D&X: Grim technology for Abortion's Older Victims

by Jenny Westberg

Dallas, TX — A grisly new second and third-trimester abortion procedure was revealed at the National Abortion Federation (NAF) Risk Management Seminar, September 13-14, 1992, in Dallas. Dr. Martin Haskell, a Cincinnati abortionist, presented a scientific paper describing the procedure.

The new procedure is called "dilation and extraction." Haskell has coined the term "D&X" for the method, in order to distinguish it from the standard D&E method. "D&E" stands for dilation and evacuation.

D&X differs from D&E in that the unborn child is removed intact, rather than being dismembered inside the uterus. The child is killed by suctioning the brain tissue through a hole in the base of the skull, which the abortionist makes with blunt surgical scissors. This is accomplished while the living child's head is still inside the uterus, after pulling the baby's body out, feet first and kicking, into the birth canal.

Haskell recommends the D&X procedure for late second-trimester and third-trimester abortions. Classic D&E presents technical problems in late pregnancy because of the "toughness of fetal tissues at this stage of development." Accordingly, most late abortions have traditionally been performed by instillation methods, such as saline and prostaglandin. However, these methods are risky for the mother; moreover, no traditional instillation method entirely guarantees the death of the baby, which, to abortionists, is a serious drawback.

Since D&X avoids the problems attendant to late-term dismemberment, it can be employed throughout the second and third trimesters.

While Haskell has only utilized D&X through 26 weeks' gestation, he cites another physician's experience as evidence that D&X can be used to perform third-trimester abortions. Dr. James McMahon, of McMahon Medical Center and Eve Surgical Centers in Los Angeles and Tarzana, California, uses D&X to abort children up to 32 weeks "or more," according to Haskell.

In order to use D&X in the third trimester, only a few modifications are necessary, including additional cervical dilation and a slower operating time.

Haskell says he has performed over 700 D&X abortions.

The D&X is so similar to infanticide, that when a college student observed Haskell perform a D&X abortion in 1989, her reaction was to call the police. (See *Life Advocate,* January 1993, "Dismemberment and Choice," page 36.)

According to Haskell's protocol, the D&X procedure begins with "dilation [and] MORE DILATION." The cervix is initially dilated to 9-11 mm. with mechanical dilators, in order to accommodate the placement of five to seven large Dilapan hydroscopic dilators (synthetic laminaria), which remain in place overnight.

The following morning, the Dilapan are removed and replaced with a second insertion of 15 to 25 Dilapan. Once again, these are left in place overnight.

The Dilapan dilation process may cause severe cramping, which is treated with pain relievers when necessary.

The operation itself takes place on Day 3. After removing the Dilapan, the abortionist ruptures the membranes (if the patient's water has not already broken) and drains the amniotic fluid.

The abortionist's assistant places an ultrasound transducer on the mother's abdomen and locates the child's legs and feet.

The abortionist then uses a large forceps to grasp one of the baby's legs. He pulls firmly, forcing the child into a feet-down position. He continues pulling until the baby's leg is drawn into the birth canal.

Next, using his hands instead of forceps, the abortionist delivers the baby's body in a manner similar to vaginal breech birth. First the child's other leg is delivered, followed by the torso, shoulders, and arms. The baby's head "usually" remains inside the uterus, too large to pass through the internal cervical os.

The abortionist then performs the next step (which Haskell euphemistically calls "fetal skull decompression"). Using blunt-tipped surgical scissors in a closed position, he pierces the child's head at the base of the skull. He then forces the scissors open, enlarging the wound.

Removing the scissors, the abortionist inserts

(continued on page 6)

DOCTORS FROM HELL: A partial listing of late-term abortion specialists

1. **Paul Wright, MD and Carl Watson, MD**
   Family Planning Specialists Medical Group
   Oakland, California

Drs. Wright and Watson specialize in abortions over 19 weeks' gestation, and claim to have performed 5,000 since 1984. Dr. Wright was one of the pioneers in the technique of killing children by injecting them with digoxin, then dismembering them.

2. **James McMahon, MD**
   McMahon Medical Center
   Los Angeles, California (destroyed by fire)
   Eve Surgical Center
   West Los Angeles, California
   Eve Surgical Center
   Tarzana, California

Dr. McMahon uses the D&X procedure for babies up to 32 weeks and beyond. (See description of D&X in accompanying article.)

3. **Warren Hern, MD; Calvin Zan, MD; Karen Ferguson, MD**
   Boulder Abortion Clinic, Boulder, Colorado

Dr. Hern's clinic, "specializing in later abortion," currently employs a late abortion technique consisting of digoxin or urea injected directly into the baby, followed by assisted expulsion or D&E.
At the NAF's 16th Annual Meeting in April 1992, Dr. Hern presented a paper concerning late abortion in cases of "fetal anomaly." In his paper, he recounted the clinical murder of children up to 34 weeks.

4. **George Tiller, MD**
   Women's Health Care Services
   Wichita, Kansas

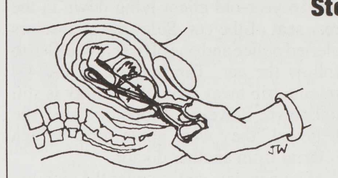
Among other methods, Dr. Tiller has used digoxin, injected directly into the baby's heart, in over 1,000 cases. Dr. Tiller advertises his clinic staff as "specialists in late abortion care," and, according to his ads, he administers lethal injections with "kindness, courtesy, justice, love and respect."

5. **Martin Haskell, MD**
   Women's MED+ Center of Cincinnati
   Cincinnati, Ohio
   (also has a clinic in Dayton, Ohio)

Dr. Haskell is an originator of the D&X technique (see accompanying article). He performs D&X abortions up to 26 weeks and has done over 700 D&X abortions in the past three years.

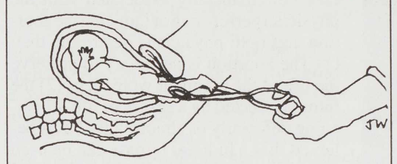
Anatomy of a D&X killing

Step 1



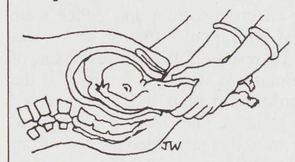
The abortionist grasps one of the baby's legs with forceps.

Step 2



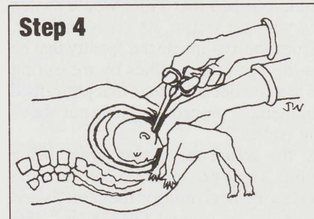
The leg is pulled into the birth canal.

Step 3



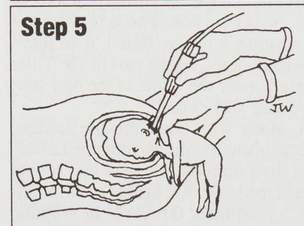
Using his hands, the abortionist delivers the baby's body. The head remains inside.

Step 4



The abortionist forces scissors into the base of the baby's skull. He then opens the scissors to enlarge the hole.

Step 5



A suction catheter is inserted into the wound, and the baby's brains are sucked out. The child is then removed.

Third trimester atrocities

To late-term abortion specialists, third-trimester abortion is not a moral problem but a technical one. The classic D&E becomes difficult at advanced gestations because the child's bones and muscles are so well-formed that the abortionist cannot easily pull the child apart with forceps.[1] Traditional induction methods and hysterotomy are problematic (from the abortionist's point of view) because the viable child often survives the abortion.

Dedicated child-killers have developed several abortion methods that attempt to overcome these obstacles. Some methods use an adjunct — an accompanying agent, usually a chemical solution — followed by induction or D&E. Other methods involve a direct attack on the baby, with the aim of ensuring that the child is delivered dead.

The following is a list of methods currently in use for late abortion.

***D&E with adjunct.** The abortionist first softens the child's body — which may or may not involve killing the baby — then uses the D&E method to dismember the child.

Intra-amniotic urea infusion followed by D&E. In this method, a highly concentrated urea solution is introduced into the amniotic fluid. The urea acts as a macerating agent, and is allowed to work for several hours, or overnight, before a D&E is performed.

Dr. Warren Hern uses adjunctive urea routinely after 20 weeks, because with the macerating effect of the urea, "[f]etal tissues are significantly softened, permitting easy dismemberment and removal."[2] This method may result in live births, when spontaneous labor and delivery precede the baby's death.[3]

Rupture of membranes and severing of umbilical cord, followed by D&E. In this method, cutting the baby's cord causes death. Twenty-four hours are allowed to elapse prior to the D&E, and the softening effect is obtained by autolysis (decomposition). This method carries an obvious risk of infection.[4]

***Induction with adjunct.** The aim of this combination is to cause softening of the baby's tissues to permit an easier induced delivery. The adjunctive agent also helps ensure the baby is born dead. An example of this method is **intra-amniotic infusion of prostaglandins and urea.**

Also still in use is **intra-amniotic hypertonic saline.** Both saline and prostaglandins, even with adjunctive urea, occasionally result in live births.

Lethal injection, followed by D&E or induction. Since most late-term abortion methods produce an occasional live baby, several abortionist have been experimenting with lethal injection.

> ***...the viable child often survives the abortion.***

Potassium chloride injected in the baby's heart, followed by induced labor or D&E. Under ultrasound guidance, potassium chloride is instilled directly into one of the baby's heart chambers. The ultrasound is then used to verify that the baby's heart has stopped beating. At one Detroit hospital, this is followed by urea amnioinfusion, then intramuscular prostaglandins to induce labor.[5]

Digoxin injection into the baby's heart, followed by induction or D&E. This variation is used by Dr. Paul Wright of Oakland, Dr. George Tiller of Wichita, and others, according to Isada, who notes that although this method is widespread, it rarely appears in medical literature, "perhaps because of...the possibility of adverse publicity."[6]

Potassium chloride injected into the umbilical vein, followed by induction or D&E. Isada reports that this method has been used in hundreds of cases, by an "anonymous perinatologist."[7] The umbilical injection, called "funipuncture," causes prompt cardiac arrest.

***Dilation and extraction (D&X).** See description in accompanying article.

[1]Haskell, Martin, MD. "Dilation and Extraction for Late Second Trimester Abortion," paper presented at the NAF Risk Management Seminar, September 13, 1992; in *Second Trimester Abortion: From Every Angle - Presentations, Bibliography & Related Materials*, Washington, D.C.: National Abortion Federation, 1992, p. 28.
[2]Hern, Warren, MD. *Abortion Practice*. Boulder, Colo.: Alpenglo Graphics, 1990, p. 145.
[3]Isada, Nelson, MD, et al. "Fetal Intracardiac Potassium Chloride Injection to Avoid the Hopeless Resuscitation of an Abnormal Abortus: I. Clinical Issues," in *Obstetrics & Gynecology*, Vol. 80, No. 2, August 1992, p. 298.
[4]Haskell, op cit, p. 28
[5]Isada, op cit, p. 297.
[6]Ibid, p. 298.
[7]Ibid.