop responded:

> **"Oh, yes indeed. I've done that many times. The prognosis is usually good. [With an] omphalocele...organs are out but still contained in the sac composed of the tissues of the umbilical cord. I have been repairing those since 1946...In fact, the first child I ever did, with a huge omphalocele much bigger than her head, went on to develop well and become the head nurse in my intensive care unit many years later."**

Dr. Koop's remarks echo over three hundred other medical professionals -- leaders in the fields of obstetrics, gynecology and perinatology -- who have joined the Physicians' Ad-hoc Coalition for Truth to help Americans and Congress understand that partial-birth abortion is never medically necessary, and in fact can threaten a mother's health and safety.

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The Physicians' Ad-hoc Coalition for Truth (PHACT), with over three hundred members drawn from the medical community nationwide, exists to bring the medical facts to bear on the public policy debate regarding partial birth abortions. Members of the coalition are available to speak to public policy makers and the media. If you would like to speak with a member of PHACT, please contact Gene Tarne or Michelle Powers at 703-683-5004.

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Communications Counsel:
Gene Tarne, Michelle Powers

FACT SHEET: PARTIAL-BIRTH ABORTIONS MEDICALLY NECESSARY?

Those who oppose the Partial Birth Abortion Ban Act (HR 1833) sometimes claim that partial birth abortions are necessary to preserve a mother's health or future ability to have children. The medical evidence to the contrary is overwhelming:

-- Dr. Pamela E. Smith, Director of Medical Education, Department of Obstetrics and Gynecology, Mt. Sinai Hospital, Chicago testified before the U.S. Senate: "There are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the life or health of the mother." [Senate hearing record, p. 82]

--Dr. Harlan R. Giles, a professor of "high-risk" obstetrics and perinatology at the Medical College of Pennsylvania, performs abortions by a variety of procedures up until "viability." In sworn testimony in the U.S. Federal District Court for the Southern District of Ohio (Nov. 13, 1995), Professor Giles said:

> [After 23 weeks], I don't think there are any maternal conditions that I'm aware of that mandate ending the pregnancy that also require that the fetus be dead or that the fetal life be terminated. In my experience for 20 years, one can deliver these fetuses either vaginally, or by Cesarean section for that matter, depending on the choice of the parents with informed consent. . . But there's no reason these fetuses cannot be delivered intact vaginally after a miniature labor, if you will, and be at least assessed at birth and given the benefit of the doubt. [transcript, p. 240].
>
> ...
>
> And I cannot think of a fetal condition or malformation, no matter how severe, that actually causes harm or risk to the mother of continuing the pregnancy. I guess one extremely rare example might be a partial hydatidiform mole. But that's a one in a million situation. In most cases mothers [are] carrying an abnormal fetus such as with Down's syndrome, anencephaly, the absence of a brain itself, dwarfism. Other severe even lethal chromosome abnormalities, those mothers if you follow their pregnancy have no higher risk of pregnancy complications than for any other mother who's progressing to term for a delivery. [transcript 241-42]

--Some claim partial birth abortion is needed when a baby suffers from severe hydrocephalus (enlargement of the head due to excess fluid on the brain). But an eminent authority on such

matters, Dr. Watson A. Bowes, Jr., professor of obstetrics and gynecology at the University of North Carolina, and co-editor of the *Obstetrical and Gynecological Survey*, wrote to Congressman Canady:

> Critics of your bill who say that this legislation will prevent doctors from performing certain procedures which are standard of care, such as cephalocentesis (removal of fluid from the enlarged head of a fetus with the most severe form of hydrocephalus) are mistaken. In such a procedure a needle is inserted with ultrasound guidance through the mother's abdomen into the uterus, and then into the enlarged ventricle of the brain (the space containing cerebrospinal fluid). Fluid is then withdrawn which results in reduction of the size in the head so that delivery can occur. This procedure is not intended to kill the fetus, and, in fact, is usually associated with the birth of a live infant.

--Dr. James Jones, chairman of the department of obstetrics and gynecology at the New York Medical College, has stated that he "can't think of any situation where you would have to carry out a specific, direct attack on the fetus." With regard to the partial birth procedure, he said that he "can't imagine that being an indicated procedure for the saving of a life or well-being of the mother." [*Catholic New York*, 5/2/96]

--In an article in the *American Medical News* ["Outlawing abortion method," 11/20/1995], Dr. Warren Hern, late-term abortion provider and author of the nation's most widely used textbook on late-term abortions said of the partial birth procedure: "You really can't defend it. . . . I would dispute any statement that this is the safest procedure to use." He noted that turning the fetus to a breech position is "potentially dangerous," and added: "You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."

--The American Medical Association's legislative council voted unanimously to recomend that the AMA endorse the Partial Birth Abortion Ban Act. While the entire AMA remained neutral on the act, the council concluded that the procedure is "not a recognized medical technique," "almost does not exist in the medical literature," and is a "basically repulsive" procedure. [*Congress Daily*, 10/10/95, p. 1].

PHACT

Physicians' Ad Hoc Coalition for Truth

September 18, 1996

1150 South Washington Street
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(703) 683-5004

Communications Counsel:
Gene Tarne, Michelle Powers

Dear Member of Congress:

We write to you as founding members of the Physicians' Ad-hoc Coalition for Truth (PHACT), an organization of over three hundred members drawn from the medical community nationwide -- most ob/gyns, perinatologist and pediatricians -- concerned and disturbed over the medical misinformation driving the partial-birth abortion debate. As doctors, we cannot remember another issue of public policy so directly related to the medical community that has been subject to such distortions and outright falsehoods.

The most damaging piece of medical disinformation that seems to be driving this debate is that the partial-birth abortion procedure may be necessary to protect the lives, health and future fertility of women. You have heard this claim most dramatically not from doctors, but from a handful of women who chose to have a partial-birth abortion when their children were diagnosed with some form of fetal abnormality.

As physicians who specialize in the care of pregnant women and their children, we have all treated women confronting the same tragic circumstances as the women who have publicly shared their experiences to justify this abortion procedure. So as doctors intimately familiar with such cases, let us be very clear: *the partial-birth abortion procedure, as described by Dr. Martin Haskell (the nation's leading practitioner of the procedure) and defined in the Partial-Birth Abortion Ban Act, is never medically indicated and can itself pose serious risks to the health and future fertility of women.*

There are simply no obstetrical situations encountered in this country which require a partially-delivered human fetus to be destroyed to preserve the life, health or future fertility of the mother. Not for hydrocephaly (excessive cerebrospinal fluid in the head); not for polyhydramnios (an excess of amniotic fluid collecting in the woman); and not for trisomy (genetic abnormalities characterized by an extra chromosome).

Our members concur with former Surgeon General C. Everett Koop's recent statement that "in no way can I twist my mind to see that [partial-birth abortion] is a medical necessity for the mother."

As case in point would be that of Ms. Coreen Costello, who has appeared several times before Congress to recount her personal experience in defense of this procedure. Her unborn child suffered from at least two conditions: "polyhydramnios secondary to abnormal fetal swallowing," which causes amniotic fluid to collect in the uterus, and "hydrocephalus", a condition that causes an excessive amount of fluid to accumulate in the fetal head.

The usual treatment for removing the large amount of fluid in the uterus is a procedure called amniocentesis. The usual treatment for draining excess fluid from the fetal head is a procedure called cephalocentesis. In both cases the excess fluid is drained by using a thin needle that can be placed inside the womb through the abdomen ("transabdominally"--the preferred route) or through the vagina ("transvaginally.") The transvaginal approach however, as performed by Dr. McMahon on Ms. Costello, puts the woman at an increased risk of infection because of the non-sterile environment of

the vagina. Dr. McMahon used this approach most likely because he had no significant expertise in obstetrics and gynecology. After the fluid has been drained, and the head decreased in size, labor would be induced and attempts made to deliver the child vaginally. Given these medical realities, the partial-birth abortion procedure can in no way be considered the standard, medically necessary or appropriate procedure appropriate to address the medical complications described by Ms. Costello or any of the other women who were tragically misled into believing they had no other options.

Indeed, the partial-birth abortion procedure *itself* can pose both an immediate and significant risk to a woman's health and future fertility. To take just one example, to forcibly dilate a woman's cervix over the course of several days, as this procedure requires, risks creating an "incompetent cervix," a leading cause of future premature deliveries. It seems to have escaped anyone's attention that one of the five women who appeared at President Clinton's veto ceremony who had a partial-birth abortion subsequently had five miscarriages.

The medical evidence is clear and argues overwhelmingly against the partial-birth abortion procedure. Given the medical realities, a truly pro-woman vote would be to end the availability of a procedure that is so potentially dangerous to women. The health status of women and children in this country can only be enhanced by your unequivocal support of H.R. 1833.

Thank you for your consideration.

Sincerely,

Nancy G. Romer, M.D
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Chairman, Dept. of Ob/Gyn
Miami Valley Hospital, OH

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"...They will rip your bodies to shreds and you could never have another baby even though the baby you were carrying couldn't live."
-- President Clinton, as to why partial birth abortion must remain available.

The Physicians' Ad-hoc Coalition for Truth (PHACT) about partial-birth abortion brings together experts in the fields of obstetrics and gynecology, perinatology and fetal and maternal medicine for one purpose: to bring the medical facts to bear on the public policy debate over partial-birth abortion.

As practitioners and teachers of a medical specialty that must, at all times, be responsible for the well-being of two patients -- mother and child -- we feel compelled to take this course of action in order to counter the very widespread and dangerous misstatements, misperceptions and outright distortions surrounding this procedure.

The most serious such distortion is the claim, now endorsed by President Clinton, that a partial-birth abortion can be *medically necessary* to protect the health of a women carrying a child diagnosed with severe genetic disabilities, and to also protect that woman's future fertility and ability to carry other children.

There is no medical basis for such an assertion. Given the many potential risks the procedure entails for the mother, far from ever being medically indicated, partial-birth abortion is actually *counter*-indicated. Far from ever being a medical necessity, partial-birth abortion is not even a procedure recognized by the medical community, including the American College of Obstetricians and Gynecologists. Statements by practitioners of partial-birth abortion indicate that the vast majority of such procedures are elective in nature. There is only one reason to ever consider the partial-birth abortion procedure "necessary:" to ensure the delivery of a dead child rather than a living one.

Because of the dangers posed to women, the distortions regarding the so-called "medical necessity" of partial-birth abortion must not be allowed to stand. Already we have seen the harm done to women by other false statements made by those who defend partial-birth abortions. Proponents of partial-birth abortion have claimed, for example, that the anesthesia given the woman kills the child in her womb even before the procedure begins. Though leading experts in the field of anesthesiology have repeatedly denounced this claim, the media have repeated it often enough to frighten some pregnant women in need of surgery. The medical community's efforts to dispel this lie have gone largely unreported.

As members of the Physicians' Ad-hoc Coalition for Truth (PHACT) about Partial-Birth Abortion, we will take every opportunity presented to correct the misinformation and educate the public as to the medical facts regarding the partial-birth abortion procedure. We ask our fellow professionals in the field of journalism and communications in particular to give these facts the attention they deserve by reporting them in a clear, evenhanded and objective fashion.

7/24/96

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SCIENCE FACT VS. SCIENCE FICTION:

DOCTORS REPORT THE MEDICAL FACTS ABOUT PARTIAL-BIRTH ABORTION

"People deserve to know that the partial-birth abortion is never medically indicated either to save the health of a woman or preserve her future fertility."
-- Dr. Nancy Romer, FACOG, Chairman, Dept. of Obstetrics and Gynecology, Miami Valley Hospital, Ohio

(Following are highlights from a July 24 Congressional Briefing by the Physicians' Ad-hoc Coalition for Truth (PHACT) about partial-birth abortion):

On the Claimed "Medical Necessity" of this Procedure:

"I am insulted to be told that I am tearing women's bodies apart by not doing this procedure. I am not. ...As physicians, we can no longer stand by while abortion advocates, the President of the United States and newspapers and television shows continue to repeat false medical claims to members of Congress and to the public."
-- Dr. Nancy Romer

"This procedure is currently not an accepted medical procedure. A search of medical literature reveals no mention of this procedure and there is no critically evaluated or peer review journal that describes this procedure. ...There is currently also no peer review or accountability of this procedure. It is currently being performed by a physician with no obstetric training in an outpatient facility behind closed doors and no peer review."
-- Dr. Nancy Romer

On Claims that Unborn Children with Certain Disabilities Must be Aborted by the Partial-Birth Method to Preserve Their Mother's Health or Fertility.

In vetoing the Partial-Birth Abortion Ban, President Clinton showcased the stories of 5 women who, he said "had to make a life-saving — certainly, health saving — but still tragic decision" to have partial-birth abortions, given the severe disabilities suffered by the children they carried. He said that "their own lives, their health, and in some cases their capacity to have children in the future were in danger" on account of these children. Six weeks later, the President defended the necessity of partial-birth abortion on the grounds that, without it, these women would be "eviscerated," their bodies "ripped...to shreds and you could never have another baby, even though the baby you were carrying couldn't live." The conditions suffered by the aborted children included: hydrocephalus, polyhydramnios, Trisomy 13, and anencephaly.

Responding to these specific claims, medical experts from PHACT made clear:

1. "[T]hese are honest women who were sadly misinformed and whose decision to have a partial birth abortion was based on a great deal of misinformation."
-- Dr. Joseph DeCook

2. "[T]he presence of *fetal disabilities or fetal anomalies* are not a reason to have a termination of pregnancy to preserve the life of the mother."

-- Dr. Curtis Cook

3. Regarding "a *genetic abnormality* where there is an extra chromosome or a *Trisomy*...These abnormalities do not pose a risk to the mother per se, do not require early delivery, and can be safely delivered vaginally by methods that we use on a regular basis."

-- Dr. Curtis Cook

4. Regarding "*hydrocephalus*...excessive cerebral-spinal fluid... that causes a very large-shaped head in proportion to the rest of the body. ...These patients can be safely delivered by cesarean section. They can even be delivered safely vaginally. We can do that by first decompressing some of the fluid around the baby's head. ...Again, the baby can be delivered safely, without a risk to the mother, and without a risk to her fertility."

-- Dr. Curtis Cook

5. Regarding "*polyhydramnios*...an excessive amount of amniotic fluid around the baby. ...They can be delivered vaginally, safely, and in the need for it in such situations, a cesarean section can be performed."

-- Dr. Curtis Cook

On Claims for the "Safety" of the Partial-Birth Abortion Procedure

-- *"[The procedure] sounds like science fiction. It ought to be science fiction!"*

-- *"It is a maverick medical procedure made up by maverick doctors for the purpose of delivering a dead fetus."*

-- Dr. Joseph DeCook

1. "Dilation [forcible opening] of the cervix" -- the first step -- risks creating the condition of "incompetent cervix," which is "the main cause of subsequent infertility." It also risks "infection of the mother" given that the uterus is a "non-sterile environment" exposed by dilation.

-- Dr. Joseph DeCook

2. "Podalic version" -- reaching into the uterus to pull the baby feet first through the cervix -- the second step-- is a very dangerous procedure," "frightening" because of the chance that it might "rupture" or "tear the uterus." This is the "reason this was abandoned 30 or more years ago."

There is also the danger of "perforating the uterus" with the instrument used to grab the baby's leg.

-- Dr. Joseph DeCook

3. The third step of partial-birth abortion --"putting the scissors through the cortical magnum, spread them and out comes the brain" -- is extremely dangerous given that this step exposes "sharp shards of bone," which, if scraped against the uterus, with its "immense blood supply" would cause "deep shock in 3 or 4 minutes" and would "totally pump out [the mother's] blood supply in ten minutes."

-- Dr. Joseph DeCook

The Washington Times

★ THURSDAY, JULY 25, 1996 /

Doctors deny health value of late abortions

By Julia Duin
THE WASHINGTON TIMES

President Clinton is preaching medical nonsense by claiming that a form of late-term abortion protects a mother's health or fertility, three physicians said yesterday.

"So many physicians like myself watch in disbelief as false medical facts about partial-birth abortions get circulated in the public square," Dr. Nancy Romer, a Dayton, Ohio, obstetrician, said at a briefing to announce the founding of the Physicians Ad-hoc Coalition for Truth (Phact).

"In fact," she said, "there's a lot of evidence they may do harm to women."

Phact, to be based in Alexandria, aims to counteract pro-choice claims about partial-birth abortion, in which a doctor delivers an unborn child feet first up to its neck, punctures the skull and sucks out the brain.

She and two Michigan doctors said they were most incensed by the president's claim that such abortions are medically necessary for mothers of deformed children.

Mr. Clinton made this argument in his April 10 veto statement on the Partial Birth Abortion Ban Act. The ceremony featured five women who said they underwent such abortions for health reasons.

"These were honest women who were sadly misinformed," said Dr. Joseph DeCook, a Grand Rapids, Mich., obstetrician. "There is no literature that testifies to the safety of partial-birth abortion. It's a maverick procedure devised by maverick doctors who wish to deliver a dead fetus."

Instead of protecting a woman's fertility, such abortions endanger it by using methods that could lead to an infection, causing sterility, Dr. DeCook said.

He also said that drawing out the child in a breech position "is a very dangerous procedure, and you could tear the uterus." He said a ruptured uterus could cause the mother to bleed to death in 10 minutes.

The puncturing of the child's skull also produces bone shards that could puncture the uterus.

"It sounds like science fiction," Dr. DeCook said. "It's not taught in any residency program in the country."

Joining the doctors were five women who said they elected not to abort when they discovered they were carrying deformed children.

Among them was Whitney Goin, who was with her husband, Bruce. The Orlando, Fla., couple arrived holding their 10-month-old son, Andrew, whom doctors offered to abort when they learned he would be born with several vital organs outside his body.

The child, who cooed and gurgled while Mrs. Goin spoke, has undergone many painful surgeries and eight blood transfusions, she said, as the organs, one by one, have been inserted into his body.

"The worst-case scenarios that were painted by the doctors did not come to fruition, and we are thankful that our son was allowed the opportunity to fight," she said. "My ability to have more children was not affected at all."

The other four women, who have requested a meeting with the president, displayed photos of children who died.

Several said their conditions were similar to those of the women with whom Mr. Clinton spoke.

NANCY G. ROMER, M.D.
1126 South Main Street
Dayton, Ohio 45409
Telephone 222-0297

Douglas Johnson
National Right to Life

May 28, 1996

Dear Mr. Johnson,

This is in reference to our conversation in regards to the 60 Minutes program on late term abortions. Lisa Binns of 60 Minutes called me on Friday April 26 and we spoke for approximately 45 minutes. I made several points in regard to late term abortions:

1. A handicapped fetus is not a threat to the mother's life. Ms. Binns suggested that a fetus with anencephaly has a higher risk of intrauterine death and this presents a risk to the mother. I told her that intrauterine fetal death under any circumstances is not a medical emergency and can be treated in a few days. Once the fetus dies partial birth abortion ban does not apply.

2. If a mother has a serious medical condition what is required is separation of the fetus from the mother not fetal death. This can be accomplished in several ways, either through induction of labor or cesarean section.

3. There are safe alternatives to partial birth abortion. I FAXed her a copy of Dr. Warren Hearn's article where he described his method of second trimester terminations. He injects the fetal heart with digoxin on day two to allow fetal death. On day three he documents fetal death and again now that the fetus is dead the law no longer applies. I can fax this article to you if you do not have it.

While I was out of the country May 1-10 Ms. Binns called to speak to me. I returned her call on May 14. She said she had a quick question. "Do you personally know of any physicians who would electively terminate a healthy fetus in a healthy mother past viability." I answered yes that I personally had a patient that Dr. Haskell had done an abortion on at 26 weeks. She argued that was not really viable and we debated viability. She then asked "Do you personally know of any physician who terminated a healthy fetus in a healthy mother at term?" I said Dr. McMahon had reported terminating babies with cleft lip and cleft palate. She suggested these were not healthy. I said they were not PERFECT but arguably healthy. Then I said " So what your asking is do I personally know of

any physician who has terminated a PERFECT baby in a PERFECT mother at term? The answer is no."

I hope this is of some help to you and apologize for taking so long to respond. If I can be of further help or answer any questions please don't hesitate to call.

Sincerely,

Nancy G. Romer, M.D.

PHACT

Physicians' Ad Hoc Coalition for Truth

January 29, 1997

Fredric D. Frigoletto, Jr. M.D.
President of the Executive Board,
American College of Obstetricians and Gynecologists

Dear Dr. Frigoletto:

We write to you on behalf of the hundreds of doctors nationwide who are members of the Physicians' Ad hoc Coalition for Truth (PHACT). PHACT was formed to address expertly one issue: partial-birth abortion. While the coalition includes physicians from all medical specialties, the vast majority of its members are obstetricians and gynecologists. Of these, a sizeable number are also Fellows of the American College of Obstetricians and Gynecologists (ACOG).

With this in mind, we are writing to express our surprise and concern over a recent statement issued by ACOG, dated January 12, 1997, on the subject of partial-birth abortion. Surprise, because those of us who are fellows were never informed that ACOG was even investigating this subject, with the goal of issuing a public statement, presumably on behalf of us and the others within ACOG's membership. And concern, because the statement that was issued, by endorsing a practice for which no recognized research data exist, would seem to be violating ACOG's own standards.

Let us address the latter concern — content — first.

The statement correctly notes at the outset that the procedure in question is not recognized in the medical literature. The same, it should be noted, can be said of the name you have chosen to call it — "Intact Dilatation and Extraction," or "Intact D&X" -- and all the other names proponents of this procedure have concocted for it. We have closely followed the issue of partial-birth abortion — again, it is the *only* issue PHACT addresses — and the term Intact Dilatation and Extraction is new to us and would appear to be unique to you. The late Dr. James McMahon, until his death a leading provider of partial-birth abortions, called them "Intact Dilation and Evacuation (Intact D&E)" while another provider, Dr. Martin Haskell of Ohio, calls them "Dilation and Extraction (D&X)." Planned Parenthood, for example, calls them D&X abortions, while the National Abortion Federation prefers Intact D&E, so there is no agreement, even among proponents of this procedure, as to what to call it. Indeed, in its January, 1996 newsletter, ACOG then referred to it as "intact dialation (sic) and evacuation." Your new coinage would seem to be a combination of these various "names" floating about, but to what end is not clear. What is clear is that none of these terms, including your own "Intact D&X" can be found in any of the standard medical textbooks or databases.

It is wrong to say, as your statement does, that descriptions, at least the description in last year's Partial-Birth Abortion Ban Act, are "vague" and "could be interpreted to include elements of many recognized" medical techniques. The description in the federal legislation is very precise as to what is being proscribed and is based on Dr. Haskell's own descriptions. Moreover, the legislation is so worded as to clearly distinguish the procedure being banned from recognized obstetric techniques, and recognized abortion techniques, such as D&E, which would be unaffected by the proposed ban.

By far, however, the most disturbing part of ACOG's statement is the assertion that "An intact D&X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of the mother."

On what possible basis does ACOG make this rather astounding assertion?

Many of our members hold teaching positions or head departments of obstetrics and gynecology or perinatology at universities and medical centers. To our knowledge there are no published peer-reviewed safety data regarding the procedure in question. It is not taught as a formally recognized medical procedure. We can think of no data that could possibly support such an assertion. If ACOG or its "select panel" has such data, we would, as teachers and practicing ob/gyns, certainly like to review it.

The best that your statement does to back this claim is the very vague assertion that "other data show that second trimester transvaginal instrumental abortion is a safe procedure." While this may be true, it is, as surely you must be aware, totally beside the point. Such data may exist regarding, e.g., second trimester D&E abortion, but this is irrelevant to the fact that no similar data, at least to our knowledge, exists with respect to partial-birth abortion (or, as you prefer, "intact D&X" or whatever other medical-sounding coinage supporters of this procedure may use). To include such an assertion that can only refer to second trimester abortion procedures *other* than partial-birth is deceptive and misleading at best.

ACOG clearly recognizes that in no circumstances is partial-birth abortion the only option for women. In other words, ACOG agrees that there are other, *medically recognized*, and standard procedures available to women other than partial-birth abortion. Given ACOG's acceptance of this medical fact, your claim that a totally unrecognized, non-standard procedure, for which no peer-reviewed data exist, can nonetheless be the safest and most appropriate in certain situations, simply defies understanding.

If ACOG is truly committed to standing by this claim, then it would appear to be violating its own standards by recommending the use of a procedure for which no peer-reviewed studies or safety data exist.

In contrast, our research of the subject leads us to conclude that there are no obstetrical situations that would necessitate or even favor the medically unrecognized partial-birth abortion procedure as the safest or most appropriate option. Indeed, we have concerns that this procedure may itself pose serious health risks for women.

Ordinarily, we would agree that the intervention of legislative bodies into medical decision making is usually inappropriate. However, when the medical decision making *itself* is inappropriate, and may be putting women at risk by subjecting them to medically unrecognized procedures, then the intervention of a legislative body, such as the U.S. Congress, may be the only way to protect mothers and infants threatened by the partial-birth abortion procedure.

In addition to these concerns over the content of the statement, we are also concerned as to the procedure by which it came to be issued.

As mentioned, the vast majority of PHACT members are specialists and sub-specialists (i.e. perinatologists) in obstetrics and gynecology, and many of these are also fellows of ACOG. After them, our membership consists largely of family practitioners and pediatricians. Former Surgeon General C. Everett Koop, perhaps the nation's leading pediatric surgeon, has been associated with PHACT and his public statements on partial-birth abortion are in agreement with PHACT. Our membership is open to any doctor, regardless of his or her political views on the larger question of abortion rights, precisely because our focus is strictly on the medical realities that relate to this procedure. (In fact, doctors who are pro-choice have publicly stated their opposition, on medical grounds, to the use of this abortion method).

We cannot recall receiving any notification whatsoever that the American College of Obstetricians and Gynecologists was even reviewing the issue of partial-birth abortion toward the end of issuing a statement of policy. We cannot recall ever being informed that ACOG was going to convene a "select panel" to accomplish this. We find it unusual that PHACT, a coalition of doctors formed for no other reason than to investigate medical claims made about partial-birth abortion, was not invited to participate in these deliberations. Those of us who are fellows of ACOG were kept completely in the dark as to what ACOG's leadership was doing in regard to this issue.

In truth, this statement is the product of a panel — whose membership ACOG has not made public — that was working behind closed doors and with no real participation from ACOG's membership itself. In crafting this statement, ACOG simply ignored its own members. There is the danger that in issuing this statement, ACOG is giving the larger public the impression that the statement somehow represents the thinking of its members on this subject. It does not. ACOG members had no knowledge of this statement until it was issued as a *fait accompli*.

In conclusion, this statement clearly does *not* represent a consensus among the nation's obstetricians and gynecologists as to the safety or appropriateness, under any circumstances, of the partial-birth abortion method. We ask you to provide the medical data, research and all other relevant materials which could possibly have led to such an assertion. We ask that you also make available the names of those on the select panel who arrived at such a conclusion. We would also ask that the leadership of ACOG officially withdraw this statement until the matter at issue — partial-birth abortion — has been subject to a thorough and open discussion among the members of ACOG and those doctors in related specialties who have significant knowledge regarding this issue. We look forward to your response.

Sincerely:

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THE CASE OF COREEN COSTELLO

Partial-birth abortion was* not a medical necessity *for the most visible "personal case" proponent of procedure.

Coreen Costello is one of five women who appeared with President Clinton when he vetoed the Partial-Birth Abortion Ban Act (4/10/96). She has probably been the most active and the most visible of those women who have chosen to share with the public the very tragic circumstances of their pregnancies which, they say, made the partial-birth abortion procedure their only medical option to protect their health and future fertility.

But based on what Ms. Costello has publicly said so far, her abortion was not, in fact, medically necessary.

In addition to appearing with the President at the veto ceremony, Ms. Costello has twice recounted her story in testimony before both the House and Senate; the *New York Times* published an op-ed by Ms. Costello based on this testimony; she was featured in a full page ad in the *Washington Post* sponsored by several abortion advocacy groups; and, most recently (7/29/96) she has recounted her story for a "Dear Colleague" letter being circulated to House members by Rep. Peter Deutsch (FL).

Unless she were to decide otherwise, Ms. Costello's full medical records remain, of course, unavailable to the public, being a matter between her and her doctors. However, Ms. Costello has voluntarily chosen to share significant parts of her very tragic story with the general public and in very highly visible venues. Based on what Ms. Costello *has* revealed of her medical history -- of her own accord and for the stated purpose of defeating the Partial-Birth Abortion Ban Act -- doctors with PHACT can only conclude that Ms. Costello and others who have publicly acknowledged undergoing this procedure "are honest women who were sadly misinformed and whose decision to have a partial-birth abortion was based on a great deal of misinformation" (Dr. Joseph DeCook, Ob/Gyn, PHACT Congressional Briefing, 7/24/96). Ms. Costello's experience does not change the reality that a partial birth abortion is never medically indicated -- in fact, there are available several alternative, *standard* medical procedures to treat women confronting unfortunate situations like Ms. Costello had to face.

The following analysis is based on Ms. Costello's public statements regarding events leading up to her abortion performed by the late Dr. James McMahon. This analysis was done by Dr. Curtis Cook, a perinatologist with the Michigan State College of Human Medicine and member of PHACT.

"Ms. Costello's child suffered from 'polyhydramnios secondary to fetal swallowing defect.' In other words, the child could not swallow the amniotic fluid, and an excess of the fluid therefore collected in the mother's uterus. Because of the swallowing defect, the child's lungs were not properly stimulated, and an underdevelopment of the

lungs would likely be the cause of death if abortion had not intervened. The child had no significant chance of survival,.but also would not likely die as soon as the umbilical cord was cut.

"The usual approach in such a case would be to reduce the amount of amniotic fluid collecting in the mother's uterus by serial amniocentesis. Excess fluid in the fetal ventricles could also be drained. Ordinarily, the draining would occur 'transabdominally.' Then the child would be vaginally delivered, after attempts were made to move the child into the usual, head-down position. Dr. McMahon, who performed the draining of cerebral fluid on Ms. Costello's child, did so 'transvaginally,' most likely because he had no significant expertise in obstetrics/gynecology. In other words, he would not be able to do it well transabdominally -- the standard method used by ob/gyns -- because that takes a degree of expertise he did not possess.

Ms. Costello's statement that she was unable to have a vaginal delivery, or, as she called it, 'natural birth or an induced labor,' is contradicted by the fact that she did indeed have a vaginal delivery, conducted by Dr. McMahon. What Ms. Costello had was a breech vaginal delivery for purposes of aborting the child, however, as opposed to a vaginal delivery intended to result in a live birth. A cesarean section in this case would not be medically indicated -- not because of any inherent danger -- but because the baby could be safely delivered vaginally."

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The Physicians' Ad-hoc Coalition for Truth (PHACT), with over three hundred members drawn from the medical community nationwide, exists to bring the medical facts to bear on the public policy debate regarding partial birth abortions. Members of the coalition are available to speak to public policy makers and the media. If you would like to speak with a member of PHACT, please contact Gene Tarne or Michelle Powers at 703-683-5004.

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Partial-Birth Abortion: It's the *Only* Correct Term

By Douglas Johnson
NRLC Federal Legislative Director

You may have read in the paper that President Clinton vetoed a bill "outlawing late-term abortions" or "banning a medical procedure called intact dilation and evacuation." But actually, Congress never passed such a bill.

Rather, Congress passed . . and President Clinton vetoed . . a bill to ban partial-birth abortion (unless necessary to save a mother's life). The bill (HR.1833) defines partial-birth abortion, for purposes of the U.S. criminal code, as "an abortion in which the person performing the abortion partially vaginally delivers a *living* fetus before killing the fetus and completing the delivery." [emphasis added]

The bill does *not* contain any reference to the gestational age of the fetus/baby. From available evidence, it appears that the partial-birth abortion method is generally used after 20 weeks (4½ months) . . often much later. However, there are indications that the method at times has been used earlier . . and the bill bans the practice of partial-birth abortion at any point in pregnancy.

The phrase "outlawing late-term abortions" is doubly misleading, because methods of "late-term" abortion, other than the partial-birth method, would be unaffected by HR 1833.

In the interests of objectivity, the press should use the term that Congress has defined as a matter of law -- partial-birth abortion. That is the practice that the press has followed on other controversial issues. For example, most media outlets refer to the 1993 congressional ban on certain "assault weapons," even though manufacturers of such weapons and opponents of the ban use other terminology to refer to some or all of the firearms affected by that legislation.

Some opponents of HR 1833 insist that anyone writing about the bill should say that it bans a procedure "known medically as intact dilation and evacuation." But when journalists comply with this demand, they do so at the expense of accuracy. The bill itself makes no reference whatever to "intact dilation and evacuation" abortions. More importantly, the term "intact dilation and evacuation" is *not* equivalent to the class of procedures banned by the bill.

The term "intact dilation and evacuation" was invented by the late Dr. James McMahon. When HR 1833 was introduced in June, 1995, the term did not appear in the standard medical textbooks and databases, nor does it appear anywhere in the standard textbook on abortion methods, *Abortion Practice* by Dr. Warren Hern.

It is clearly inaccurate to equate "intact dilation and evacuation" procedures with the abortions banned by HR 1833. In his writings, Dr. McMahon used the term "intact dilation and evacuation" to cover any procedure that resulted in an intact unborn. This included partial-birth abortion procedures -- but it also included procedures to remove the bodies of babies who had died *natural* deaths in utero, and procedures to remove the bodies of babies who had been *deliberately* killed in utero, neither of which is a partial-birth abortion as defined by the bill.

[The term "*intact* dilation and evacuation" should not be confused with "dilation and evacuation" (D&E), which is a procedure commonly used to perform second-trimester abortions, involving *dismemberment* of the baby *while still in the uterus*. The bill does not apply to this method at all.]

Because "intact dilation and evacuation" is not a standard, clearly defined medical term, the House Judiciary Constitution Subcommittee legal staff (which drafted the bill under Congressman Canady's supervision) rejected it as useless for purposes of defining a criminal offense. Indeed, it is worse than useless -- a criminal statute that relied on such a term would be stricken by the federal courts as "void for vagueness."

The term chosen by Congress, partial-birth abortion, is in no sense misleading. In sworn testimony in an Ohio lawsuit on Nov. 8, 1995, Dr. Martin Haskell -- who has done over 1,000 partial-birth abortions, and who authored the 1992 instructional paper that touched off the national controversy over the procedure -- explained that he first learned of the method when a colleague "described very briefly over the phone to me a technique that I later learned came from Dr. McMahon where they internally grab the fetus and rotate it and accomplish -- he *somewhat equivalent to a breech type of delivery*." [emphasis added]

Dr. Haskell said that he "coined" the term "dilation and extraction" (D&X) to refer to this method of abortion. However, Dr. Haskell also used the same term to apply to procedures to remove babies already dead -- which are not partial-birth abortions. The term "dilation and extraction" does not appear in medical dictionaries.

Some journalists cite the National Abortion Federation (NAF) as "authority" for the assertion that "intact dilation and evacuation" is the "medical" term for the procedure that HR 1833 would ban. NAF is a lobbying organization for abortionists and abortion clinics that pay their dues.

NAF has a history of disseminating blatant misinformation with respect to partial-birth abortions. In a tape-recorded 1993 interview with *American Medical News*, Dr. Haskell specifically rebutted several of the claims that were being made by NAF officials at that time (e.g., NAF falsely claimed that the fetuses are dead *before* being "extracted;" that the procedures were done mainly in extreme medical cases, etc.). Dr. Haskell explained: "Well, I had heard that they were giving that information.... The people that staff the NAF office are not medical people.... Here they're rabid supporters of abortion. They work in the office there. And... some of them have never seen one performed..."

When questioned about Dr. Haskell's recorded remarks, Barbara Radford, at that time the executive director of NAF, "acknowledged that the information her group was quoted as providing was inaccurate," *American Medical News* reported (July 5, 1993).

In summary, it is a strange kind of "objectivity" that sets aside the term for a criminal offense that has been adopted and explicitly defined by the U.S. Congress, and substitutes a non-equivalent, pseudo-medical term promoted by the very special-interest group that would be "regulated" by the legislation.

The Wall Street Journal, 10/14/96

Letters to the Editor

Abortions of Healthy Babies

Alexander Sanger's Oct. 2 Letter to the Editor in response to our Sept. 19 editorial-page article is a perfect example of why we, as doctors, felt the need to establish the Physician's Ad Hoc Coalition for Truth (PHACT) to correct the many medical distortions surrounding the partial-birth abortion procedure.

Mr. Sanger's charge that the term "partial-birth abortion" is "made up" and appears nowhere in the medical literature is equally true of the term he prefers: "intact dilation and evacuation." Contrary to his assertion, this is not the medical term for partial-birth abortion. Rather, it was coined by the late Dr. James McMahon, until his recent death a leading provider of partial birth abortions. In contrast, another leading partial-birth abortion provider, Dr. Martin Haskell of Ohio, has his own personal name for this technique—"D&X," for "Dilation and Extraction." What both terms have in common is that neither appear in any standard medical textbook, dictionary or database. Neither do they appear in the nation's standard textbook on abortion methods, "Abortion Practice" by Dr. Warren Hern (in fact, Dr. Hern has expressed reservations as to the safety of the procedure that would be banned by H.R. 1833).

Thus, because the term "intact dilation and evacuation" is not a standard medical term, and because Dr. McMahon's idiosyncratic usage of it was so broad as to cover procedures not affected by the language of H.R. 1833 (e.g. removal of children who have died naturally or been killed *in utero*), it is inappropriate both to use the term in the legislation and to equate so-called "intact D&E" abortion with "partial-births" abortions. In crafting legislation to ban this particular procedure, it was crucial to employ terminology distinguishing it from techniques that are standard in abortion practice. The term "partial birth-abortion" encompasses both legislative and descriptive concerns.

Mr. Sanger asks, "What would they recommend" if the mid-trimester uterus needs emptying? Every medical school and every training program in America would agree that amniocentesis and/or cephalocentesis followed by induction of labor with prostaglandin or pitocin is the accepted Standard of Care—the most physiologic and safest method of mid-trimester delivery. It is by far preferable to partial-birth abortion, a two-and-a-half-day, potentially dangerous procedure unsupported by any safety data in the medical literature.

In fact, we would ask Mr. Sanger to produce evidence of safety or preference for the "intact D&E" procedure over existing and proven safe procedures. ("Intact D&E" should not be confused with "dilation and evacuation" [D&E], a procedure commonly used in second-trimester abortions involving the dismemberment of the fetus *in utero* and which is, of course, unaffected by H.R. 1833).

As to Mr. Sanger's charge that we "irresponsibly advance the argument" that most partial-birth abortions are "purely elective," we do not: Dr. Haskell does. In an interview with American Medical News, Dr. Haskell volunteered the information that of the partial-birth abortions he performs, "80 percent are purely elective." In materials he submitted to Congress, Dr. McMahon included "indications" such as maternal depression, young age of mother, sickle cell trait, and a host of other conditions associated with the birth of perfectly normal infants. No partial-birth abortion is ever medically indicated, and recent investigative reports by the Washington Post and the Bergen (N.J.) Record confirm what PHACT and other supporters of H.R. 1833 have been saying all along: Most partial-birth abortions are performed on healthy mothers with healthy babies.

Finally, Mr. Sanger's assertion that anencephaly and "400 other types of catastrophic anomalies" cannot be detected prior to 20 weeks is categorically false. Many of us make our living detecting just such anomalies in ultrasound examinations performed between 15 and 20 weeks' gestation.

We again stand by our statement that there is no obstetrical situation that requires the willful destruction of a partially delivered baby to protect the life, health or future fertility of a woman.

Nancy G. Romeo, M.D.,
Curtis R. Cook, M.D.,
Pamela E. Smith, M.D.,
Joseph L. DeCook, M.D.
Physicians' Ad Hoc Coalition for Truth
Alexandria, Va.

* * *

Partial-birth abortion is a moral matter of the most obvious kind. The effort to sterilize it with a technical name is itself reprehensible. The demands of morality are most apparent where the order of nature is clearest and hence most clearly demands respect. It may be that morality has a bad name partly because the natural order has been too long obscured by the pretensions of technology. But deified technology is increasingly becoming recognized for the idol that it really is, and nowhere can the frustrated order and intentions of nature—from the Latin *nascor*, "to be born"—be more manifest than in a human birth brutally cut off in its very moment of accomplishment. This is more true, not less, when the name given to the act betrays studied coldness. (Is this not what we elsewhere refer to as being "cold blooded"?) One should be no more surprised at finding an "emotional charge" in the name used here than with the names of those new highly exalted crimes known as "rape" and "incest."

It should also be noted in reply to Mr. Sanger that this discussion is not, in its most important aspect, about the consequences or circumstances of partial-births abortion, although both friends and foes of abortion often speak as if it were. The essential issue here is the intrinsic character of the procedure itself. If nothing can be weighed, judged and named according to its intrinsic character, then nothing can be weighed, judged or named at all.

Sean D. Collins
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The Wall Street Journal, Thursday, September 19, 1996, A22

Partial-Birth Abortion Is Bad Medicine

By Nancy Romer, Pamela Smith, Curtis R. Cook and Joseph L. DeCook

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a women's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele (a sac containing the baby's organs) much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's Mt. Sinai Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Butterworth Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 300 members.

The New York Times, Thursday, September 26, 1996, A27

Why Defend Partial-Birth Abortion?

By C. Everett Koop

HANOVER, N.H.

The debate in Congress about the procedure known as partial-birth abortion reveals deep national uneasiness about abortion 23 years after the Supreme Court legalized it. As usual, each side in the debate shades the statistics and distorts the facts. But in this case, it is the abortion-rights advocates who seem inflexible and rigid.

The Senate is expected to vote today on whether to join the House in overriding President Clinton's veto of a bill last April banning partial-birth abortion. In this procedure, a doctor pulls out the baby's feet first, until the baby's head is lodged in the birth canal. Then, the doctor forces scissors through the base of the baby's skull, suctions out the brain, and crushes the skull to make extraction easier. Even some pro-choice advocates wince at this, as when Senator Daniel Patrick Moynihan termed it "close to infanticide."

The anti-abortion forces often imply that this procedure is usually performed late in the third trimester on fully developed babies. Actually, most partial-birth abortions are performed late in the second trimester, around 26 weeks. Some of these would be viable babies.

Pro-choicers twist the medical facts.

But the misinformation campaign conducted by the advocates of partial-birth abortion is much more misleading. At first, abortion-rights activists claimed this procedure hardly ever took place. When pressed for figures, several pro-abortion groups came up with 500 a year, but later investigations revealed that in New Jersey alone 1,500 partial-birth abortions are performed each year. Obviously, the national annual figure is much higher.

The primary reason given for this procedure — that it is often medically necessary to save the mother's life — is a false claim, though many people, including President Clinton, were misled into believing this. With all that modern medicine has to offer, partial-birth abortions are not needed to save the life of the mother, and the procedure's impact on a woman's cervix can put future pregnancies at risk. Recent reports have concluded that a majority of partial-birth abortions are elective, involving a healthy woman and normal fetus.

I'll admit to a personal bias: In my 36 years as a pediatric surgeon, I operated on newborns as tiny as some of these aborted babies, and we corrected congenital defects so they could live long and productive lives.

In their strident effort to protect partial-birth abortion, the pro-choice people remind me of the gun lobby. The gun lobby is so afraid of any effort to limit any guns that it opposes even a ban on assault weapons, though most gun owners think such a ban is justified.

In the same way, the pro-abortion people are so afraid of any limit on abortion that they have twisted the truth to protect partial-birth abortion, even though many pro-choice Americans find it reasonable to ban the procedure. Neither AK-47's nor partial-birth abortions have a place in civil society.

Both sides in the controversy need to straighten out their stance. The pro-life forces have done little to help prevent unwanted pregnancies, even though that is why most abortions are performed. They have also done little to provide for pregnant women in need.

On the other side, the pro-choice forces talk about medical necessity and under-represent abortion's prevalence: each year about 1.5 million babies have been aborted, very few of them for "medical necessity." The current and necessarily graphic debate about partial-birth abortion should remind all of us that what some call a choice, others call a child.

C. Everett Koop was Surgeon General from 1981 to 1989.

Some Second Thoughts on Partial-Birth Abortions

From "A New Look At Late-term Abortion," by syndicated columnist Richard Cohen, September 24, 1996: [In a June, 1995 column] I also was led to believe that these late-term abortions were extremely rare and performed only when the life of the mother was in danger or the fetus irreparably deformed. I was wrong.... my *Washington Post* colleague David Brown looked behind the purported figures and purported rationale for these abortions and found something other than medical crises of one sort or another. After interviewing doctors who performed late-term abortions and surveying the literature, Brown-- a physician himself-- wrote: "These doctors say that while a significant number of their patients have late abortions for medical reasons, many others-- perhaps the majority-- do not".... In the latter stages of pregnancy, the word abortion does not quite suffice; we are talking about the killing of the fetus-- and, too often, not for any urgent medical reason....Late-term abortions once seemed to be the choice of women who, really, had no other choice. The facts now are different. If that's the case, then so should be the law.

From a column by Newsweek Senior Editor Jonathan Alter, "The Fight Over Partial-Birth Abortion Illustrates the Practical Limits of Unflinching Principle," October 7, 1996: When the partial-birth-abortion debate took shape last year, pro-choice groups insisted the procedure was extremely rare. The number 500 to 600 was tossed around, with the president and others explaining that it was reserved for heart-wrenching cases involving women whose tests show severely deformed fetuses or whose health was at risk. Not so. When deemed medically appropriate, it is used much more commonly-- perhaps several thousand times a year... The *Washington Post* surveyed physicians and found that most of those patients receiving partial-birth abortions were young, poor, single women without health problems. They simply wanted abortions, and in the second trimester it is sometimes the recommended procedure, though pro-life former surgeon general C. Everett Koop says this type of abortion is never truly medically necessary. If progressives listen raptly to Koop on tobacco, they at least owe him a hearing on obstetrics.

From "Sustaining Partial-Birth Abortion," an editorial in the Wall Street Journal for September 26, 1996: Partial-birth abortion is about pregnancies from the fifth month onward, and as such puts us into a different realm of political, medical and cultural concerns.... When the partial-birth abortion matter first arose in the House, choice advocates such as Planned Parenthood asserted that the procedure-- making an incision or punctured hole in the skull and withdrawing the contents so that the collapsed head can be pulled through the cervix-- was "extremely rare and done only when the woman's life is in danger or in cases of extreme fetal abnormality." That turns out to be untrue. No official records are kept on later-term abortions. But to their credit some newspapers have produced stories on a little-discussed area of the abortion business without the heavy reporter bias that normally attends this subject. Last week Ruth Padawer of the Record newspaper of Bergen County, N.J., reported that a clinic in Englewood said it used the method in about half the 3,000 abortions it did between weeks 20 and 24.... We entirely doubt that most Americans would support abortions past 20 weeks for no better purpose than birth control. Releasing a baby for adoption is always an honored alternative, especially given the disgusting nature of such abortion procedures. ♦

Despite abortion lies, doublespeak goes on

CAL THOMAS

Also last year, pro-abortion groups claimed that anesthesia takes the life of the unborn child before the procedure in which its brains are sucked out.

The admission by a prominent abortion advocate that he lied about the number of babies killed during the procedure called "partial-birth abortion" is surprising only in its candor. Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, said he misled the public because he feared the truth would damage the abortion rights cause.

Recalling a November 1995 appearance on ABC's "Nightline," Fitzsimmons said, [illegible] through my teeth" when claiming the procedure was rarely used and that only women who sought [illegible] abortions were those whose lives were in danger, or whose unborn children were severely damaged. President Clinton used nearly identical language in explaining his veto of a bill that would have outlawed the procedure.

The White House says it will take another look at the matter in light of Fitzsimmons's comments. But the administration is lock-step with the abortion rights movement, so look for more doublespeak. President Clinton frequently says he wants to make abortions "safe, legal and rare," but has done nothing to limit the procedure even in the most extreme of circumstances, such as partial-birth abortion.

Legal abortion was conceived in a lie. Norma McCorvey, "Jane Roe," claimed to have been raped. She later admitted lying in order to [illegible] her case more comp[illegible]ng to the Supreme Court. The justices who made abortion legal believed testimony that thousands of women were dying from illegal abortions, a "fact" asserted by the National Abortion Rights Action League (NARAL), but later acknowledged to be false by top NARAL official Dr. Bernard Nathanson who was at the time operating the nation's largest abortion clinic in New York.

To maintain a policy of abortion on demand, proponents have had to continue telling lies. Planned Parenthood, which consistently argues for maintaining the abortion status quo, once told a different story. In 1968, a Planned Parenthood pamphlet called "Plan Your Children" said of family planning: "Is it abortion? Definitely not. An abortion kills the life of a baby after it has begun. It is dangerous to your life and health. It may make you sterile so that when you want a child you cannot have it. Birth control merely postpones the beginning of life." Was Planned Parenthood lying then, or is it lying now?

On Dec. 11, 1993, NARAL's Kate Michelman was quoted in the Philadelphia Inquirer as saying, "We think abortion is a bad thing. No woman wants to have an abortion." Five days later a NARAL statement claimed that Michelman "has never said — and would never say — that 'abortion is a bad thing.'" But reporter Jodi Enda taped the interview and stood by the quote.

Sandra Cano, the "Mary Doe" in Roe's companion case, Doe vs. Bolton, stated that she never wanted an abortion and signed paperwork she thought was related to a divorce she sought from an abusive husband. The American Civil Liberties Union lawyer that Cano believed was helping with her divorce claimed that her client applied for an abortion but was turned down. Cano says she was lied to and that the lawyers handling the case did not explain to her what was happening and why.

During the partial-birth abortion debate last year, in which proponents claimed it is rarely done, the Bergen County Record reported that doctors in one New Jersey clinic perform 3,000 abortions annually, half of them the partial birth variety. Rather than admit the truth, abortion proponents attacked the professionalism of the reporter.

Also last year, pro-abortion groups claimed that anesthesia takes the life of the unborn child before the procedure in which its brains are sucked out. Though many physicians denied the claim, the media continued to spread the falsehood as if it were true, as if that would somehow make the procedure more ethically tolerable.

Then there are the daily lies told to women that their unborn child is not a baby, just tissue, and that having an abortion will solve the problems that lead them to seek one. And let's not forget the lie about no one being available to care for the child or the woman after birth.

Another bill needs to be introduced immediately that would outlaw partial-birth abortions before the public forgets that Fitzsimmons has added his name to a growing list of pro-abortion liars.

Cal Thomas is a nationally syndicated columnist.

Some doctors see lies behind reasons for late-term abortions

MIKE ROYKO

Leading abortion advocates are circling their wagons, and poor Ron Fitzsimmons, once one of them, seems to have been shoved outside the tight circle.

Fitzsimmons is the conscience-stricken head of the National Coalition of Abortion Providers who now admits he took part in telling Americans the big lie about so-called partial-birth abortions.

During the national debate on the late-term brain-sucking procedure, Fitzsimmons was one of many pro-abortion spokespersons and media dupes who assured the nation that almost all late-term abortions were done to preserve the health of the mother or because the fetus had serious abnormalities.

Now, Fitzsimmons said, "I lied through my teeth;" and that most late-term abortions were done for the same reason as early abortions – because women wanted to end pregnancies.

Fitzsimmons' confession was barely out of his mouth when he was whipped by fellow abortion advocates, who held a news conference to say, in effect, that he was being truthful when, he now says, he was lying. But now he is lying when he says he is finally being truthful.

Typical was Kate Michelman, president of the National Abortion and Reproductive Rights Action League. She said: "If he thinks he lied, that's his problem to deal with. We have not lied."

Gloria Feldt, president of Planned Parenthood Federation of America, said Fitzsimmons had been "mixing up gestation with procedure."

Whatever the heck that means.

While they squabble about who did or didn't lie, let's listen to someone else for once – genuine physicians, rather than the pro-abortion lobbyists and other non-

"Most of the time, there is nothing wrong with the baby or the mother," she said. "People have known about this for a decade.

"There is a clinic in New Jersey that said of the 3,000 abortions it did last year, 1,500 were late-term.

"So we went from being told that only 200 a year were being done in the entire country to one clinic saying it does 1,500 a year. Obviously, the actual number is in the thousands.

"The media believe what they want to believe. And because a lot of doctors who have testified in support of the partial-birth ban have been pro-life, the knee-jerk response is that it is a pro-life/pro-choice thing.

"There's been all this propaganda that it is done only because women need it. So people said: 'If my wife needs to have this to save her life, she should have it.' The problem is that it is not this procedure versus your wife's life.

One of the arguments for the late-term procedure is that it helps a woman preserve her fertility. Smith describes that as "fantasy."

The future-fertility risk was one of the excuses offered by President Clinton when he vetoed the bill that would have outlawed the procedure.

Clinton said: "There are a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities which will cause them to die either just before, during or just after childbirth.

"And these women, among other things, cannot preserve the ability to have further children unless the enormous size of the baby's head is reduced before being extracted from their bodies."

Which is bunk, according to Dr. Nancy Romer, chairman of obstetrics at Miami Valley Hospital in Dayton and a clinical professor at Wright State University.

"I don't understand that argument about fertility at all," she said. "We have no idea what happens to women who have this procedure down the road. We don't have a clue. There is no scientific evidence that shows that procedure will preserve the fertility of women."

As for the propaganda campaign that led Clinton to veto the bill outlawing the procedure, Romer believes she understands it:

"Those who opposed the legislation have a much broader agenda, and that is to have totally, unrestricted access to abortion. They will defend abortion rights blindly, regardless of the facts of the matter. Any legislation, if it's anti-abortion, they are against it.

"They don't think, 'Is this procedure appropriate, who is doing it and why are they doing it?' They don't care about the details. They won't acknowledge the truth of what we are saying because it defeats their larger agenda."

So the whole battle is going to be fought in Congress one more time. And if a bill passes and gets to Clinton's desk, maybe he can ask the CIA or the FBI to find out who is telling the truth before he makes any more somber pronouncements.

●●●●●

Mike Royko is a columnist for the Chicago Tribune.

LEGISLATIVE INFORMATION OFFICE
119 N. CUSHMAN, SUITE 101
FAIRBANKS, AK 99701
452-4448

DATE: March 7, 1997

Please accept the enclosed original(s) of written testimony for the

House Judiciary Cmte teleconference scheduled on 3-7-97. A copy of this testimony was transmitted to your committee via fax.

Thank you,

Christi Zauere
Hors Rio

To The Alaska State Legislature

Please enter into the record my testimony to the **House Judiciary Committee** on **HB 65**, dated March 7, 1997.

Since the 1960's, we've all witnessed a steady decline in the moral standards of our country. Then, with the passage of Roe v Wade, a Pandora's box was literally opened up.

In our quest for "freedom" I believe those individuals who passed Roe v Wade lost their sense of determining right from wrong. Abortion at any stage of pregnancy is repugnant, but this partial birth abortion procedure is beyond belief. We as a nation are being strangled by "Our Freedoms". When will it end?

AFTER reading and or seeing pictures in which that tiny, helpless little human is being yanked out of the safe haven of his or her mother's womb by someone who supposedly has dedicated their life to the healing arts (not the killing arts). Having that "person" - and I use the term loosely - deliver all but that little baby's head and proceeds to cut open the back of the skull with blunt scissors, inserting a device that literally sucks out the baby's brain.

Those of you who are not in favor of passing this bill, are you able to sleep at night? If you have children, are you able to look at them and NOT think about how those other precious, tiny innocent victims of partial birth abortions met their demise? If you say that you are unaffected, I feel very sorry for you.

Please take a step in 'righting' a wrong by trying to put the lid back on this Pandora's box by saying **YES** to the passage of this bill.

Sincerely,

Linda G. Smith

Linda G. Smith
P. O. Box 3726
Palmer, Ak 99645
(907) 746-7232

ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE House Judiciary
COMMITTEE NAME

COMMITTEE ON HB65 DATED 3/7/97
BILL/SUBJECT

I thank you that I can express my vote on this house bill. I support it because it is murder whether or not the babys head is in the birth canal or has taken it first breath. I wonder what situation would require the need for such a procedure when ceasarian section has been available and would seem safer than the partial birth abortion? I just cant express my heart adiquately how cruel and gruesome this is, how I can not understand that it is different from infanticide.

I have had my own children and am trained as an RN, (six live births, one set of twins), and am as against this procedure as anyone could be.

Thank you!

SIGNED Lena C. Augustine
TESTIFIER

self
REPRESENTING (OPTIONAL)

1789 A Gilmore Ct. Fbks AK 99712 457-3[illegible]
ADDRESS/PHONE NUMBER

ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE House Judiciary
COMMITTEE NAME

COMMITTEE ON HB 65 DATED March 7, 1997
BILL/SUBJECT

See attached letter.

SIGNED Ron Casey
TESTIFIER

REPRESENTING (OPTIONAL)

1103 John Kalinias Frks AK 99712
ADDRESS/PHONE NUMBER

907-488-6821

My name is Ann Cray and I am a mother of four children, two living grandchildren, two grandchildren who have died, and another that is in my daughter-in-law's womb. I have experienced the joy of holding two tiny babies that were born prematurely. Jessie was 2 pounds, two ounces and seven and a half months into gestation when he was delivered by caeserian section. Christian was one pound, one ounce and seven months into gestation when he was delivered.

Have any of you even seen let alone held a two to three pound baby? I have, and one thing I'll never forget is how sweet and precious these perfectly developed babies were, with their tiny little toes and fingers, with their tiny little mouths looking like they were trying to whistle, and their tiny little eyes looking all around.

Have you ever had a three pound baby look at your face and listen to you while you were holding them and talking to them? I have, and I will never forget it. I remember when Christian or Jessie would cry, you could see by their faces that they were crying but you did not hear them because they were so little. There was no sound.

Because of my experience of having watched my tiny grandbabies, there is no doubt in my mind that babies go through alot of pain during partial birth abortions or any abortion for that matter. These babies may have been tiny but they were still human beings with feelings and a need to be cuddled and loved. I was not holding some embryo, some piece of tissue, or fetus but a living baby, a tiny human being.

I wish you could all go to the neo-natal intensive care unit at Providence hospital in Anchorage and see these babies and how tiny and sweet and precious they are. They deserve a chance at life too.

I am asking you to support HB53 and ban partial birth abortions. I know in my heart that if you could only see these babies you would not want them to go through an abortion of any type. They are just so sweet.

Ann Cray
1103 JOHN KALINAS
FBKS. AK 99712
907-488-6821

3-6-97

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HOUSE JUDICIARY COMMITTEE ON HB65 DATED March 7, 1997:

My name is Ruth Ewig and I am a mother and an advocate of the Right to Life at all ages including the pre-born babies and the elderly. I completely without any hesitation support HB65, a bill banning the hideous partial birth abortions.

There is something wrong with this picture. We hear on the news of the public outcry to protect laboratory rats, yet the killing of baby humans is not worthy of defense or media coverage. Right now animal rights groups are breaking Alaskan law to protect wolves. This is front page news. What about the baby humans? This month's LIFE magazine features animals that are endangered. What about the endangerment of the value of HUMAN life? Today there was coverage in the newspaper of dogs dying while on the Yukon Quest. Just consider the public outcry if the owner of a Yukon Quest dog decided to jab scissors into the dogs head, and suck out its brains in order to kill it.

Recently in our local newspaper (February 28, 1997) an article reported that an alleged murderer could be found guilty of a double murder because he had killed a woman who was pregnant. If this is the case then what about abortion also being murder?

I am ashamed and embarrassed that the Alaskan Medical Association is opposing the right to life. The newsletter advises members, our medical experts, to oppose HB65 "because [it] interferes with the physician/patient relationship and [will] criminalize activities...engaged by physicians." A physician treating a pregnant woman has TWO patients. Doctors who execute their patients, morally are criminals. Physicians are supposed to save lives and should have led the charge to stop the killing.

Research has proven that these babies in the womb can hear their mother's voice, and other familiar voices. They can feel pain and do feel pain when they are aborted. When the procedure is done you may not hear the screams because their heads are still inside the vagina but the physician and nurses can see the baby struggling as their arms and legs wave around.

It doesn't take a medical degree to realize that human life is being destroyed. The AMA should be advising physicians to refuse to participate in this American holocaust. Since abortion was legalized in 1972, 32,000,000 babies have been killed. In dollar bills we would consider that quite a bit of money.

I would like to express my appreciation to the legislators down there who have the courage to help put our state in a position to lead the nation back to understanding right from wrong. We need gatekeepers like you to help us get off this slippery slope.

Thank you for this opportunity.

SIGNED Ruth Ewig

2325-30th Avenue, Fairbanks, AK 99701

ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE Judiciary
COMMITTEE NAME

COMMITTEE ON HB 65 DATED 3/7/97
BILL/SUBJECT

All abortions are morally and ethically wrong. The partial-birth abortion procedure, however, is a particularly egregious type of abortion not only because it kills a viable unborn baby but because it is potentially very dangerous for the mother.

Consider the dangers inherent in p.b. abortion. A woman's cervix is forcibly dilated over several days, which risks creating an incompetent cervix, the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. A p.b. abortion is essentially a breech birth, something physicians avoid whenever possible. But in this case it is done intentionally at great risk to the mother's uterus. The abortionist then forces scissors through the baby's skull which remains lodged just within the

SIGNED Peggy Leeley
TESTIFIER

Interior Right to Life
REPRESENTING (OPTIONAL)

P.O. Box 61661 Fairbanks AK 99706
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479-5902

birth canal - again causing injury to the uterus and laceration of the cervix or lower uterine segment. This could result in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason, as many OB/GYN's have verified. If vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina, and then kill the infant.

Former Surgeon General C. Everett Koop, has testified that the P-6 procedure is never medically necessary for either the mother & certainly not the baby. Women who thought they underwent P-6 abortions for "medically necessary" reasons have been tragically misled. Ron Fitzsimmons, exec. director of the National Coalition of Abortion Providers, told the N.Y. Times that he lied on ABC's Nightline last week that P-6 abortions are rare.

I am very disappointed that the Alaska State Medical Assn. is opposing HB 65. According to the Jan/Feb 1997 "Heartbeat," the Committee stated it is improper to legislate medical treatment which should be left to good science & appropriate medical care." No abortion, but especially the P-6 abortion is "good science" or "appropriate medical care." In fact, it is perverted & dangerous science & medical malfeasance.

My name is Anna Scheller and I am a resident of Fairbanks. Thank you for taking the time to read my testimony in support of HB 65, the Ban on Partial Birth Abortion. I urge the legislature to vote in favor of the ban. I believe this issue transcends party lines and even the abortion debate. That a doctor may deliver a baby's body outside the mother, cut a hole in the base of the infant's skull, then vacuum the child's brain out is inhumane and gruesome. If such a procedure were applied to the offspring of animals, the outcry would be great, yet it is done to children who could survive birth. We are a country that fights child abuse, will not buy products if they have been tested on animals, but we will pull a child from it's mother's womb and kill it before it can take a breath. If we will prosper as a state, as a country, we must begin fulfilling our responsibility to protect those who cannot speak out for themselves. Those who believe abortion should not be restricted under any circumstance are blind to the truth of the procedure. I believe to support the HB 65 is the only reasonable course of action for people who seek to protect the quality of life for all people. The reason I must submit this written testimony instead of speaking at a mike is because I have 5 young children who would have to sit with me during the teleconference. My husband and I were concerned that medical testimony in favor of HB 65 would be emotionally terrifying to them.

To those who sponsored this bill, you are courageous. May you continue to fight on behalf of those who cannot defend themselves.

Faxed 2-20-97

Thank You! Peter Kott For Sponsoring this!

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House State Affairs committee on HB65 "An Act relating to partial-birth abortions." A listen-only teleconference was held on 2-20-97.

My name is Ruth Ewig and I reside at 2325-30th Avenue. I am in complete support of HB65 and there were at least 600 of us up here in the Tanana Valley, one year and a half ago, and probably more at this time.

Thank you for caring enough about human life to have written this bill which bans partial-birth abortions. I am hopeful that bills such as this which are traveling through the legislative process represent the cutting edge of a swing in the state and hopefully the nation toward morality, thus reversing the "decay of a nation."

Representative James, thank you for your courageous stand in preventing supporters these deaths of pre-born babies from badgering our witnesses. Those who continue to insist that it is the woman's choice need to be required to state just what choice we are talking about. It would be too embarrassing to verbalize protecting the medical procedure of killing the baby after most of it has been delivered.

Thank you to legislators who have the discernment and foresight to get us off this "slippery slope" to destruction that we are on with our different killing procedures such as partial birth abortions. Partial birth abortion represents destruction of the helpless and the weak.

I support this bill also because of the attitudes that develop in the hearts and souls of physicians who repeatedly destroy human life. Surely, they become quite insensitive to what they are doing after repeatedly killing babies. Each step makes the next step a little easier and we are already moving into euthanasia, "medically assisted suicides" and the next phase, attacks on the elderly.

Vote YES to ban partial birth abortions. It is long overdue. Please contact me if there is more that I can do to help.

Sincerely yours,

Ruth Ewig

Ruth Ewig

2/20/97

452-5538 phone/fax