

The young woman was eighteen, unmarried, and a little over six months pregnant. She cried the entire three days she was at the abortion clinic. The doctor told us, "I'm afraid she's going to want to see the baby. Try to discourage her from it; we don't like them to see the babies." We gave her some IV-valium to calm her down, but she was never totally knocked out.

The baby's heartbeat was clearly visible on the ultrasound screen. I stood three feet from the doctor as he took the forceps and brought the baby's legs down through the birth canal.

He delivered the baby's body and arms, everything but his little head. The baby's body was moving. His little fingers were clasping together. He was kicking his feet. The baby was hanging there, and the doctor was holding his neck to keep his head from slipping out. The doctor took a pair of scissors and inserted them into the back of the baby's head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks he might fall. Then the doctor opened up the scissors, stuck the high-powered suction tube into the hole and sucked the baby's brains out. The baby went completely limp. Then, the doctor pulled the head out, and threw the baby into a pan.

When the mother started coming around, she was crying "I want to see my baby." So we cleaned him up and put him into a blanket. We put her in a private room and handed her the baby. She held that baby in her arms and when she looked into his face, she started screaming "Oh my God, what have I done? This is a baby."

At that point, I couldn't take it. In my fourteen years of nursing, I had been pretty strong. But this was different. I started choking. I excused myself and ran to the bathroom. It was horrible and I didn't fully understand my reaction. Then, I had to go back and take that baby away from his mother. She was so hysterical, and all she kept saying was, "It was a baby; he was so beautiful."

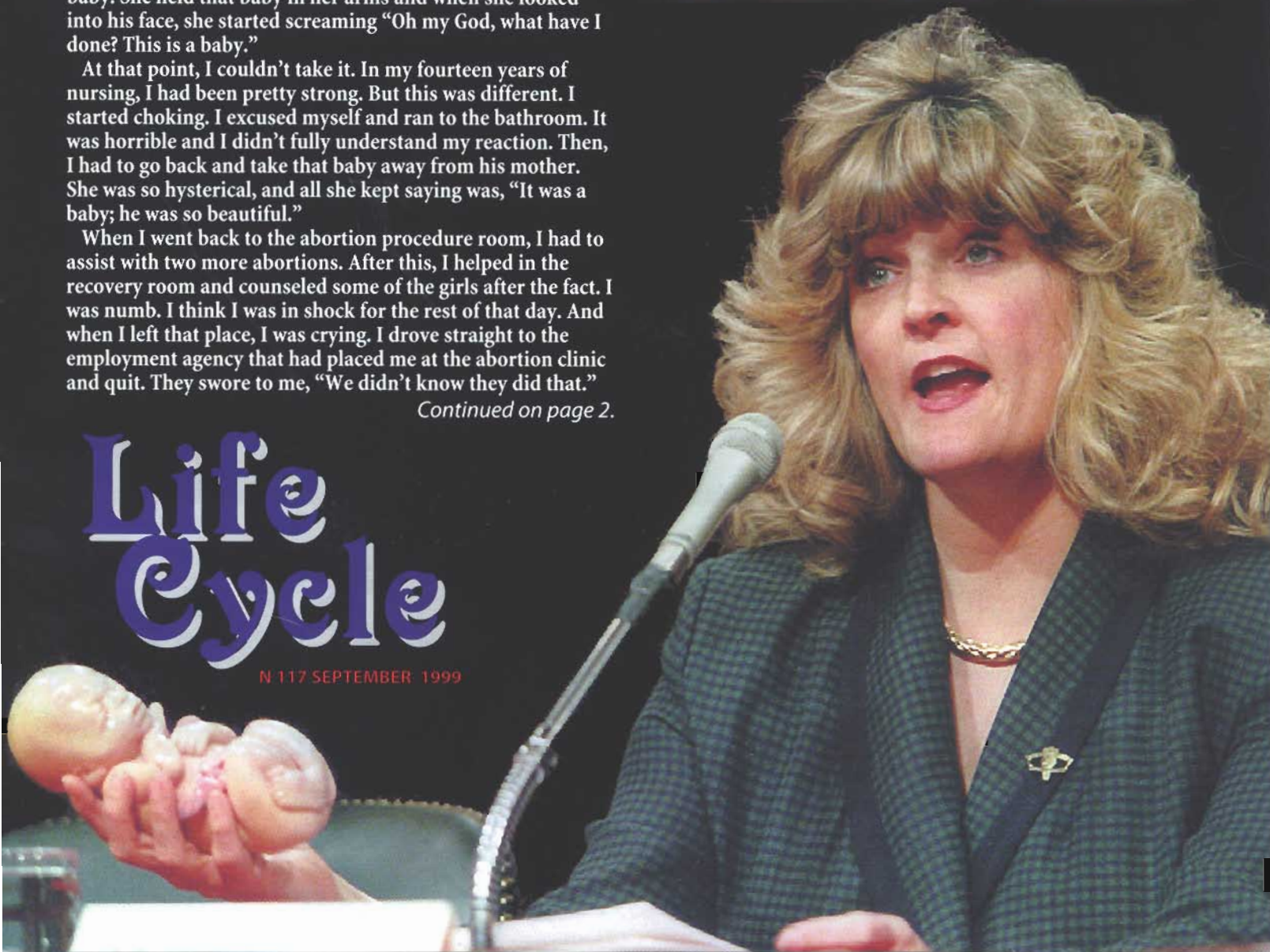
When I went back to the abortion procedure room, I had to assist with two more abortions. After this, I helped in the recovery room and counseled some of the girls after the fact. I was numb. I think I was in shock for the rest of that day. And when I left that place, I was crying. I drove straight to the employment agency that had placed me at the abortion clinic and quit. They swore to me, "We didn't know they did that."

Continued on page 2.

What the Nurse saw...

Life Cycle

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PARTIAL BIRTH TERMINOLOGY

• **Partial-Birth Abortion (PBA):** The term used by Congress to refer to "an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery." [defined in The Partial-Birth Abortion Ban Act - HR 1122.]

• **D&X Procedure:** The term used by Dr. Martin Haskell for the partial-birth abortion procedure, the surgical method in which the abortionist grasps and removes an intact fetus through an adequately dilated cervix. Haskell used the term "Dilation and Extraction" to distinguish this procedure from others which dismember the unborn child. [Paper entitled, "Dilation and Extraction for Late Second-Trimester Abortion," presented by Dr. Martin Haskell to the National Abortion Federation Risk Management Seminar, September 13, 1992.]

• **"Health-of-the-Mother Exception":** Some opponents of the Partial-Birth Abortion Ban Act insist that partial-birth abortions must be allowed for "health" reasons, as declared by any abortionist. This would effectively allow partial-birth abortion on demand. The author of one such proposal, Cong. Steny Hoyer (D-Md.), admitted that his measure would allow even third-trimester abortions for "mental health" or when "it poses a psychological trauma to the woman to carry to term."

• **Trimester:** The term used to divide a pregnancy into three sections: one to three months (first trimester); four to six months (second trimester) and seven to nine months (third trimester). Partial-birth abortion procedures usually involve mid-to-late second-trimester (20 - 26-week-old) babies, but some are performed even in the third trimester.

• **Viability:** Defined to mean the ability of the [unborn child] to live outside the mother, with or without life support systems. *Roe v. Wade*, 410 U.S. 113 (1973); *Doe v. Bolton*, 410 U.S. 179 (1973)

• **Late-Term Abortions:** Term used by the pro-abortion lobby and some arms of the news media when referring to "third-trimester abortions." More than 90% of the abortions that would be banned by the Partial-Birth Abortion Ban Act are not third-trimester, but second-trimester abortions. Late-term abortions and partial-birth abortion are not interchangeable, nor are they the same.

• **Live Birth:** A "live birth" is indicated by the fact that after separation from the mother, the fetus breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.*

*This definition was recommended and endorsed by the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics and published in their 1988 *Guidelines for Perinatal Care*.

What the Nurse saw...

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I have wanted to be a nurse since I was old enough to crawl. In nursing school, our class on abortion was very brief. They basically said "This is a saline abortion; this is a D&C..." and it was all kind of hush-hush. I didn't know much about it. At the time I was very pro-choice.

When I had my first daughter in 1976, I wanted a child more than anything. But when I got pregnant with my second daughter in 1979, my marriage was really rocky. I would have had an abortion but didn't because I didn't know how to get one. I was divorced and a single mom for ten years. It was difficult, and I didn't want my kids to have to go through what I did. I didn't want them messing up; and if one did, I would have made her have an abortion. That's why I agreed to work at the abortion clinic in 1993 and didn't think too much about it.

After my experience at the clinic, I felt guilty and very sad. I was sick and couldn't sleep for days. I kept seeing that baby kicking and moving. I thought I was going to need professional help. My husband finally told me, "Brenda, you've got to stop doing this. You're going to kill yourself." So, for a long time, I just tried not to think about it. But it always trickled back into my thoughts and I still have nightmares about it.

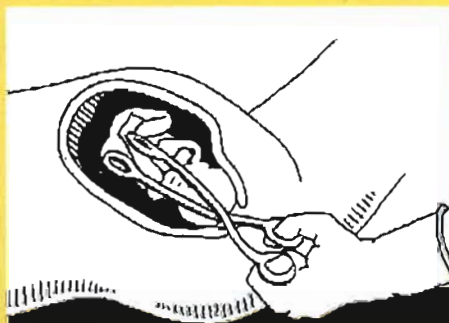
About two years later, my daughter had to do a report on abortion for school. She asked me to get her some information. So I went down to the right-to-life office and told them my

story. After that visit I began to publicly discuss my awful experience assisting in a partial-birth abortion. I never thought I would ever be involved as much as I am, but as my husband says, "It's better to light one candle than to curse the darkness." So, that's what I'm trying to do.

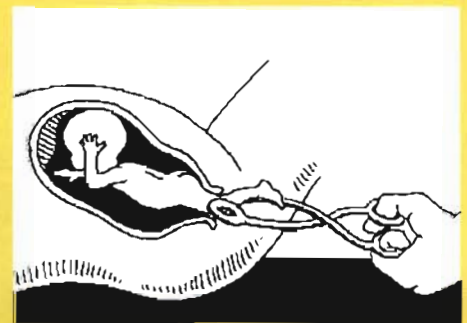
One of my daughters became pregnant in 1996. It was a real shock. When she went to the doctor for blood work, the tests identified that she was pregnant. There was a point when we both looked at each other and cried. That's when I said, "You're not getting an abortion."

The baby was born in August 1997 — and it's the best thing. My daughter is learning to be such a good mom, and I love being a grandmother. Looking at my granddaughter and thinking that we could have killed her — it's horrible. She wouldn't be here and I just can't imagine what life would be like without her.

Brenda Pratt Shafer was a registered nurse with 13 years of experience when she was assigned to the Ohio abortion clinic in September 1993. Since then she has testified before Congress and in numerous states to give her eyewitness account of the horror of partial-birth abortion. She is married, has two daughters, a son and two stepdaughters. Currently, she works for the American Nursing Care Home Health Agency in Ohio.



Guided by Ultrasound, the abortionist grabs the baby's leg with forceps.



The baby's leg is pulled out into the birth canal.

We have evidence that unborn children can feel pain as early as eight weeks. The *British Medical Journal* says, "Try sticking an infant with a pin and you know what happens. She opens her mouth to cry and also pulls away. Try sticking an eight-week-old human fetus in the palm of his hand. He opens his mouth and pulls his hand away. A more technical description would add that the changes in heart rate and fetal movement also suggest that intrauterine manipulations are painful to the fetus."¹

Brain waves are recorded through an EEG (Electroencephalogram — a machine which measures brain activity) at about 40 days after conception (egg and sperm unite).² According to the *New England Journal of Medicine*, "Brain function, as measured on the EEG, appears to be reliably present in the fetus at about eight-weeks gestation (stage of fetal growth), or six weeks after conception."³ Viewpoints may differ about how extensively the unborn child feels pain in the early stages of development. However, it is clear to nearly everyone that babies at 20 weeks, when PBAs are performed, have all the necessary physiological capacities to experience the full excruciating pain of partial-birth abortion.

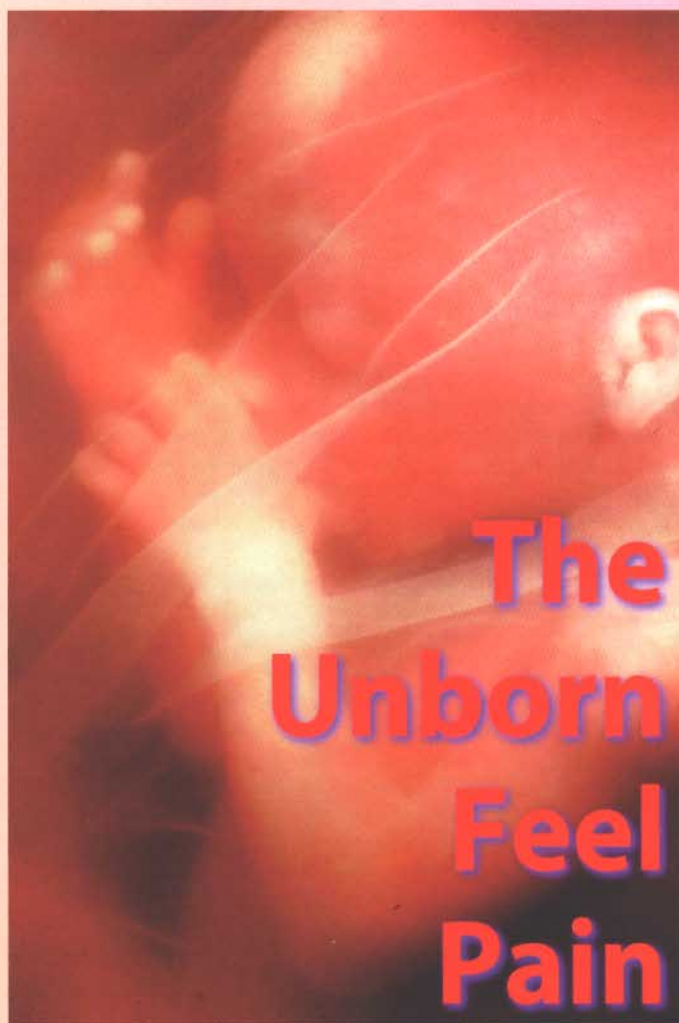
Professor Robert White, director of the Division of Neurosurgery and Brain Research Laboratory at Case Western Reserve School of Medicine, testified at a June 15, 1995 House Judiciary Committee hearing: "The fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain." After analyzing the PBA procedure step-by-step for the subcommittee, Professor White concluded: "Without question, all of this is a dreadfully painful experience for any infant subjected to such a surgical procedure."⁴

Further evidence [of fetal pain] surfaced during testimony at a 1996 House Judiciary Subcommittee on the Constitution hearing on The Effects of Anesthesia During a Partial-Birth Abortion. Claims had been made by those who support PBAs, that the baby does not experience pain during the abortion because he/she is not sufficiently developed or because the anesthesia given to the mother protects the baby from pain. In response to these claims other experts in the field testified that the babies who are old enough to be "candidates" for PBA possess the neurological equipment to respond to painful stimuli...⁵

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 baby "is more sensitive to pain than a full-term infant would be if subjected to the same procedures." Wright further stated, "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."

Wright concluded, "This procedure, if it were done on an animal in my institution,

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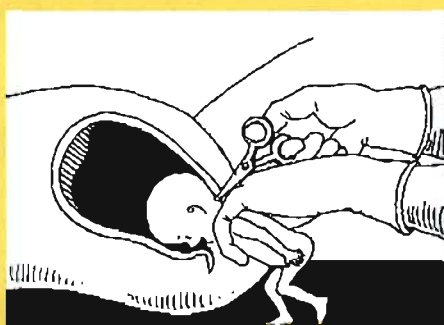
The Unborn Feel Pain

"The animal would be more protected than this child is."

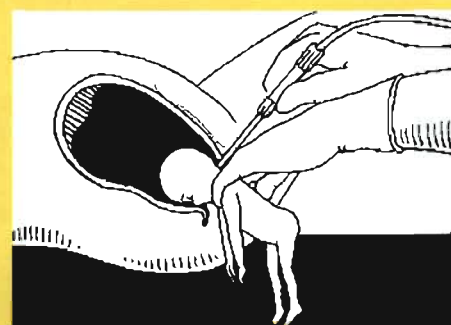
- Dr. Jean A. Wright



The abortionist delivers the baby's entire body, except for the head.



The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.



The scissors are removed and a suction tube is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed.

Is the child alive or dead during the partial-birth abortion procedure? How often is the partial-birth abortion procedure used and under what circumstances? Supporters of partial-birth abortion have waged a calculated campaign of misinformation, deception, and medical inaccuracies, often confusing the issue. Here, four of the more popular myths associated with partial-birth abortion are refuted.

MYTH #1: "The Baby Dies When Anesthesia is Administered."

Many prominent defenders of PBA have publicly insisted that unborn babies are killed by anesthesia given to the mother, prior to being "extracted" from the womb. Dr. Mary Campbell, medical director of Planned Parenthood of Metropolitan Washington, stated on a fact sheet distributed by Planned Parenthood to Congress: "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."¹

Dr. Norig Ellison, the president of the 34,000-member American Society of Anesthesiologists (ASA) testified before Congress that, "There is absolutely no basis in scientific fact for that statement. . . [referring to Planned Parenthood's fact sheet]. I think the suggestion that the anesthesia given to the mother, be it regional or general, is going to cause the brain death of the fetus is without basis of fact."²

Dr. David Birnbach, president-elect of the Society for Obstetric Anesthesia and Perinatology testified before a congressional hearing: "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."³ Medical practitioners have stated that in order for the baby to die from anesthesia, such high doses would have to be administered that the mother's life would be threatened and/or lost by administration of such a massive dose.

Further statements from Dr. Martin Haskell, a pioneer in the use of the D & X procedure, now known as the partial-birth abortion procedure, stated in the July 1993 issue of *American Medical News*, "...the majority of fetuses aborted this way are alive until the end of the procedure."⁴ He further stated in November 1995 that "...probably about a third of those are definitely dead before I actually start to remove the fetus. And probably the other two-thirds are not."⁵

MYTH # 2: "The Partial-Birth Abortion Procedure is Rarely Used."

While no one knows for sure precisely how many partial-birth abortions are done in the United States each year, there is clear evidence that the number put forward by abortion advocates—that of just some 500 per year—is far too low.

Ruth Padawer, a staff reporter doing an independently researched news story for the Bergen, New Jersey daily newspaper, *The Sunday Record*, found "...in interviews with physicians who use the [partial-birth abortion] method in New Jersey alone that at least 1,500 partial-birth abortions are performed each year — three times the supposed national rate [of 500]."

Padawer further found other physicians that performed substantial numbers of partial-birth abortion procedures. One who works outside of New Jersey told Padawer that at least half of the 260 abortions he does each year are partial-birth abortions.⁶

So where did the claim that there were only 500 partial-birth abortions done a year come from? Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, admitted that when he went on "Nightline" in November 1995 and told people that the procedure was used rarely and only on women whose lives were in danger or whose fetuses were damaged, he "lied through my teeth" and "simply spouted the party line."⁷ Fitzsimmons now publicly estimates that there are up to 5,000 PBA procedures done in the U.S. each year.



MYTH #3: "Partial-Birth Abortion is Done Primarily to Save the Life or Protect the Health of the Mother."

Public claims that partial-birth abortion is needed primarily to save the life or protect the health of the mother have been refuted by practitioners themselves.

Dr. Martin Haskell indicates he "routinely does this procedure on all patients 20-24 weeks (4½ - 5½ months) pregnant, except on women who are more than 20 pounds overweight, have twins, or have certain other complicating factors."⁸

He further states: "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. . . ." The *New York Times* reported: "...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."¹⁰

Proponents of PBA claim that the procedure is supposedly needed to protect the health and future fertility of the mother. Yet an examination of the nature of the procedure itself calls this into question.

The PBA procedure takes an average of three days to be completed. Nancy Romer, M.D., an Ohio Ob/Gyn, describes the "deliberate dilation of the cervix usually over a sequence of days" as the first step in this procedure.¹¹

In a September 23, 1996 letter to Congress, the Physicians' Ad Hoc Coalition for Truth (PHACT), with over 600 members nationwide, wrote to all members of Congress saying that "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 . . . risks creating an 'incompetent cervix,' a leading cause of future premature deliveries."¹²

PHACT further states: "The most serious such distortion is the claim, now endorsed by President Clinton, is that a partial-birth abortion can be medically necessary to protect the health of a woman carrying a child diagnosed with severe congenital or genetic disabilities, and to also protect the 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 contraindicated."¹³

Warren Hern, a late-term abortion specialist and the author of *Abortion Practice*, the nation's most widely used textbook on abortions,



"[A]fter 20 weeks [4 and 1/2 months] 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."¹⁹

McMahon himself, in 1995, submitted to a House Judiciary Constitution Subcommittee a report of 2,000 PBA procedures he had performed. Of these, his submission showed that 1,183 abortions (56%) were for 'fetal flaws.' The majority were non-lethal in nature, such as cleft palate and Down syndrome.²⁰

An independent physician, Dr. Katherine Dowling, family physician at the University of Southern California School of Medicine, examined McMahon's report and found that most of the "fetally flawed" unborn babies killed by him had conditions that were either surgically correctable or would result in some degree of neurologic or mental impairment, but would not harm the mother.²¹ McMahon's figures, based on a line graph he submitted, were interpreted as showing that "one-fourth of the aborted babies had no 'flaw' however slight, in abortions he did at 29 or 30 weeks." McMahon used the method even in the third-trimester under a broad range of circumstances. He wrote: "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."²²

Summary

Despite all the myths and misinformation surrounding partial-birth abortion, one clear, cold fact remains: every partial-birth abortion takes the life of an unborn child. This much is admitted by no less than Ron Fitzsimmons himself, the executive director of the National Coalition of Abortion Providers. "It is a form of killing," Fitzsimmons told the *New York Times*. "You're ending a life."²³ Not because the baby has a severe genetic disability, not because the mother's life or health is in danger, but simply because someone wants the child dead. It happens frequently. And, the child does feel the pain.

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3. Testimony of Dr. David Birnbach, president-elect of the Society for Obstetric Anesthesia and Perinatology, House Judiciary Constitution Subcommittee hearing record, March 21, 1995, p. 288.
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7. *The Washington Post*, February 27, 1997.
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11. Statement of Nancy Romer, M.D., Ob/Gyn, in a June 23, 1997 letter to Committee B of the American Medical Association House of Delegates.
12. PHACT letter to members of Congress, September 23, 1996.
13. PHACT Release, March 24, 1996.
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15. Dr. Joseph DeCook, Fellow, American College of Obstetrics/Gynecology, July 24, 1996, Congressional Briefing on Partial-Birth Abortion.
16. Curtis R. Cook, M.D., March 1997 testimony to the House Committee on the Judiciary Subcommittee on the Constitution with the Senate Committee on the Judiciary.
17. See footnote 9.
18. "Why Do Women Have Abortions?," *Family Planning Perspectives*, July/August 1988.
19. Diane Gianelli, "Shock-tactic ads target late-term abortion procedure," *American Medical News*, July 5, 1993.
20. 1995 Report submitted by Dr. James McMahon to the House Judiciary Constitution Subcommittee on a series of more than 2,000 "partial-birth abortions" he had performed, June 8, 1995.
21. "What Constitutes a Quality of Life," op.ed. piece written by Dr. Katherine Dowling, *Los Angeles Times*, August 28, 1996.
22. See footnote 20.
23. *The New York Times*, February 26, 1997.

suggests that he could not identify a circumstance in which the partial-birth abortion procedure would be the safest to use nor a time when a woman would die without this procedure. "I would dispute any statement that this is the safest procedure to use," stated Hern. He goes on to state that during this procedure, the unborn baby is turned inside the mother so that the baby comes feet first (breech position). Hern declares this breech position unsafe for the mother because "You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."¹⁴

Dr. Joseph DeCook, Fellow, American College of Obstetricians and Gynecologists, states: "Dilation [forcible opening] of the cervix — the first step [of the partial-birth abortion procedure] — risks creating the condition of 'incompetent cervix,' a leading cause of future premature deliveries. It can also lead to 'infection,' which is the main cause of subsequent infertility."¹⁵

Finally, the false contention that anesthesia kills the baby can itself endanger the mother's health. If a pregnant woman believes that anesthesia given to her would kill her baby, then she may refuse non-abortion related surgery needed to treat her own health condition, fearing for the life of her unborn child. Calling the idea that anesthesia puts the baby in a coma and kills it before the partial-birth abortion procedure "as ridiculous as the earlier claim that a fetus feels no pain," Curtis R. Cook, M.D., maternal-fetal medicine, warned a March 1997 Congressional panel that such a misrepresentation is "no small claim to the many pregnant women undergoing non-obstetric surgery every day in this country."¹⁶

MYTH #4: "Babies Aborted by PBA have Abnormalities so Serious They Will Die Anyway or have Serious Disabilities."

Dr. Martin Haskell has stated that of the partial-birth abortions he performs, "probably 20% are for genetic reasons... and the other 80% are purely elective."¹⁷

The Alan Guttmacher Institute, an affiliate of the Planned Parenthood Federation of America (PPFA), surveyed 1,900 women in 1987 as to why they had second- or third-trimester abortions. Of the 420 women pregnant for 16 or more weeks, "Only two percent said a fetal problem was diagnosed late in pregnancy."¹⁸

In a frank interview in *American Medical News*, the late Dr. James McMahon, said to be the developer of the partial-birth abortion method, made a very revealing statement about his abortion position:

The Unborn Feel Pain

Continued from page 3.

would not make it through the institutional review process. The animal would be more protected than this child is."⁶

The Royal College of Obstetricians and Gynecologists (RCOG), the professional body which governs British abortionists, has identified findings which clearly signify and demonstrate the unborn baby does indeed have the capability to feel pain in partial-birth abortions. In fact this public acknowledgment of fetal pain is a first for a major medical organization. RCOG recommended that the unborn should be protected from fetal pain in abortions at 24 weeks or later. In doing so, RCOG has acceded to increasingly solid evidence which points to fetal pain awareness near midpoint [approximately 20 weeks] in pregnancy.⁷ New research cited in a March 1998 *London Times* article identifies that babies who hear music in the womb are soothed by that music after birth, as opposed to those babies who do not hear music in the womb. This further suggests that memory [and pain experiences] are further developed than previously thought.⁸

Advances in technology and fetal research increasingly have provided evidence that the unborn child does indeed experience significant pain in the early stages of development. To ignore that evidence is to condone painful procedures conducted on the developing child, whose humanity science has already proven beyond a reasonable doubt.

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The Medical Community Reacts

Is partial-birth abortion safe? Is it ever medically necessary? Is it ethical medicine? Medical groups such as the **American Medical Association (AMA)**, the **Physicians' Ad Hoc Coalition for Truth (PHACT)** and other independent specialists say "no."

The AMA, the nation's leading physicians' medical association for over 150 years, has stated its medical and moral opposition to the partial-birth abortion procedure. In a fact sheet, the AMA Board of Trustees explained the AMA's opposition, stating plainly that "...partial-birth abortion' or intact D & X is ethically wrong."

In the same fact sheet, AMA trustees declared that "Intact D & X is not an accepted 'medical practice,'" and said that the AMA expert panel, which included a representative of the American College of Obstetricians and

Gynecologists (ACOG), "could not find 'any' identified circumstance where it was 'the only appropriate alternative'." The Board's expert scientific report recommended against its use, and AMA Executive Vice President John Seward, M.D., identified partial-birth abortion as "...a procedure we all agree is not good medicine."¹

PHACT, a group of 600 doctors, a majority of whom are obstetricians and gynecologists and fellows of ACOG, organized **solely and expressly** for the purpose of addressing the partial-birth abortion issue and voicing their opposition to this procedure. In a September 1996 letter to Congress, PHACT members stated: "The partial-birth abortion procedure ... is never medically indicated and can pose serious risks to the health and future fertility of women."²

Independent medical experts have also testified to the dangers of the partial-birth abortion procedure to women and lack of medical necessity for the procedure.

Donna Harrison, M.D., Fellow ACOG states: "....It is a hideous travesty of medical care, and should rightly be banned in this country. Banning this procedure will in no way compromise the legitimate practice of obstetrics and gynecology." 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 abortion procedure, he said that he "can't imagine that being an indicated procedure for the saving of a life or well-being of



Former U.S. Surgeon General
C. Everett Koop

"...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."

— *American Medical News*
August 19, 1996

the mother."³ Dr. Pamela E. Smith, Director of Medical Education, Department of Obstetrics and Gynecology, Mt. Sinai Medical Center, Chicago, testified before the U.S. Senate Judiciary Committee that "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."⁴ These and hundreds of other experts continue to speak out for the protection of the women and babies affected by this procedure.

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The Baby's Development

With the development of modern technology, the humanity of the unborn child can no longer be denied. Through this technology, we can enter the once-secret world of the unborn and discover the landmark stages of fetal development. Let's explore these exciting stages.

Conception/Fertilization: The egg and sperm create a new and unique human being.

5-9 Days: Fertilized egg implants in the uterine wall.

21-25 Days: The production of cells for blood is initiated in only eight or nine days; by about day 21 or 22, the primitive heart begins to twitch, and by about day 25, the heart gets into its stride to beat regularly, never to stop in this lifetime.

30 Days: The unborn child's heart pumps blood through the circulatory system.

40 Days: Brain waves are detected. All structures and organ foundations are present.

Two Months (Eight Weeks): All organs and systems are present in the body, with several organs already functioning. The baby is sensitive to and responds to touch. All five major areas of the adult brain are present. The baby now has very distinctly human characteristics and is very active in utero — sucking, kicking, swallowing and performing a variety of other movements.

Three Months: The baby's neck is well-defined. The baby now sleeps, turns and moves, and opens and closes his/her mouth. The palm, when stroked, will make a tight fist. The baby breathes amniotic fluid to help develop his/her respiratory system.

Four Months: The baby is now eight to ten inches long and weighs a half-pound or more and his/her ears now function. Mother begins to "show" her baby externally. [It is at four and one-half months and beyond that the partial-birth abortion procedure is used.]

Five Months: The head is now visible. The baby will display a startle reaction to loud, sudden noises. He/she can suck a thumb or fingers and stroke parts of his/her own body, the amniotic wall or the umbilical cord. The sex of the child can be clearly determined.

Six Months: The baby's body is lean; fingernails are present. In the next one to two weeks, the eyes will partially and then completely open.

Seven Months: The baby now uses the four senses of vision, hearing, taste and touch. He/she can recognize his/her mother's voice. Hair is often present.

Eight Months: The body is usually plump. The toenails reach toe tips. The baby can flex his/her limbs and has a firm grasp. Weight increases to over two pounds.

Nine Months: The baby is ready for birth. Birth weight is about six to nine pounds.

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Timeline on the Partial-Birth Abortion Procedure

1990

January – Dr. James McMahon, now deceased, first describes the partial-birth abortion procedure, which he is credited with developing, in an interview with the *Los Angeles Times*.

1992

September – Dr. Martin Haskell describes the procedure in a paper presented to a National Abortion Federation meeting on September 23.

1995

June – Cong. Charles Canady (R-Fla.), chairman of the House Judiciary Constitution Subcommittee, introduces the Partial-Birth Abortion Ban Act (HR 1833), a bill to make it a federal crime to perform, "an abortion in which the person performing the abortion partially vaginally delivers a [living] fetus before killing the fetus and completing the delivery." Congressional hearings are held on the partial-birth abortion procedure.

November – Dr. James McMahon states in a November 20, 1995 *American Medical News* article that he had trained about a half-dozen physicians to do the procedure (partial-birth abortion).

— The House passes the Partial-Birth Abortion Ban Act (HR 1833) without revision, 288-139.

December – The Senate passes the Partial-Birth Abortion Ban Act (HR 1833) with only minor changes, 54-44.

1996

March – Medical experts testify before Congress that supporters of partial-birth abortion are wrong in claiming that anesthesia given to the mother kills the baby.

— The House takes up the bill passed by the Senate and approves it without further revision, 286 - 129.

April – President Clinton vetoes the bill at a "veto ceremony" in the Oval Office, surrounded by five women who had partial-birth abortions performed by the late Dr. James McMahon.

September – The House votes to override Clinton's veto - 285-137. The Senate votes to override Clinton's veto but falls 9 votes short of the necessary two-thirds margin 58-40.

1997

January – Sen. Rick Santorum (R-Pa.) reintroduces the Partial-Birth Abortion Ban Act in the Senate.

February – Head of the National Coalition of Abortion Providers Ron Fitzsimmons admits he lied to the press and "spouted the party line" about the frequency and circumstances of partial-birth abortions.

March – The House takes up a version of the Partial-Birth Abortion Ban Act identical to the measure vetoed by President Clinton in 1996 and passes it, 295-136.

May – After sponsors of the bill agree to minor clarifying changes, the American Medical Association endorses the Partial-Birth Abortion Ban Act. The Senate then approves the amended bill, 64 - 36.

October – The House approves the amended Senate bill and passes it 296-132.

President Clinton again vetoes the Partial-Birth Abortion Ban Act.

1998

July – The House overrides the President's veto by a 296-132 vote.

September – The Senate falls three votes short (64-36) of the needed 2/3 majority to override Clinton's veto of the Partial-Birth Abortion Ban Act.

*For a more detailed discussion of the entire subject of partial-birth abortion and the history of the Partial-Birth Abortion Ban Act, see the written testimony of Douglas Johnson, legislative director for the National Right to Life Committee (NRLC), presented to the U.S. Senate and U.S. House Judiciary committees, March 11, 1997, available on the Internet at the House Judiciary Committee Home Page at www.house.gov/judiciary/22235.htm, and at NRLC at www.nrlc.org/abortion/pha/test.html.

*For a detailed discussion of the legal and medical issues surrounding partial-birth abortion, see "Partial-Birth Abortion: The Final Frontier of Abortion Jurisprudence," by James Bopp Jr., J.D., and Curtis R. Cook, M.S., in *Issues in Law and Medicine* (Vol. 14, No. 1, Summer 1998).

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