THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

May 17, 1993

The presentation by Dr. Martin Haskell, entitled Dilation and Extraction for Late Second Trimester Abortion, presented at the National Abortion Federation Risk management Seminary, September 13, 1992 says nothing about the fetuses being dead prior to the procedure. In the "Background" section of the manuscript, Dr. Haskell refers to two methods of inducing fetal death prior to performing the extraction (intra-amniotic infusion of urea or rupture of the membranes and severing the umbilical cord) which were described at previous NAF meetings. By contrast, the method that Dr. Haskell describes says nothing about induction of fetal death prior to the surgical procedure. Consequently, I believe it is quite safe to say that fetuses are alive at the time the D&X procedure is performed . . .

Sincerely yours,

Watson A. Bowes Jr., M.D.
Professor

Dr. Watson Bowes, a leading authority on maternal and fetal medicine, is a professor of both obstetrics/gynecology and pediatrics. He is co-editor of Obstetrical and Gynecological Survey, and has served on the Congressional Biomedical Ethics Advisory Committee.

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26 weeks. About 80% of those he does after 21 weeks are nonelective, he said.

Mixed Feelings

Dr. McMahon admits having mixed feelings about the procedure in which he has chosen to specialize.

"I have two positions that may be internally inconsistent and that's probably why I fight with this all the time," he said.

"I do have moral compunctions. And if I see a case that's later, like after 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 this child?' It's got to be the mother."

Dr. McMahon says he doesn't want to "hold patients hostage to my technical skill. I can say, 'No, I won't do that,' and then they're stuck with either some criminal solution or some other desperate maneuver."

Dr. Haskell, however, says whatever qualms he has about third-trimester abortions are "only for technical reasons, not for emotional reasons of fetal development."

"I think it's important to distinguish the two," he says, adding that his cut-off point is within the viability threshold noted in Roe v. Wade, the Supreme Court decision that legalized abortion. The decision said that point usually occurred at 28 weeks "but may occur earlier, even at 24 weeks."

Viability is generally accepted to be "somewhere between 25 and 26 weeks," said Dr. Haskell. "It just depends on who you talk to.

"We don't have a viability law in Ohio. In New York they have a 24-week limitation. That's how Dr. Hayat got in trouble. If somebody tells me I have to use 22 weeks, that's fine . . . I'm not a trailblazer or activist trying to constantly press the limits."

Campaign impact debated

Whether the ad and brochures will have the full impact abortion opponents intend is yet to be seen.

Congress has yet to schedule a final showdown on the bill. Although it has already passed through the necessary committees, supporters are reluctant to move it for a full House and Senate vote until they are sure they can win.

In fact, House Speaker Tom Foley (D. Wash.) has said he wants to bring the bill for a vote under a "closed rule" procedure, which would prohibit consideration of amendments.

But opponents are lobbying heavily against Foley's plan. Among the amendments they wish to offer is one that would allow, but not require, states to restrict abortion — except to save the mother's life — after 24 weeks. ■

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FOCUS ON THE FAMILY

by Dr. James Dobson

In June, a highly significant event took place in Washington, D.C., although it was hardly mentioned in either the secular or Christian media. On June 10, President Bill Clinton signed into law the National Institutes of Health Revitalization Act of 1993. Part Two of this legislation authorized, for the first time in U.S. history, government funded research using tissue from aborted fetuses.[1] With this stroke of a pen, it became legal to cannibalize and commercialize the tiny bodies of murdered babies.

The President said at a bill-signing ceremony in the White House, "I can't tell you how many people I met all over this country in 1992 from both political parties who came to my campaign and supported me simply because I wanted to put a scientific basis back in our equations on fetal research."[2] More recently, Mr. Clinton claimed this legislation as one of the major successes of his presidency so far.

Rep Patricia Schoeder, D-Colo., said, "It feels so good to see it here."[3]

Dr. Gary Hodgen, a researcher at Eastern Virginia Medical College, said this about President Clinton's January 23 announcement supporting fetal tissue investigations: "It's the greatest day for science since the scopes monkey trial" (Newsweek, Feb. 22, 1993, p. 49).[4]

Various women's advocacy groups were on hand in the White House Roosevelt Room to celebrate the passage.[5]

Newsweek, in anticipation of the legislation, dedicated its February 22, 1993, issue to fetal research. The cover story was entitled, "Cures from the Womb."[6] (Inside we learned that there have been no cures to date from fetal tissue transplantation — not one documented case.)

Yes, fetal tissue research has many supporters — from the abortionists whose unsavory work suddenly picks up a redeeming component, to the medical researchers who can tap into millions of federal dollars allocated for clinical studies. No wonder candidate Clinton was lobbied so heavily during his presidential campaign.

But if the harvesting of aborted babies is such a boon for mankind, we must ask why Presidents George Bush and Ronald Reagan refused to authorize it. Both men steadfastly opposed the use of fetal tissue, despite continual goading by the press and intense pressure from the research community. No reasonable critic would claim that the Reagan and Bush administrations were antagonistic to legitimate medical research. Why, then, did they ban these particular investigations?

The answer is not difficult to comprehend. There is something deeply troubling about cannibalizing tiny bodies of living babies — even for humanitarian purposes. More unsettling is the method by which their tissue is taken from them. That process is not widely understood because the fetal researchers apparently don't want the public to know what they are doing. There have been only a few descriptions of methodology in medical journals, which gives us a clue that sensitive information is being withheld. What follows, however, are the unaltered facts. Read — and weep with us.

Dr. James Dobson

First, it is important to remember that a child born alive presents a major problem to an abortionist. It is the ultimate "complication," because legally, every effort must be made to keep a breathing newborn alive. That's why the physician usually crushes the fetus' head while still in the uterus. However, a baby who is born dead is of less value to researchers because brain tissue and other organs quickly deteriorate when deprived of oxygen. Thus, the abortionist must employ a means of extracting the body parts and brain matter from a living baby who is not yet expelled from the birth canal.

The method is called dilation and extraction, or D&X. Over two days the cervix is dilated. Then an ultrasound device and forceps are used to reach in and grab the baby's feet. The little body is pulled downward until just the head remains in the cervix. Next the abortionist grasps the nape of the neck and cuts open the back of the skull with a blunt scissors. A device called a cannula is then inserted into the wound and the brain material is sucked out. If the kidneys or other organs are desired, they are removed while the baby is still partially in the vagina. Initially at least, these surgical procedures are performed on a live baby who has not specifically been anesthetized (although the mother's medication may reduce some of the pain).[7] If puppies or kittens were subjected to such cruel treatment, the protests of the animal rights people would be heard around the world — and I would be one of the most vocal.

At what gestational age does this ghastly procedure occur? Most fetuses are aborted during the first or second trimester, although many states do not prohibit an abortionist from waiting until a few weeks (or even hours) before the normal due-date. Does this happen routinely? No, because there is no reason for a woman to carry a baby to term if she does not intend to let it live. But the advent of tissue harvesting changes the equation. A medical researcher might pay a pregnant woman to provide him with the mature organs he needs. Or a mother might be motivated to conceive and carry a child specifically to provide

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As I stood among the ruins of Meggido, I found it difficult to fight back the tears. I could almost hear the screams of babies echoing across more than 27 centuries and attesting to the depravity of mankind.