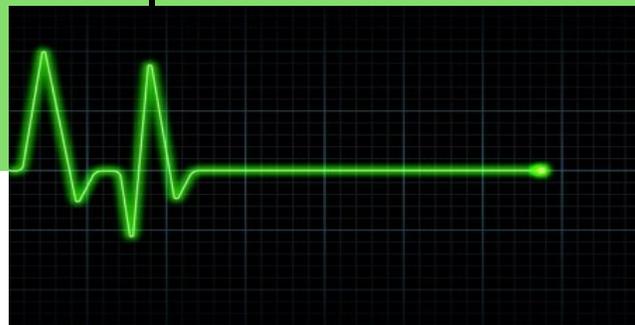


Abortion's Sliding Scale From Conception To Birth (and beyond): **When Is It Okay To Kill A Baby?**



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Abortion's Sliding Scale from Conception to Birth (and beyond): When Is It Okay to Kill a Baby?

By Brenda Zurita

Abortion is meant to cause death. Every single time an abortion is performed, the goal is to kill a human being. Sometimes it kills a baby *and* a woman. Sometimes a baby escapes the procedure but is murdered for being a survivor. To abortion supporters, this is called “choice.”

This report discusses aspects of the trial of late-term abortionist Dr. Kermit Gosnell and the abortion industry. While anyone who has heard about Gosnell cannot help but be horrified by what he did to those babies, many would probably be surprised about what happens to babies aborted earlier in the pregnancy. People will probably also be surprised that few states have regulations that cover abortion clinics, even to meet the standard expected of veterinary clinics in the states. Fetal-pain bills and infant-born-alive protections will be discussed, as well as people trying to push the argument to justify infanticide. Sadly, the logical progression from aborting babies in the womb is infanticide, excused for the same reason months or years after they are born, because they are “inconvenient.”

The United States Supreme Court decisions in 1973, *Roe v. Wade* and *Doe v. Bolton*, made the killing of babies in the womb legal during all three trimesters for any reason. In answer to the ability to kill a baby in the third trimester, some states, like Pennsylvania, have set arbitrary limits as to when a baby in the womb is no longer allowed to be killed. Let's dive into the world those fateful Court decisions wrought.

Gosnell's “Baby Charnel House”

On March 18, 2013, Dr. Kermit Gosnell's murder trial began. He is an abortionist from Philadelphia who performed late-term abortions, and it was alleged he was aborting babies older than 24 weeks, which is illegal in Pennsylvania. It was also alleged that viable babies were born alive in his clinic and he snipped their spinal cords with scissors to kill them. One of the eight first-degree murder charges he originally faced (the judge threw out three for insufficient evidence) is for a 41-year-old woman, Karnamaya Mongar, who died during a botched abortion.



On May 13, 2013, the Gosnell jury found late-term abortionist Kermit Gosnell guilty¹ of three counts of murder in the first degree for Baby A, Baby C, and Baby D and found him guilty of involuntary manslaughter in the death of Karnamaya Mongar. In addition, he was found guilty of 21 out of 24 felony counts for performing abortions after Pennsylvania's 24-week legal limit and 211 misdemeanor counts of violating the 24-hour waiting period, which is part of Pennsylvania's informed consent law.

On May 14, 2013, Kermit Gosnell waived his right to appeal the verdicts in his trial in

exchange for the prosecutors agreeing to drop the death penalty and, instead, agreeing to Gosnell serving a life sentence without the possibility of parole. Gosnell was eligible for a death penalty sentence for the three first-degree murders.

A few excerpts from the Gosnell Grand Jury report set the scene inside this abortion clinic:

This case is about a doctor who killed babies and endangered women. What we mean is that he regularly and illegally delivered live, viable babies in the third trimester of pregnancy — and then murdered these newborns by severing their spinal cords with scissors. The medical practice by which he carried out this business was a filthy fraud in which he overdosed his patients with dangerous drugs, spread venereal disease among them with infected instruments, perforated their wombs and bowels — and, on at least two occasions, caused their deaths. Over the years, many people came to know that something was going on here. But no one put a stop to it.²

The “Women’s Medical Society.”³ That was the impressive-sounding name of the clinic operated in West Philadelphia, at 38th and Lancaster, by Kermit B. Gosnell, M.D. Gosnell seemed impressive as well. A child of the neighborhood, Gosnell spent almost four decades running this clinic, giving back — so it appeared — to the community in which he continued to live and work.

But the truth was something very different, and evident to anyone who stepped inside. The clinic reeked of animal urine, courtesy of the cats that were allowed to roam (and defecate) freely. Furniture and blankets were stained with blood. Instruments were not properly sterilized. Disposable medical supplies were not disposed of; they were reused, over and over again. Medical equipment — such as the defibrillator, the EKG, the pulse oximeter, the blood pressure cuff — was generally broken; even when it worked, it wasn’t used. The emergency exit was padlocked shut. And scattered throughout, in cabinets, in the basement, in a freezer, in jars and bags and plastic jugs, were fetal remains. It was a baby charnel house.

The people who ran this sham medical practice included no doctors other than Gosnell himself, and not even a single nurse. Two of his employees had been to medical school, but neither of them were licensed physicians. They just pretended to be.

Everyone called them “Doctor,” even though they, and Gosnell, knew they weren’t. Among the rest of the staff, there was no one with any medical licensing or relevant certification at all. But that didn’t stop them from making diagnoses, performing procedures, administering drugs.

The judge dropped the three first-degree murder charges with no explanation, for Baby Boy B, Baby F, and Baby G. Baby Boy B’s estimated gestational age was 28 weeks. In a picture, he looks like any other newborn with a cute little head and shoulders; the only difference is the gaping wound in his neck, which was made by abortionist Dr. Gosnell when he “snipped” his spinal cord. During trial, the prosecutors offered no evidence that Baby Boy B ever moved or breathed, and the defense claimed it meant the baby was delivered dead. It seems odd that if

Baby Boy B was delivered dead the abortionist would need to “snip” its spinal cord. Baby F, estimated gestational age of 25-27 weeks, was said to have jerked its leg after it was born intact and before Dr. Gosnell severed its spine. Baby G’s gestational age was unknown, but a witness saw the baby breathe before Dr. Gosnell cut the baby’s spine with scissors. Lifenews.com has more details and pictures of this evidence for those who dare look at the truth of abortion.⁴ It sure sounds like an explanation was due from the judge as to why he didn’t consider these three babies murder victims.

Dr. Gosnell could have faced more than 380 criminal counts⁵ according to the Grand Jury report, for the following offenses in relation to his abortion practice:

- Murder of Karnamaya Mongar
- Murders of babies born alive
- Infanticide
- Violations of the Controlled Substances Act
- Hindering, Obstruction, and Tampering
- Perjury
- Illegal late-term abortions
- Violations of the Abortion Control Act
- Violations of the Controlled Substances Act
- Abuse of Corpse
- Conspiracy
- Corrupt Organization
- Corruption of Minors

Gosnell went to trial facing more than 260 charges, but the judge dropped three of the murder charges, saying there was not enough evidence to convict Gosnell as well as an infanticide charge and the five abuses of corpse charges without explaining why. The Grand Jury report recommended abuse of corpse charges for the severed babies’ feet they found in jars in the abortion clinic, which defied explanation by medical professionals.⁶ The jury was charged with deciding guilt or innocence on 258 charges.⁷ One would think the gaping wounds in the backs of the three babies’ necks would be evidence they were murdered and the severed babies’ feet in jars would be evidence of abuse of corpse, but evidently the judge did not.

On April 12, 2013, Snopes.com, the website people check to find out if something is an urban legend or true, had to publish a [page on the Gosnell account](#), because what occurred in his clinic was so horrific most people could not believe it was true.⁸

The jury, and those few media outlets who deigned to follow the trial, found out it was true, horrific, and ultimately criminal. Justice was served for but a few of the babies he murdered and mutilated.

Reactions from the Pro-Abortion Community to the Gosnell Verdict

Vicki Saporta, President and CEO of the National Abortion Federation, said, “The important thing to remember is that Gosnell’s practices are not representative of the quality abortion care available from the vast majority of abortion providers in this country.”⁹

Notice there is no mention of the murdered babies.

Carol Tracy, Executive Director of the Women’s Law Project in Philadelphia, said, “Gosnell

represents what life was like before *Roe v. Wade* and he represents the future if any of those attempts to overturn *Roe* succeed.”¹⁰

Again, notice there is no remorse for the murdered babies but rather a kneejerk reaction to defend *Roe* at all costs, the costs being mostly dead babies.

Eric Ferrero, Planned Parenthood Federation of America Vice President for Communication, said, “The jury has punished Kermit Gosnell for his appalling crimes. This verdict will ensure that no woman is victimized by Kermit Gosnell ever again. This case has made clear that we must have and enforce laws that protect access to safe and legal abortion, and we must reject misguided laws that would limit women’s options and force them to seek treatment from criminals like Kermit Gosnell.”¹¹

We will see throughout this report that this is either wishful thinking or outright denial.

Ilyse G. Hogue, President, NARAL Pro-Choice America, said, “Justice was served to Kermit Gosnell today and he will pay the price for the atrocities he committed. We hope that the lessons of the trial do not fade with the verdict. Anti-choice politicians, and their unrelenting efforts to deny women access to safe and legal abortion care, will only drive more women to back-alley butchers like Kermit Gosnell.”¹²

Kermit Gosnell was not a back-alley butcher; he was a main-street butcher, well-known by those in the abortion industry. It is “pro-choice” advocates who do not wish to have clinic regulations and oversight, and abortionists like Gosnell who will take advantage of that to maim and to kill.

How Did We Get Here?

Two major United States Supreme Court decisions in 1973 gave us abortion-on-demand: *Roe v. Wade* and *Doe v. Bolton*. Concerned Women for America’s Legal Counsel, Mario Diaz, Esq., beautifully summed up the vagaries of the 1973 decision, *Roe v. Wade*.¹³

This will come as a shock to the millions who still believe that abortion is illegal except to save the life of the mother, but *Roe* invalidated a law that said just that. The Texas statutes at issue made it a crime to “procure an abortion ...” except with respect to “an abortion procured or attempted by medical advice for the purpose of saving the life of the mother.” The statutes were first enacted in 1854.

Jane Roe [Norma McCorvey] sought a declaratory judgment that the statutes were unconstitutional and an injunction restraining their enforcement. Roe was pregnant and wanted to terminate her pregnancy by an abortion performed by a competent, licensed physician, but she was unable to get a “legal” abortion in Texas, because her life did not appear to be threatened by the continuation of her pregnancy. She claimed the statutes were unconstitutionally vague and that they abridged her constitutional right to privacy.

Justice Blackmun, writing for the majority, acknowledges that “The Constitution does not

explicitly mention any right of privacy,” but he recalls that they have read it into the Constitution on a recent line of cases that came before *Roe*, some of the more interesting being *Griswold v. Connecticut* [*Griswold v. Connecticut*, 381 U.S. 479 (1965)] and *Eisenstadt v. Baird* [*Eisenstadt v. Baird*, 405 U.S. 438 (1972)]. He writes:

This right of privacy, whether it be founded in the Fourteenth Amendment’s concept of personal liberty ... as we feel it is, or, as the District Court determined, in the Ninth Amendment’s reservation of rights to the people, is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy [*Roe v. Wade*, 410 U.S. 113, 153 (1973)].

Why? *Because they say so.*

But what about the rights of the child in the womb? Well, Justice Blackmun very interestingly, after acknowledging at the beginning of the opinion the “vigorous opposing views, even among physicians,” goes on to proclaim from his high mountain that the unborn “fetus” is not a “person,” so they do not enjoy the right to life. The Court acknowledges that “[i]f this suggestion of personhood is established, [Roe’s] case, of course, collapses, for the fetus’ right to life would then be guaranteed specifically by the [Fourteenth] Amendment.” Too bad he’s not actually a person, though.

The Court did say that the mother’s privacy right “cannot be said to be absolute.” “A State may properly assert important interests in safeguarding health, in maintaining medical standards, and in protecting potential life.” Therefore, limiting the now fundamental right to an abortion can only be justified by a “compelling state interest.”

In any other case, the Supreme Court’s “jurisdiction” might have ended there, answering the question that was actually presented to them: “Are the Texas statutes constitutional?” But the Court had been overstepping its boundaries for so long it barely skipped a beat, making blatant policy decisions part of constitutional law. Before, the Justices would try to disguise it as being read into the Constitution, but the journey on which they decided to embark went far beyond any disguise.

Almost flippantly, like a child makes up rules for a new game, the Supreme Court established that:

- (a) For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman’s attending physician.
- (b) For the stage subsequent to approximately the end of the first trimester, the state, in promoting its interest in the health of the mother, may if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health.
- (c) For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of

the life or health of the mother [*Roe v. Wade*, 410 U.S. 113, 164 (1973)].

It is this “life or health of the mother” exception, left open-ended by the Court, that has been given an expansive definition in the companion case to *Roe*, *Doe v. Bolton*, [*Doe v. Bolton*, 410 U.S. 179 (1973)] making it abortion-on-demand for all intents and purposes. When the “health” of the mother can be her “psychological” well-being — because she won’t be able to graduate or go to the prom — then anything can be an excuse for an abortion.

If you can’t believe the blatant disregard for the structure set up by our Founding Fathers, where these types of policy decisions are given to the people through their elected officials, then you are not alone. Justice Rehnquist stated in his dissent:

The decision here to break pregnancy into three distinct terms and to outline the permissible restrictions the State may impose in each one, for example, partakes more of judicial legislation than it does of a determination of the intent of the drafters of the Fourteenth Amendment.

The other 1973 case, *Doe v. Bolton*, so expanded the definition of “health of the mother” as to ensure America would have abortion-on-demand, and the march towards more than a million abortions a year began. The Guttmacher Institute, the think tank for Planned Parenthood, reported that there were 1.2 million abortions in the U.S. in 2008 and estimated there have been 50 million abortions performed in the U.S. between 1973 and 2008.¹⁴ Given those numbers, a conservative estimate would be that there have been another five million abortions since 2008, putting the total over 55 million babies killed in the past 41 years.

To put 55,000,000 dead babies in perspective, that number is just shy of the populations of three states. According to the U.S. Census Bureau estimates in 2012, the populations of Texas (26,059,203), New York (19,570,261) and North Carolina (9,752,073) equals 55,381,537 people.¹⁵ Legal abortion over the past 41 years has killed the equivalent of the entire populations of three states. Does that sound like a rare medical procedure?

Here is a brief description¹⁶ of the *Doe v. Bolton* case:

Doe v. Bolton (1973): The Court creates a broad “health” exception for abortions after viability.

In 1968, the Georgia legislature passed a law outlawing abortion except where an abortion doctor determines, in his best judgment, that continuation of the pregnancy would endanger the mother’s life or seriously and permanently injure her health, or that the baby would “very likely” be born with a grave mental or physical defect, or that the pregnancy resulted from rape.

“Mary Doe” (Sandra Cano), who was nine weeks pregnant, filed suit, claiming she was entitled to an abortion under the Constitution because she already had three children and would not be able to support another child. A group of abortion doctors, nurses, clergy,

and social workers joined in her suit.

The Supreme Court agreed and issued a broad list of reasons abortion doctors may consider in determining whether an abortion is necessary for a woman's health: "all factors — physical, emotional, psychological, familial, and the woman's age — relevant to the wellbeing of the patient. All these factors may relate to health." This decision was issued as a "companion" to *Roe v. Wade*, making this broad health definition the standard for late-term abortions after the point of viability.

That is how we got to this point in time, where it is legal to kill a baby in the womb during all nine months, for any reason. If not for Pennsylvania arbitrarily deciding that abortionists may not kill babies who have been in the womb more than 24 weeks, Gosnell would have faced 24 fewer charges.

Safe, Legal, and Rare — One Out of Three *Is* Bad

Sadly, the horror of what happens during abortion procedures is not exclusive to Dr. Gosnell's "baby charnel house." Since the U.S. Supreme Court *Roe v. Wade* decision in 1973, **55 million babies** have been aborted,¹⁷ many by being dismembered alive. *Roe v. Wade* did not suddenly make abortion safe or rare, even though it did make it legal in all 50 states.

While many abortion supporters claim Dr. Gosnell's house of horrors is an aberration in the abortion industry, abortion clinics are not the "safe" havens portrayed in the media and by abortion supporters. Just as the Gosnell trial ended and sentencing was taking place, Douglas Karpen was exposed as "Gosnell 2." A videotape of three former abortion clinic workers from his Aaron Women's Clinic in Houston, Texas, contained claims that he performed illegal late-term abortions (after 24 weeks in Texas) and that he murdered babies born alive in ways similar to Gosnell. One of the methods he used to kill the babies born alive was by "twisting the head off the neck." The accusations against him also include severing the spines of babies born alive, plunging instruments into the soft spots on a baby's head to kill the baby, and aborting babies so large they had to be dismembered alive inside the womb instead of delivered (the clinic worker assisting said she would be drenched in blood from the procedure); workers claimed Karpen would sometimes insert instruments through women's stomachs to make it easier for him to kill the babies and that he would not tell victims of botched abortions that he had lacerated their cervix or uterus.¹⁹

How many other Gosnells and Karpens are butchering women and children today? The abortion industry knows because they do not operate in a vacuum (no pun intended). To pretend they have no idea about these main-street butchers is absurd.

Abortion supporters would have you believe Kermit Gosnell had no contact with other abortion providers, but that is not true. At the same time he was running his horrible clinic in Philadelphia, until it was shut down in 2010, he was also working one day a week at the National Abortion Federation's (NAF) accredited Atlantic Women's Services clinic in Delaware. This is ironic, because in 2009, a NAF evaluator refused to give Gosnell's Philadelphia clinic the NAF stamp of approval because of the conditions he saw, and yet he

did not report Gosnell to Pennsylvania authorities or prevent him from working at their Delaware member clinic.²⁰

Planned Parenthood of Southeastern Pennsylvania knew about Gosnell's clinic. Philly.com reports that at its Spring Gathering in April 2013, Dayle Steinberg, the president and chief executive of this Planned Parenthood affiliate, said, "The Gosnell trial has shifted the focus off the high-quality services we provide. These are criminal, horrendous . . . acts and should be appropriately punished." That quote makes it sound like Steinberg would have reported Gosnell had she known. Philly.com goes on to report that Steinberg admits that women would come from Gosnell's clinic to Planned Parenthood and complain about the conditions there. "We would always encourage them to report it to the Department of Health," Steinberg said.²¹ If Steinberg thinks Gosnell engaged in "criminal acts," why wouldn't she report him to the authorities herself? Could it be that she knew exposing Gosnell's practice would bring increased scrutiny to the supposedly "safe" abortion industry as a whole?

When pro-abortion supporters say they want abortion to be "safe," they mean only for the mother. Those people shouting for "safe" abortions forget the definition of "safe," which, according to [Merriam Webster](#), is "free from harm or risk; secure from threat of danger, harm, or loss." It is a given that the baby being aborted is not safe, but how is it working out for their mothers?

In 2012, the Tidewater Women's Health Clinic in Norfolk, Virginia, was found to have blood and "conception material" (which means aborted baby parts) frozen to the floor and bottom shelf of a freezer. The inspector's report also noted that a bucket of water used to clean out the suction pump line was "turbid," meaning the water was muddy with debris.²³ Another Virginia abortion clinic, the Roanoke Planned Parenthood Health Systems center, was found to have dried blood on the procedure table of varying degrees of color and thickness, which the staff admitted was blood left there because the table was not disinfected between patients.²⁴

Operation Rescue reported on two other clinics in Pennsylvania that shut down after inspections rather than clean up [remember the filth found at Gosnell's clinic?], an Alabama abortion clinic which has a 76-page report citing deficiencies, two unlicensed workers caught performing abortions in California [this happened in Gosnell's clinic too], a California abortionist who lost his license for sexually molesting abortion patients, Kansas and Nebraska clinics that falsified ultrasounds to manipulate the age of the babies being aborted to skirt late-term abortion limits [Gosnell was found guilty on 21 counts for violating Pennsylvania's 24-week abortion limit], another Kansas abortionist who ran a filthy clinic which included storing aborted babies in a refrigerator next to employees' lunches [Gosnell stored them in the freezer], a Wichita abortion clinic infested with roaches and having a blood-spattered washroom [Gosnell's clinic had cat feces and urine throughout], and a Michigan abortionist's clinic which was closed down by the fire marshal in December 2012 for filthy conditions [Gosnell's emergency exit was locked and the hallways too narrow to fit a gurney].²⁵

In February 2013, abortionist LeRoy Carhart killed a 29-year-old woman during a late-term abortion at 33 weeks in Maryland.²⁶ In 2005 in Kansas, Carhart killed a 19-year-old, who had

Down syndrome and was the victim of a sexual assault, during a botched late-term abortion at 28 weeks of pregnancy. Carhart's late-term abortion method consists of using a needle to inject digoxin through the mother's abdomen into the baby's heart to kill it. Then the woman's cervix is filled with laminaria to make it dilate so the dead baby can be delivered.²⁷ This procedure takes at least two days, sometimes longer.

This is the procedure Dr. Gosnell said he used. Therefore, none of the babies he was accused of murdering with scissors could have been born alive, his defense attorney argued. The prosecutor questioned whether Gosnell used digoxin at all, because the crime scene unit found no digoxin at the clinic.²⁸

In the early months of 2013, the Delaware Planned Parenthood clinic experienced five abortion-related emergencies, meaning five women were rushed from the clinic to the hospital. WPVI, the local ABC TV affiliate, interviewed two employees, nurses, who quit.²⁹

Jayne Mitchell-Werbrich, former employee, said, "It was just unsafe. I couldn't tell you how ridiculously unsafe it was."

Werbrich alleges conditions inside the facility were unsanitary.

"He didn't wear gloves," said Werbrich.

Another former employee, Joyce Vasikonis, told Action News, "They were using instruments on patients that were not sterile."

The former nurses claim that a rush to get patients in and out left operating tables soiled and unclean.

Werbrich said "It's not washed down, it's not even cleaned off. It has bloody drainage on it."

"They could be at risk of getting hepatitis, even AIDS," added Vasikonis.

Where else have we heard about dirty instruments infecting patients with sexually transmitted diseases? The Gosnell Grand Jury report brought it to light as one of the many consequences for the patients at the Gosnell abortion clinic.

In April 2013, late-term abortionist James Scott Pendergraft, IV, had his medical license suspended in Florida for the fifth time, while he continues to operate five abortion clinics in Florida. His license was suspended this time for failing to pay a \$120,000 fine incurred for a botched abortion in the 19th week, which happened in 2006. He gave a woman a uterine contracting drug, Cytotec, sent her home for three days, and when she returned for the abortion did not wait until her cervix was adequately dilated before he started the abortion. He lacerated her cervix, and she had to go to a hospital to have a hysterectomy. The hospital wasted valuable time looking in the woman's abdominal cavity for a missing lower limb of the dead infant they delivered, which was subsequently found at Pendergraft's clinic.³⁰

Life Dynamics keeps a running list of women who have died because of abortion procedures. They list the names of the women on what they call the “[Blackmun Wall](#)” to make sure people remember he was the Supreme Court Justice who authored the *Roe v. Wade* decision. As of April 2013, the wall contains the names and details of 347 women killed by “safe and legal” abortions since 1973. Life Dynamics states this is just “the tip of the iceberg when it comes to abortion deaths.”³¹

It is a given that abortion is anything but “safe” for babies — they are killed, often by means of dismemberment. However, women who think it is “safe” for them because that’s what they’ve been told by their abortion “counselors” would be better served by doing their own research and, frankly, going to a crisis pregnancy center instead. Women do not leave abortion clinics in perfect health; if they are lucky enough not to bear physical scars and consequences, the majority bear emotional scars.

What to Call Abortion Supporters?

For many years, most abortion supporters preferred the term “pro-choice” over pro-abortion; it sounds like an act of liberation, instead of an act that kills. However, the nation’s largest abortion provider, Planned Parenthood, recently decided the label of “pro-choice” is passé.

As Dr. Janice Shaw Crouse, Senior Fellow at the Beverly LaHaye Institute, and Mario Diaz, Esq., Legal Counsel for Concerned Women for America, wrote: “Planned Parenthood, after admitting to selected reporters that the ‘pro-choice’ label has lost its appeal, is moving to more ‘nuanced’ language that conveys the ‘complicated’ nature of abortion. The need for an abortion, claims Planned Parenthood, is ‘situational’ and ‘depends on an individual’s circumstances.’ Since no one else can know those situations or circumstances, Planned Parenthood has declared (with its superior standards of morality) that it is ‘wrong to make a judgment’ about aborting a baby.”

It’s odd that Planned Parenthood felt the need to move away from the term “pro-choice,” as it doesn’t appear to have harmed them.

According to a poll conducted February 28-March 3, 2013, 55 percent of the American public does not know that Planned Parenthood performs abortions.³³ A few facts about Planned Parenthood from the Crouse/Diaz article will shock the majority of Americans then: in 2012, Planned Parenthood performed 333,964 abortions — that is one abortion every 94 seconds; this non-profit organization received \$542 million in federal funds in Fiscal Year 2012 — that is 45.2 percent of their annual revenue and 92 percent of Planned Parenthood’s “pregnancy services” are abortions to end those pregnancies.³⁴

So far, NARAL Pro-Choice America is sticking with their name.

Let’s see what “choice” really means. There is no “nuance” in these procedures; the purpose is to kill.

The Methods Used to Abort Babies

Chemical/Medical Abortions (performed during first trimester pregnancies):

The Mayo Clinic lists these four types of medical abortions:

- **Oral mifepristone and oral misoprostol.** This is the most common type of medical abortion, likely due to the ease of oral rather than vaginal dosing. These medications must be taken within seven weeks of the first day of your last period. Mifepristone (mif-uh-PRIS-tone) — also known as RU-486 — blocks the action of the hormone progesterone, causing the lining of the uterus to thin and preventing the embryo from staying implanted and growing. Misoprostol (my-so-PROS-tol) causes the uterus to contract and expel the embryo through the vagina. If you choose this type of medical abortion, you must visit your health care provider twice to take the medications and then afterward to make sure the abortion is complete. *Medical abortion is not a Food and Drug Administration-approved use of misoprostol.* [Italics mine]
- **Oral mifepristone and vaginal, buccal or sublingual misoprostol.** This type of medical abortion uses the same drugs as the previous method, but a slowly dissolving misoprostol tablet is placed in your vagina (vaginal route), or in your mouth between your teeth and cheek (buccal route), or under your tongue (sublingual route). The vaginal approach lessens side effects and may fail less often, but may increase your risk of infection. These medications must be taken within nine weeks of the first day of your last period.
- **Methotrexate injection and vaginal misoprostol.** This type of medical abortion must be done within seven weeks of the first day of your last period. Methotrexate (meth-o-TREK-sayt) is given as a shot by your health care provider, and the misoprostol is later used at home. You must visit your health care provider within a week of getting a methotrexate shot for an ultrasound to confirm if the abortion is complete. If the pregnancy continues, another dose of misoprostol will be given. *It may take up to a month to complete the abortion. Medical abortion is not a Food and Drug Administration-approved use of methotrexate.* [Italics mine]
- **Vaginal misoprostol alone.** This method may be used over a broader range of gestational ages, but it requires scheduling multiple doses of the medication. Vaginal misoprostol alone can be effective in promoting the completion of a miscarriage — a spontaneous abortion where the embryo has died. For uses other than this, vaginal misoprostol alone is less effective than other types of medical abortion.

The Federal Drug Administration (FDA) has taken note of adverse reactions to Mifepristone [RU-486] for the women using it for abortions. “Since its approval in September 2000, the Food and Drug Administration has received reports of serious adverse events, including several deaths, in the United States following medical abortion with mifepristone and misoprostol.”³⁶ According to the FDA, there were 2,207 adverse events reported (which begs the question of how many were not reported), and these events include: 14 deaths, 612 women hospitalized, 58 ectopic pregnancies (“administration of mifepristone and misoprostol is contraindicated in patients with confirmed or suspected ectopic pregnancy”), 339 women

losing so much blood they needed transfusions, and 256 women with infections including endometritis (involving the lining of the womb), pelvic inflammatory disease (involving the nearby reproductive organs, such as the fallopian tubes or ovaries), and pelvic infections with sepsis (a serious systemic infection that has spread beyond the reproductive organs). Of the 256 women with infections, 48 were severe. The FDA noted, “Deaths were associated with sepsis in eight of the 14 reported fatalities (seven cases tested positive for *Clostridium sordellii*, one case tested positive for *Clostridium perfringens*). All but one fatal sepsis case reported vaginal misoprostol use; buccal misoprostol use was reported in one case.”³⁷

What happens when these medical/chemical abortions fail? The woman must then undergo an aspiration abortion. Planned Parenthood notes this possibility when discussing the “abortion pill.” “The abortion pill may not be right for all women. You shouldn’t use the abortion pill if you

are more than 63 days — nine weeks — pregnant

are not willing to have an aspiration abortion in the unlikely case that the medicines do not end your pregnancy”³⁸

The 63-day designation is interesting in that the FDA makes it clear on their Mifepristone webpage that their approved regimen is through 49 day’s pregnancy.³⁹ Planned Parenthood is pushing the limit by two weeks, from the seventh week of pregnancy to the ninth week. The National Abortion Federation (NAF) also pushes the limit to 63 days after a woman’s last menstrual period (LMP) and notes that in cases where a medical abortion fails, a woman must then undergo a “suction procedure (surgical abortion).”⁴⁰

Taking the drugs for a medical abortion means that a woman will be going through this process for several days. Here is how the NAF describes what a woman might see during these days (more than likely while she is not at a clinic): “Most women have cramps for several hours, and many pass blood clots as they are aborting. Some women may see the grayish gestational sac. However, the embryo will probably not be seen among the blood clots. At 49 days LMP, the size of the embryo will be about one-fifth of an inch. In an earlier pregnancy, it might be much smaller than that. Cramps and bleeding usually begin to ease after the embryonic tissue has been passed, but bleeding may last for one to two weeks after medical abortion.”⁴¹

It seems that using the medications beyond the approved regimen would result in more failed medical abortions, and that means abortion clinics can charge a woman double since she will then have to undergo a surgical abortion.

What does a baby in the womb look like at seven, and what might a woman see if she undergoes a medical abortion? Priests for Life⁴² have this image:

Surgical Abortions (performed in the second and third trimesters)

Planned Parenthood describes⁴⁴ some of the surgical abortion methods used with benign-sounding language: (in-clinic abortions of all kinds) are “safe”;



(during an aspiration abortion) a “suction machine *gently* empties your uterus;” and (during a dilation and evacuation abortion) Planned Parenthood abortionists “make sure there is *fetal demise* before the procedure begins” and then “medical instruments and a suction machine *gently* empty your uterus,” (italics mine).

Priests for Life provides a no-holds barred webpage⁴⁵ with clinical descriptions and medical diagrams of different types of abortion, comments from abortionists about the reality of these types of abortions, and pictures of aborted babies. These dead babies were not “gently” emptied from a woman’s uterus; they were tortured and dismembered.

One of the abortion methods not mentioned on the Priests for Life webpage is the saline abortion, also called an interuterine instillation. It is a chemical abortion, but unlike the ones used during the first trimester, it is used in second and early third trimester abortions and is invasive. This type of abortion was popular in the 1970s and early 80s, but it is becoming rare in part because it can cause serious harm to the mothers and in part because there were too many babies born alive for abortionists to want to continue performing them (think back to how Kermit Gosnell dealt with babies born alive after botched abortions). The U.S. Centers for Disease Control and Prevention (CDC) Abortion Surveillance report in 2005 stated there were 5,174 saline abortions that year (0.8 percent of total)⁴⁶ and by 2009 the number had fallen to 225 (0.0 percent).⁴⁷

Here is Human Life International’s description⁴⁸ of this barbaric procedure:

Also known as the “intra-amniotic injection,” “saline solution method,” or the “amnio abortion,” this method is used for second trimester and early third trimester abortions, but has become less popular due to possible harm to the mother brought on by accidental injection of saline solution into a blood vessel.

To begin with, about 200 milliliters of amniotic fluid is withdrawn and replaced with saline or urea solution. The baby breathes and swallows this concentration and dies painfully over a period of hours from salt poisoning, dehydration, brain hemorrhage, and convulsions. Delivery occurs 24 to 48 hours after the baby dies. The skin of the baby is either completely burned or turned a cherry-red color, which is why some abortionists and nurses refer to them as “candy-apple babies.”

Many mothers who have undergone saline abortions report feeling the baby’s movements increase to a desperate frenzy as its skin and mucous membranes are scalded and it dies in unspeakable agony.

Another reason the salt poisoning method has become less popular is that it occasionally results in a hardy baby who survives the torture — the so-called “dreaded complication.” Therefore, abortionists now generally use hysterotomy or a modified D&E method that guarantees the baby’s death.

Human Life International states⁴⁹ that: “A hysterotomy is actually a Cesarean section done during the last trimester of pregnancy when other types of abortion may be too dangerous to the mother. The mother’s uterus is surgically opened and the baby is lifted out. The helpless

baby is then either left to die or is killed by the abortionist or his staff.” According to the 2009 Abortion Surveillance report,⁵⁰ hysterotomy abortions are still performed, but it is unclear how many because the number is included in the “Other” category, which also includes hysterectomies and procedures reported as “other.”

The two most widely used procedures now are aspiration and dilation and evacuation (D&E). According to the Planned Parenthood site, aspiration abortions are performed up to 16 weeks after a woman’s last menstrual period, and D&E abortions are performed later than 16 weeks.

The Priests for Life website quotes abortionists about these “gentle” procedures. The first is a description of an aspiration/suction curettage abortion⁵¹, and the second describes a dilation and evacuation abortion.⁵²

[Aspiration/Suction Curettage]

This testimony was given in United States District Court for the Western District of Wisconsin on May 27, 1999, Case No. 98-C-0305-S.

Abortionist Martin Haskell

THE WITNESS: I’ve performed approximately or greater than 40,000 suction curettage abortions. Roughly, you know, 10,000 D&E abortions. After the 20th week, I’ve performed approximately 5,000 abortions, about 3,000 of them being D&E and about 2,000 of them being the intact variety of D&E.

Q. When you perform an abortion by the suction curettage method does it ever happen that a portion of the fetus is extracted from the uterus while the fetus is still alive?

A. Yes.

Q. And how does that happen?

A. Well, when we do a suction curettage abortion, you know, roughly one of three things is going to happen during the abortion. One would be is that the catheter as it approaches the fetus, you know, tears it and kills it at that instant inside the uterus. The second would be that the fetus is small enough and the catheter is large enough that the fetus passes through the catheter and either dies in transit as it’s passing through the catheter or dies in the suction bottle after it’s actually all the way out.

Now on any given procedure, does a surgeon know precisely which of those three possibilities is going to occur, the answer is no. But is it my intent that one of these three possibilities will happen with each given patient, then the answer is yes.

Q. And when you perform an abortion previability are you concerned with the point in the process when the fetus dies?

A: Generally no, because it doesn’t add anything medically to the safety or care of the woman that’s being taken care of.

[Note how many abortions Martin Haskell says he has performed as of 1999 — 55,000. He was

still in practice in 2013 in a clinic in Cincinnati, Ohio.^{53]}

[Dilation and Evacuation (D&E)]

Tony Levatino, M.D., describes himself as being at one time a “pro-choice” obstetrician-gynecologist. Here is part of his description of a D&E:

A second trimester D&E abortion is a blind procedure. The baby can be in any orientation or position inside the uterus. Picture yourself reaching in with the Sopher clamp and grasping anything you can. At twenty weeks gestation, the uterus is thin and soft so be careful not to perforate or puncture the walls. Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard — really hard. You feel something let go and out pops a fully formed leg about 4 to 5 inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length. Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.

The toughest part of a D&E abortion is extracting the baby’s head. The head of a baby that age is about the size of a plum and is now free floating inside the uterine cavity. You can be pretty sure you have hold of it if the Sopher clamp is spread about as far as your fingers will allow. You will know you have it right when you crush down on the clamp and see a pure white gelatinous material issue from the cervix. That was the baby’s brains. You can then extract the skull pieces. If you have a really bad day like I often did, a little face may come out and stare back at you.

Let’s stop and see what babies in the womb look like before these abortion procedures literally rip them from limb to limb. All pictures are taken from the ClinicQuotes website found at <http://clinicquotes.com/>. The website also contains graphic and disturbing pictures of aborted babies at each of these pregnancy weeks. They are awful, and they are the truth of abortion.

In 1973, the United States Supreme Court found in the penumbras of the Constitution a woman’s right to choose these abortion procedures. The highest court in the land found a right to dismember, mutilate, and kill babies with no restrictions as to when this atrocity may be perpetrated on the babies, right up to the time they are in the birth canal.

What Dr. Haskell meant when he testified that he had performed about 2,000 intact dilation and extraction (D&X) abortions is what came to be called partial-birth abortions, a procedure he invented.⁵⁴ Dr. Haskell describes the three-day procedure in a paper⁵⁵ he delivered in 1992, “Dilation and extraction takes over three days. In a nutshell, D&X can be described as follows: dilation; more dilation; real-time ultrasound visualization; version (as needed); intact extraction; fetal skull decompression; removal; clean-up; recovery.”



In the paper, Haskell describes the operation in detail with clinical detachment:

The patient returns to the operating room where the previous day's Dilapan are removed. The surgical assistant administers 10 IU Pitocin intramuscularly. The cervix is scrubbed, anesthetized and grasped with a tenaculum. The membranes are ruptured, if they are not already.

The surgical assistant places an ultrasound probe on the patient's abdomen and scans the fetus, locating the lower extremities. This scan provides the surgeon information about the orientation of the fetus and approximate location of the lower extremities. The transducer is then held in position over the lower extremities.

The surgeon introduces a large grasping forcep, such as a Bierer or Hern, through the vaginal and cervical canals into the corpus of the uterus. Based upon his knowledge of fetal orientation, he moves the tip of the instrument carefully towards the fetal lower extremities. 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. The surgeon then applies firm traction to the instrument causing a version of the fetus (if necessary) and pulls the extremity into the vagina.

By observing the movement of the lower extremity and version of the fetus on the ultrasound screen, the surgeon is assured that his instrument has not inappropriately grasped a maternal structure.

With a lower 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. 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). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the 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.



This picture of a baby in the womb at 6 months is from the Priests for Life web-

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the 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. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.

The surgeon finally removes the placenta with forceps and scrapes the uterine walls with a large Evans and a 14 mm suction curette. The procedure ends.

Partial-birth abortions were outlawed in the United States with the Partial-Birth Abortion Ban Act of 2003.⁵⁶ The law was upheld as constitutional by the U.S. Supreme Court in *Gonzales v. Carhart* in 2007. The law makes an exception only for cases in which the procedure is necessary to save the mother's life. In the Congressional findings section (number 5) of the Partial-Birth Abortion Ban Act of 2003, the bill authors made it clear the "health of the mother" argument for allowing these types of abortions was not accepted. It stated, "However, substantial evidence presented at the Stenberg trial [*Stenberg v. Carhart* (2000)] and overwhelming evidence presented and compiled at extensive congressional hearings, much of which was compiled after the district court hearing in Stenberg, and thus not included in the Stenberg trial record, demonstrates that a partial-birth abortion is never necessary to preserve the health of a woman, poses significant health risks to a woman upon whom the procedure is performed and is outside the standard of medical care."

The Carhart mentioned in both those cases, by the way, is the same abortionist, LeRoy Carhart, who killed a woman in Maryland and one in Kansas during botched late-term abortions.

According to Americans United for Life, as of 2012, twenty states have partial-birth abortion bans, too, and twelve others are fighting for them⁵⁷

- Ten states' laws apply throughout pregnancy and have either been upheld in court or mirror the federal partial-birth abortion ban: Arizona, Arkansas, Louisiana, Michigan, Missouri, New Hampshire, North Dakota, Ohio, Utah, and Virginia.
- Seven states' laws apply throughout pregnancy and have never been challenged in court: Indiana, Kansas, Mississippi, Oklahoma, South Carolina, South Dakota, and Tennessee.
- Three states' laws apply only after viability: Georgia, Montana, and New Mexico.
- Twelve state laws banning partial-birth abortion are enjoined or are currently in litigation: Alabama, Alaska, Florida, Idaho, Illinois, Iowa, Kentucky, Nebraska, New Jersey, Rhode Island, West Virginia, and Wisconsin.

Those states recognize that no matter how antiseptic the language, the procedure is atrocious and inhumane. Softening the words used for any type of abortion does not make it any less horrible. The Grand Jury report from the Kermit Gosnell case states that Dr. Gosnell

employed the same “nuanced” language Planned Parenthood uses on its abortion information webpage when it came to dead babies: “Gosnell had a simple solution for the unwanted babies he delivered: he killed them. He didn’t call it that. He called it ‘ensuring fetal demise.’ The way he ensured fetal demise was by sticking scissors into the back of the baby’s neck and cutting the spinal cord. He called that ‘snipping.’”⁵⁸ The difference from what abortionist Gosnell did and abortionist Haskell did was that Haskell did this while the babies were still in the birth canal and Gosnell did it when his abortion went awry and the baby made it all the way out of the birth canal alive.

Kermit Gosnell has a long history of killing babies and maiming women. In 1972, he held an experimental session at his Philadelphia abortion clinic in what came to be known as the “Mother’s Day Massacre.” Gosnell teamed up with a doctor named Harvey Karman (not a medical doctor) to use 15 poor women bused in from Chicago as human guinea pigs to test out Karman’s invention, the “super coil.”

Doctor Karman had a Ph.D. in psychology, not an M.D., and is credited with inventing the suction apparatus that is widely used today in abortions [Karman cannula]. He also had another invention called the “super coil.” In 1972, Karman was flown to Bangladesh by the International Planned Parenthood Federation to try out this invention on Bangladeshi women who had been raped by Pakistani soldiers.⁵⁹ The article from 1972 didn’t mention the high rate of complications the Bangladeshi rape victims suffered from the “super coil.”⁶⁰

Here is the description of the “super coil” from the Gosnell Grand Jury report:⁶¹

Randy Hutchins testified that Gosnell told him about what has been called the “Mother’s Day Massacre.” According to a February 25, 2010, article in *The Philadelphia Inquirer*, Gosnell offered to perform abortions on 15 poor women who were bused to his clinic from Chicago on Mother’s Day 1972, in their second trimester of pregnancy. Unbeknownst to the women, Gosnell planned to use an experimental device called a “super coil” developed by a California man named Harvey Karman, who had run an underground abortion service in the 1950s. Hutchins related what Gosnell explained to him:

At the time that he agreed to do this, there was a device that he and a psychologist were working on that was supposed to be plastic — basically plastic razors that were formed into a ball. All right. They were coated into a gel, so that they would remain closed. These would be inserted into the woman’s uterus. And after several hours of body temperature, it would then — the gel would melt and these things would spring open, supposedly cutting up the fetus, and the fetus would be expelled.

The problem was that they never tested it. They didn’t test it on any animals. They never did any — any — any other human trials. This was not something that was sanctioned by the FDA. This was just something that he decided — he and this guy decided they were going to use on these women.

Hutchins actually was mistaken in his belief that no other human trials have been conducted. According to the *Philadelphia Inquirer* article, Karman, had tested his device on hundreds of Bangladeshi women who had been raped by Pakistani soldiers. Those women suffered a high rate of complications. Nonetheless, Karman brought his “super coil” to Philadelphia, where he found an ally in Gosnell.

Gosnell, according to Hutchins, inserted the super coils into the women’s uteruses. The event was filmed and later shown on a New York City educational television program. The *Inquirer* reported the results of this human experimentation as follows:

The federal Centers for Disease Control and Prevention and the Philadelphia Department of Public Health subsequently did an investigation that detailed serious complications suffered by nine of the 15 women, including one who needed a hysterectomy.

The complications included a punctured uterus, hemorrhage, infections, and retained fetal remains.

The CDC researchers recommended strict controls on any future testing of the device. ...

Karman spent two years in court battles in Philadelphia. He was convicted of practicing medicine without a license, but a Common Pleas Court judge overturned the conviction in 1974, saying then-District Attorney Arlen Specter had failed to show which women Karman had treated.

Gosnell — who testified that Karman had done an “innocuous” part of the procedures but not fetal extractions — was not charged with anything.

For those who want to claim that the Gosnell/Karman experiment on poor women was a perfect example of back-alley abortions, don’t even try. Even though this happened a year before *Roe v. Wade*, Pennsylvania had already legalized abortion in 1970.⁶²

These graphic descriptions of abortions from all three trimesters are the reality of abortion. It is interesting to note that some abortion procedures are declining because of the risk to the mother or because the method fails, too often producing a baby born alive, which many abortionists then kill or leave to die with no care. These procedures never fall out of favor with abortionists, because they kill babies. Abortions are barbaric, and it is disturbing to read accounts of methods like the “super coil,” which was invented by a psychologist in his quest to find new ways to slaughter babies. It begs the question, why would someone think up new ways to kill human beings under the guise of supporting a woman’s “choice?”

What Do Clinic Workers and Abortionists Say about Abortion?

Imagine seeing the outcome of the procedures described previously day in and day out. Does it take an emotional toll? Do abortionists feel guilt or do they feel like they are performing a vital service? Here are some quotes from those who work in the abortion industry.

One clinic worker recognizes that those who say abortion just gets rid of a clump of cells are either lying or are ignorant of what an abortion does to a baby. "...[I]t looks like a baby. That's what it looks like to me. You've never seen anything else that looks like that. The only other thing you've ever seen is a baby... You can see a face and hands and ears and eyes and, you know... feet and toes... It bothered me really bad the first time..."⁶³

Another clinic worker attended a "pro-choice" advocate meeting for those who supported abortion during all nine months. The worker said she felt like saying to them, "You haven't seen the little feet. They look just like the little feet pushpins that the anti [pro-lifers] wear. As a provider at Repro once said, if half the pro-choice people saw the fetal remains of a 2nd trimester abortion, they would jump the fence into the anti's arms."⁶⁴

A doctor who had worked at a Planned Parenthood clinic for four years said, "This can burn you out very, very quickly... not so much by the physical labor as the emotional part of what's going on. When you do an ultrasound, particularly if you have children, and you see a fetus there, kicking, moving, living, doing things that your own child does, bringing its thumb to its mouth, and things like that — it's difficult. Then, after the procedure, sometimes we have to actually look at the specimen, and you see arms and legs and things like that torn off... It does take an emotional toll."⁶⁵

"I got to where I couldn't stand to look at the little bodies anymore."
— Dr. Beverly McMillan, former abortionist⁶⁶

"If I see a case... after twenty weeks, where it frankly is a child to me, I really agonize over it because the potential is so imminently there... 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. James McMahan, abortionist⁶⁷

"We know that it's killing, but the state permits killing under certain circumstances."
— Dr. Neville Sender, abortionist⁶⁸

"I hated putting babies in strainers and rinsing them off and putting them in zip-lock bags."
— Former abortion clinic owner Eric Harrah⁶⁹

"When I was in the abortion industry, and started having the nightmares, and started having all of the guilt, and feeling that what we were doing was so wrong, I went to a friend of mine who was an abortionist. He didn't work with me, but he worked at a clinic close by. I went to him and told him about all the things that I was feeling. About the nightmares and the guilt. He said that he understood very well, because he also had nightmares, and that he also had a tremendous amount of guilt. I never asked him why he did abortions, but I knew he would only do early first-trimester pregnancies. Because once the nervous system started developing in the baby he would not terminate that pregnancy because he was afraid that he would hurt that baby. So he was a very, very, unusual man. But he gave me some good advice. He said the only thing I can tell you is to follow your heart and do what your conscience tells you to do. I

asked him if that's what he was doing. And he said, 'Yeah, I'm working on it.' I'd like to think that he would be here today. I'd like to think that he would've come out. But you see, a couple of days after that conversation he was shot and killed in front of a Pensacola abortion clinic. His name was Dr. David Gunn." — former clinic worker Joy Davis⁷⁰

That last quote is probably the saddest of all. While abortionist Kermit Gosnell could have been sentenced to death for his crimes, he would have been sentenced by a jury of his peers in the legal system. The murder of Dr. Gunn does not serve justice. Dr. Gunn may well have turned away from the abortion industry if given a chance. There are many clinic workers and abortionists who have done just that. Abby Johnson, a former director at a Planned Parenthood clinic, is one; Norma McCorvey, who was the plaintiff (Jane Roe) in *Roe v. Wade*, is a second; and Sandra Cano, who was the plaintiff (Mary Doe) in *Doe v. Bolton*, is a third. These three women are now powerful pro-life advocates.

Some pro-abortion supporters question pro-lifers about the difference between advocating for the life of the unborn while some may also support the death penalty for adults. The difference between an innocent human being killed before being given the chance to grow up and an adult who committed a crime that a jury of his peers deemed heinous enough to garner a death sentence should be obvious. The baby in the womb harmed no one, while a convict sitting on death row was found to have harmed, maimed, or killed at least one person. While some will point out there have been innocent people on death row, which is tragic, it is the exception rather than the rule. Every aborted baby was innocent.

The adult chose to break the law knowing there were consequences. The baby was sentenced to death for being inconvenient, ill-timed, or unwanted.

What Protections Exist for Babies in the Womb and their Mothers?

Three areas — clinic regulations, fetal pain, and infants born alive — have garnered some legislation at state and federal levels. To protect women from entering clinics such as Gosnell's, some states have passed clinic regulations for abortion clinics. In most states, though, your local nail salon or veterinary clinic gets more scrutiny from state agencies, because there are no abortion clinic regulations. To prevent babies from suffering even more than they already do in abortions, there are fetal pain bills to try and protect them and the Infants Born Alive Protection Act to give aid to babies who survive abortions.

Clinic Regulations

As this report showed, the Gosnell clinic was not an aberration with its unhygienic conditions and dangerous medical practices. Abortion clinic regulations are meant, in part, to prevent deaths such as that of Karnamaya Mongar, the patient who died and for whose death Gosnell was found guilty of involuntary manslaughter. Mrs. Mongar was given repeated intravenous injections of Demerol by clinic staff and was not monitored. When the untrained staff checked on her, she had stopped breathing. Gosnell tried giving CPR but could not use the clinic's defibrillator because it was broken. An ambulance was finally called, but the paramedics could not find a way to get Mrs. Mongar out of the building on a stretcher; the cluttered hallways were too narrow. The emergency exit was padlocked shut, and no one knew where the key

was.⁷¹

Would Mrs. Mongar have been saved if Dr. Gosnell had been the one to administer the Demerol instead of a staff member who was not a doctor? Would Mrs. Mongar have been saved if the paramedics could have gotten her out of the clinic right away? Should abortion clinics that practice invasive medical procedures be regularly inspected and meet the same standards as other facilities that perform medical procedures? These questions are the legacy of Kermit Gosnell's "house of horrors."

Would you take your dog or cat to a veterinary clinic that had dried blood on the treatment table, unsterilized instruments, and that allowed the receptionist to administer anesthesia or medications? The odds of a veterinary clinic being allowed to operate like that are slim to none, due to licensing requirements, state regulations, and inspections, and yet, abortion supporters often decry abortion clinic regulations as a means to deny women access to abortion. How would having hallways wide enough to allow a gurney to pass through, trained and qualified medical staff present, and hygienic standards be an impediment to getting an abortion? Perhaps the clinics do not meet that criteria now and coming in to compliance would make them close their doors? Do women want to know if they are risking their lives by going to unregulated abortion clinics? If unsanitary and non-compliant clinics are closed, it is true it would be more difficult for women to obtain abortions, but it would not deny them the right. It might actually be saving their lives.

It seems that some clinics are choosing to close their doors rather than meet local and state regulations to make their clinics safer for women. One in particular is in Virginia. The Hillcrest Clinic in Norfolk, Virginia, is closing its doors after 40 years, because they say they cannot afford the cost of bringing their clinic up to code after Virginia's Board of Health voted in April 2013 to tighten the health and safety standards for abortion clinics. The clinic also cited in their decision the decline in the number of abortions they have performed.⁷²

In 2012, the Virginia Department of Health inspected nine of the twenty abortion clinics operating in Virginia at the time and found 80 violations between them, which included personnel issues (including no background checks and no policy requiring staff to be CPR trained), infection prevention issues (including seven clinics with no distinction between clean and dirty utility areas and four centers where staff were not using personal protective equipment), ten citations regarding the administration, storage, and dispensing of drugs, ten "maintenance of equipment" citations, and six citations for local and state building violations.⁷³ The Gosnell Grand Jury report mentioned similar issues such as infection issues, untrained staff, drug and medication issues, equipment that did not work, and building violations at his clinic in Pennsylvania.

How did Gosnell operate his clinic; were there no regulations? Pennsylvania's Department of Health had known of his clinic since 1979 and did sporadic inspections, finding violations but trusting Gosnell when he said he would correct them, instead of following up, until 1993. "But at least the department had been doing something up to that point, however ineffectual. After 1993, even that *pro forma* effort came to an end. Not because of administrative ennui, although

there had been plenty. Instead, the Pennsylvania Department of Health abruptly decided, for political reasons, to stop inspecting abortion clinics altogether. The politics in question were not anti-abortion, but pro. With the change of administration from Gov. Casey to Gov. Ridge, officials concluded that inspections would be “putting a barrier up to women” seeking abortions. Better to leave clinics to do as they please, even though, as Gosnell proved, that meant both women and babies would pay.”⁷⁴

In light of the Gosnell trial, the United States House of Representatives Committee on Energy and Commerce sent a letter⁷⁵ to each public health official in all 50 states and the District of Columbia to find out how states regulate and monitor abortion clinics. The letter to each state health official “requested state officials provide details on state licensing of abortion clinics and providers, information on revoked licenses, state inspections of clinics, whether states monitor complaints or adverse health events related to the procedures, disciplinary action, and rules and regulations on facilities and providers.”⁷⁶ The reports were due to the committee by June 1, 2013.

Americans United for Life lists⁷⁷ the following states as having some type of abortion regulation provision:

- ➔ Three states impose stringent ambulatory/outpatient surgical center standards on any facilities performing abortions: Missouri, Pennsylvania, and Virginia.
- ➔ Twenty-two states maintain varying degrees of abortion clinic regulations that apply to facilities performing abortions: Alabama, Arizona, Arkansas, California, Connecticut, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Nebraska, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, and Wisconsin.
- ➔ Four states regulate facilities performing post-first trimester abortions: Florida, Minnesota, New Jersey, and Utah.
- ➔ Seven states have abortion clinic regulations that are in litigation, enjoined or otherwise not enforced: Alaska, Hawaii, Idaho, Kansas, New York, North Dakota, and Tennessee.

Of course, as we saw in Pennsylvania, these laws do no good if they are ignored.

The National Abortion Federation (NAF) prides itself on its attention to clinics. “The National Abortion Federation, the professional association of abortion providers, has established evidence-based Clinical Policy Guidelines which help ensure the highest standards of quality care.”⁷⁷ The NAF is one of the groups that decry regulation of abortion clinics. They call regulations a TRAP: Targeted Regulation of Abortion Providers. Keep in mind, this is the organization which sent one of their evaluator’s to Kermit Gosnell’s clinic. He was denied membership, but the evaluator of “quality care” did not report him to the Department of Health; instead, he was left to continue maiming and killing. And worse, Gosnell was allowed to continue working in an NAF accredited clinic in Delaware. Here is NAF’s take⁷⁹ on clinic regulations:

- TRAP bills single out abortion providers for medically unnecessary, politically motivated state regulations. They can be divided into three general categories:
- a measure that singles out abortion providers for medically unnecessary regulations, standards, personnel qualifications, building and/or structural requirements;
- a politically motivated provision that needlessly addresses the licensing of abortion clinics and/or charges an exorbitant fee to register a clinic in the state; or
- a measure that unnecessarily regulates where abortions may be provided or designates abortion clinics as ambulatory surgical centers, outpatient care centers, or hospitals without medical justification.

As the Gosnell trial showed, as well as the other examples in this report, abortion clinics need regular inspections and the same standards as other facilities that perform medical procedures. The National Abortion Federation and Planned Parenthood should not be considered the arbiters of “quality” clinics. After all, they both turned a blind eye to Kermit Gosnell’s atrocities.

Fetal Pain Research and Legislation

Recall the descriptions of the different abortion methods. Imagine the pain you would feel having saline solution burn off your skin and sear your lungs, having your limbs cut off of you one by one, having scissors plunged into your neck to cut your spinal cord. There is disagreement between doctors whether or not babies in the womb can feel pain. Wouldn’t it be humane to err on the side of caution and kindness and give babies in the womb the benefit of the doubt that they can feel pain? Let’s take a look at some research on fetal pain.

The website doctorsonfetalpain.com posted a 33-page report⁸⁰ documenting doctors and scientific researchers’ findings on fetal pain. The report was updated in February 2013 to include the latest research and here are the eleven findings about babies in the womb feeling pain 20 weeks after fertilization. Each finding is documented through multiple sources to show that these babies in the womb feel pain.

- (1) Pain receptors (nociceptors) are present throughout the unborn child’s entire body by no later than 20 weeks after fertilization and nerves link these receptors to the brain’s thalamus and subcortical plate by no later than 20 weeks.
- (2) By eight weeks after fertilization, the unborn child reacts to touch. After 20 weeks, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example by recoiling.
- (3) In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response.
- (4) Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life.
- (5) For the purposes of surgery on unborn children, fetal anesthesia is routinely

administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without such anesthesia.

(6) The position, asserted by some medical experts, that the unborn child is incapable of experiencing pain until a point later in pregnancy than 20 weeks after fertilization predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain.

(7) Substantial evidence indicates that children born missing the bulk of the cerebral cortex, those with hydranencephaly, nevertheless experience pain.

(8) In adults, stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does.

(9) Substantial evidence indicates that structures used for pain processing in early development differ from those of adults, using different neural elements available at specific times during development, such as the subcortical plate, to fulfill the role of pain processing.

(10) The position, asserted by some medical experts, that the unborn child remains in a coma-like sleep state that precludes the unborn child experiencing pain is inconsistent with the documented reaction of unborn children to painful stimuli and with the experience of fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to prevent the unborn child from thrashing about in reaction to invasive surgery.

(11) Consequently, there is substantial medical evidence that an unborn child is capable of experiencing pain by 20 weeks after fertilization.

Abby Johnson, former director of a Planned Parenthood clinic in Texas tells the story⁸¹ about a 13-week-old baby in the womb that is heart-wrenching and was a turning point in her life. This encounter led her to leave the abortion industry. The clinic was short-staffed, so she was asked to assist in an abortion, even though this was not her job. “The defining moment for me leaving was assisting and witnessing a live ultrasound abortion procedure and seeing a 13-week-old child struggle for his life inside his mother’s womb,” Johnson recalled. “It was really shocking for me to witness that mainly because I had been told by Planned Parenthood that the fetus didn’t have any sensory development until [later].”

According to Americans United for Life, as of 2012, twelve states have abortion prohibitions at 20 weeks, most based on the child feeling pain, but at least one also including maternal risks:⁸²

- Ten states maintain prohibitions of abortion at 20 weeks: Alabama, Delaware, Georgia, Indiana, Kansas, Louisiana, Nebraska, North Carolina, Ohio, and Oklahoma.
- Two states’ laws are in litigation: Arizona and Idaho.

Americans United for Life also noted that, as of 2012, thirty-six states prohibit abortions after

Oak Lawn, Illinois, testified before the U.S. House of Representatives Subcommittee on the Constitution of the Committee on the Judiciary in 2001⁸⁵ about her experience with infants born alive. It was a hearing on the Born-Alive Infants Protection Act. Here are some excerpts:

Christ Hospital performs abortions on women in their second or even third trimesters of pregnancy. Sometimes the babies being aborted are healthy, and sometimes they are not. The abortion technique that Christ Hospital and other hospitals use, called “induced labor abortion,” sometimes results in infants being aborted alive, because throughout this particular abortion procedure the fetus is not killed in the uterus. The focus of this method is to forcibly dilate a woman’s cervix so that she will prematurely deliver a baby who dies during the birth process or soon afterward.

In the event that a baby is aborted alive, he or she is given what my hospital calls “comfort care.” “Comfort care” involves wrapping the baby in a blanket and offering him or her to the parents to hold until the baby dies. If parents do not want to hold their baby, as I have observed is most often the case, it is left to staff to care for the baby. Up until recently, staff options were to hold the baby until death or put the baby in our Soiled Utility Room if we got busy or if the baby lingered too long. Indeed, it is not uncommon for one of these babies to live for an hour or two or even longer. Last year alone, of the 16 babies that Christ Hospital states were aborted, I am aware of four who were born alive. Each of these babies — two boys and two girls — lived between 1-1/2 and 3 hours. At Christ Hospital one of these babies once lived for almost an entire eight-hour shift. At least two of the second-trimester babies who were aborted last year at Christ Hospital were completely healthy.

One night, a nursing co-worker was taking an aborted Down’s syndrome baby who was born alive to our Soiled Utility Room because his parents did not want to hold him, and she did not have time to hold him. I could not bear the thought of this suffering child dying alone in a Soiled Utility Room, so I cradled and rocked him for the 45 minutes that he lived. He was 21 to 22 weeks old, weighed about ½ pound, and was about 10 inches long. He was too weak to move very much, expending any energy he had trying to breathe. Toward the end he was so quiet that I couldn’t tell if he was still alive unless I held him up to the light to see if his heart was still beating through his chest wall. After he was pronounced dead, we folded his little arms across his chest, wrapped him in a tiny shroud, and carried him to the hospital morgue where all of our dead patients are taken.

Other co-workers have told me about incidences of live aborted babies whom they have cared for. A Support Associate told me about an aborted baby who was left to die on the counter of the Soiled Utility Room wrapped in a disposable towel. This baby was accidentally thrown into the garbage, and when they later were going through the trash to find the baby, the baby fell out of the towel and on to the floor. A nurse coworker told me about an abortion she was involved in where the baby was supposed to have spina bifida but was born with an intact spine. She said that what actually happened was that there was an incompletely formed twin who appeared as a mass on his brother’s back during an ultrasound. The nurse told me that the father came into the Soiled Utility Room

the viability of the baby to survive outside the womb with or without artificial support⁸³:

- ➔ Twenty-four states prohibit at viability: Alabama, Arizona, Arkansas, California, Connecticut, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Missouri, Montana, North Dakota, Ohio, Oklahoma, Tennessee, Utah, Washington, Wisconsin, and Wyoming.
- ➔ Five states prohibit abortions in the third trimester: Georgia, Iowa, South Carolina, Texas, and Virginia.
- ➔ Seven states prohibit abortions at 24 weeks gestation: Florida, Massachusetts, Nevada, New York, Pennsylvania, Rhode Island, and South Dakota.
- ➔ Two states' laws have been permanently enjoined: Delaware and Minnesota.

Kermit Gosnell was convicted on 21 counts of performing abortions after Pennsylvania's 24-week limit.

In light of the research indicating babies feel pain at week 20 if not earlier, Rep. Trent Franks (R-Arizona) introduced [H.R. 1797](#), the "District of Columbia Pain-Capable Unborn Child Protection Act." The bill seeks to prohibit abortions after 20 weeks in the District of Columbia. After the Kermit Gosnell trial revelations, Rep. Franks said he amended the language in H.R. 1797 to make the ban national.

"The case of Kermit Gosnell shocked the sensibilities of millions of Americans. However, the crushing fact is that abortions on babies just like the ones killed by Kermit Gosnell have been happening hundreds of times per day, every single day, for the past 40 years. Indeed, let us not forget that, had Kermit Gosnell dismembered these babies before they had traveled down the birth canal only moments earlier, he would have, in many places nationwide, been performing an entirely legal procedure. If America truly understands that horrifying reality, hearts and laws will change.

"To this end, I have re-introduced the D.C. Pain Capable Unborn Protection Act, which will now be amended to broaden its coverage so that its provisions will apply nationwide," he said. Knowingly subjecting our innocent unborn children to dismemberment in the womb, particularly when they have developed to the point that they can feel excruciating pain every terrible moment leading up to their undeserved deaths, belies everything America was called to be. This is not who we are."⁸⁴

Born-Alive Infant Protection Act

Being that the objective in every abortion is to kill the baby, infants born alive after botched abortions present complications to abortionists. Kermit Gosnell dispatched the tiny survivors by plunging scissors into their necks and cutting their spinal cords, "ensuring fetal demise." He was found guilty of three counts of killing babies this way, but countless others died at his hands in just the same manner.

Jill Stanek, former Registered Nurse in the Labor & Delivery Department at Christ Hospital in

to see his son, took one look and saw that he had been involved in aborting his completely healthy baby, and turned and left the room without saying a word. I was recently told about a situation by a nursing coworker who said, "I can't stop thinking about it." She had a patient who was just over 23 weeks pregnant, and she was not going to be able to complete her pregnancy to term. The baby was healthy and had up to a 39% chance of survival, according to national statistics. But the patient chose to abort. The baby was born alive. If the mother had wanted everything done for her baby, there would have been a neonatologist, pediatric resident, neonatal nurse, and respiratory therapist present for the delivery, and the baby would have been taken to our Neonatal Intensive Care Unit for specialized care. Instead, the only personnel present for this delivery were an obstetrical resident and my coworker. After delivery the baby, who showed early signs of thriving, was merely wrapped in a blanket and kept in the Labor & Delivery Department until she died 2-1/2 hours later. Just three weeks after this baby was aborted, another mother came to the hospital under similar circumstances, carrying an identically aged baby and was offered the same options. But she said that she wanted her baby. And so present at her delivery were the aforementioned NICU team, and for the two days that I tracked her, that little girl lived.

The Born-Alive Infant Protection Act of 2002 (H.R. 2175) was signed into law on August 5, 2002.⁸⁶ The bill language is concise:

(a) In General. -- Chapter 1 of title 1, United States Code, is amended by adding at the end the following:

"Sec. 8. 'Person', 'human being', 'child', and 'individual' as including born-alive infant

"(a) In determining the meaning of any Act of Congress, or of any ruling, regulation, or interpretation of the various administrative bureaus and agencies of the United States, the words 'person', 'human being', 'child', and 'individual', shall include every infant member of the species homo sapiens who is born alive at any stage of development.

"(b) As used in this section, the term 'born alive', with respect to a member of the species homo sapiens, means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.

"(c) Nothing in this section shall be construed to affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species homo sapiens at any point prior to being 'born alive' as defined in this section."

Kermit Gosnell was found guilty of killing three babies born alive. How many others are born alive every day around the country and left to die or worse, killed?

In March 2013, a lobbyist for the Florida Alliance of Planned Parenthood Affiliates, Alisa

LaPlot Snow, was testifying at a hearing in Florida on a bill that would provide medical care to infants born alive during an abortion. Her testimony was that it should be up to the woman and her doctor whether or not the baby receives medical care. Remember, Planned Parenthood is the nation's number one abortion provider. Here is her unbelievable testimony:⁸⁷

“So, um, it is just really hard for me to even ask you this question because I’m almost in disbelief,” said Rep. Jim Boyd. “If a baby is born on a table as a result of a botched abortion, what would Planned Parenthood want to have happen to that child that is struggling for life?”

“We believe that any decision that’s made should be left up to the woman, her family, and the physician,” said Planned Parenthood lobbyist Snow.

Rep. Daniel Davis then asked Snow, “What happens in a situation where a baby is alive, breathing on a table, moving. What do your physicians do at that point?”

“I do not have that information,” Snow replied. “I am not a physician, I am not an abortion provider. So I do not have that information.”

Rep. Jose Oliva followed up, asking the Planned Parenthood official, “You stated that a baby born alive on a table as a result of a botched abortion that that decision should be left to the doctor and the family. Is that what you’re saying?”

Again, Snow replied, “That decision should be between the patient and the health care provider.”

“I think that at that point the patient would be the child struggling on the table, wouldn’t you agree?” asked Oliva.

“That’s a very good question. I really don’t know how to answer that,” Snow said. “I would be glad to have some more conversations with you about this.”

According to Americans United for Life, as of 2012 twenty-nine states have some type of protection for infants born alive⁸⁸:

- ➔ Twenty-five states have laws creating a specific affirmative duty for physicians to provide medical care and treatment to born-alive infants at any stage of development: Alabama, Arizona, California, Delaware, Georgia, Illinois, Indiana, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New York, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Washington, and Wisconsin.
- ➔ Three states have laws creating a specific affirmative duty for physicians to provide medical care and treatment to born-alive infants only after viability: Iowa, Minnesota, and North Dakota.
- ➔ One state protects born-alive infants at any stage of development from “deliberate acts” undertaken by a physician that result in the death of the infant: Virginia.

The abortion-on-demand culture led us to this place where it is necessary for states and the federal government to pass laws to protect babies in the womb from excruciating pain, to offer medical treatment to babies born alive, and to try and regulate abortion clinics to ensure they meet safety and hygiene requirements for the women going into them. For 41 years, women have been fed a message that abortion is no big deal; it is safe and easy. The women are told they will be fine once the abortion is over.

Is that true?

Abortion Harms Women

The focus of this report is on the babies but it would not be complete without reiterating the harm abortion does to women — physically, emotionally, and spiritually. Some of the physical injuries were mentioned earlier along with the number of women who have died from abortions since 1973 (347 verified, many unverified). Here is a brief list of the physical harms women may endure:⁸⁹

- ◆ Surgical Abortion
 - Infection, Sepsis, Endometritis
 - Cervical Lacerations
 - Uterine, Bladder, or Bowel Perforations
 - Pelvic Inflammatory Disease
 - Incomplete Abortion, Retained Tissue
- ◆ Chemical Abortion
 - Severe Pain, Cramping, Nausea, Diarrhea
 - Hemorrhage, Infection, Rupture of Undiagnosed Ectopic Pregnancy
- ◆ Abortion Related Causes of Death
 - Anesthesia
 - Infection
 - Hemorrhage
 - Ruptured Ectopic Pregnancy
 - Embolism

Dr. Janice Shaw Crouse, Executive Director and Senior Fellow at Concerned Women for America's Beverly LaHaye Institute, discussed the harms to women's well-being:⁹⁰

The harmful experiences of many post-abortive girls and women are raising questions about the unquestioning promotion of abortion in America and the refusal of abortion advocates to even consider the potential harms to women's health and well-being. A study in Finland, using official government data, showed associations (there is no way to show causality) between abortion and dire outcomes: in a one-year study, abortion was 3.5 times deadlier than childbirth, suicide was 7 times higher among post-abortive women, and deaths from homicide were 4 times higher among post-abortive women. A British study (published in the *British Journal of Psychiatry*) reviewed over one hundred international studies and found a link between abortion and mental health problems. Abortion advocates have gone to great lengths to discredit the evidence linking abortion and breast cancer. They point to nearly a dozen articles denying the link; yet a peer-reviewed analysis of those articles published in the *Journal of American Physicians and Surgeons* points out serious methodological weaknesses and flaws in the studies denying a link, concluding

that there is, indeed, an increased risk for breast cancer after an abortion.

The Silent No More Awareness Campaign [website](#)⁹¹ has close to 2,000 testimonies of men and women who regret their abortions. Yes, men hurt, too, and are often overlooked in the damage done by the abortion-on-demand culture. Here are just a few of the heartfelt words penned by women:

“It is now 41 years later and I am still haunted by that baby. No amount of volunteer work, helping to raise my grandson and prayer has been able to remove the underlying sadness.”
— Royce

“I have tried to put it out of my mind but it nags at me at times. When I hear of other abortions it brings the memory to the forefront in my mind. The feeling was just a profound emptiness and sadness.” — Mary Lou

“It was so long ago and even though I have forgiven myself and am healed, It’s never going to be an experience that I can say I was glad I had. The only thing I can do now that’s positive is to work to help other women from having to go through the same thing.”
— Ginger

Some in the pro-abortion community use the example of pregnancy as a result of rape to justify the need for abortion. They assume every woman who is impregnated by rape would choose abortion. Dr. Janice Shaw Crouse wrote an article⁹² about the Elliot Institute allowing these women to speak about what they want. Evidently, people assume what they want but do not ask them. Dr. Crouse wrote:

In the Elliot Institute’s fact sheet, *The Hard Cases: New Facts. New Answers*, some of the women make powerful and moving points.

“Why do even pro-lifers talk about exceptions for rape and incest as if that is a way to have ‘compassion’ for the mother? If you really want to be compassionate ... give this mother the opportunity to choose life.” — Denise, Incest Victim, Victim of a Forced Abortion

“I feel personally assaulted and insulted every time I hear that abortion should be legal because of rape and incest. ... We’ve not been asked to tell our side of the story.”
— Kathleen DeZeeuw, Rape Survivor, Mother

The Elliot Institute surveyed 192 women who conceived during a rape or incest (164 women were raped and 28 were victims of incest). Of those victims, 69 percent carried the baby to term and either raised the child or made an adoption plan, 29 percent had an abortion, and 1.5 percent had a miscarriage. They found that nearly 80 percent of the women who aborted said that abortion was the wrong solution; 43 percent of these women said they felt pressure to abort from family members or health workers.

In that same survey, 80 percent of the women who carried their babies to term were happy with their decision, and not one of the women who gave birth to a baby

conceived during a sexual assault regretted it.

For those who have experienced an abortion and suffer from guilt or shame, there is healing available. Christ died for the forgiveness of all our sins if only we make Him our Lord and Savior. If you are seeking help, please contact an abortion recovery group, local right-to-life organization, or local crisis pregnancy center.

We've seen how abortion kills babies and how it maims and kills women. Is that the end of the harm? Sadly no. There is one final frontier which is being proposed but should never be crossed.

“After-Birth Abortion”

It is hard to fathom, but there are ethicists who are promoting infanticide and calling it “after-birth abortion.” I wrote about this example of moral relativism making a case for infanticide in 2012:⁹³

In support of the pro-abortion position, Dr. Alberto Giubilini and Dr. Francesca Minerva published a morally repugnant paper in the *Journal of Medical Ethics*⁹³ wherein they redefine morality to justify killing newborns in what they call “after-birth abortion.”

Infanticide is the natural progression in the culture of death. If embryos can be destroyed for research or discarded, babies can be killed in the womb during an abortion, and a baby can be half inside and half outside the birth canal when it is killed, then killing a newborn baby is a logical next step.

From the days of *Roe v. Wade* to the present, pro-lifers argued that life begins at conception and that it is a baby, not a blob of tissue. Sonograms show anyone willing to look that it is, indeed, a baby.

The moral relativists stipulate in the paper that fetuses are human beings, but they postulate “when a subject starts or ceases to be a ‘person.’”

They wrote:

“The moral status of an infant is equivalent to that of a fetus in the sense that both lack those properties that justify the attribution of a right to life to an individual.

“Both a fetus and a newborn certainly are human beings and potential persons, but neither is a ‘person’ in the sense of ‘subject of a moral right to life.’ We take ‘person’ to mean an individual who is capable of attributing to her own existence some (at least) basic value such that being deprived of this existence represents a loss to her. This means that many non-human animals and mentally retarded human individuals are persons, but that all the individuals who are not in the condition of attributing any value to their own existence are not persons. Merely being human is not in itself a reason for ascribing someone a right to life. Indeed, many humans are not considered subjects of a right to life: spare embryos where research on embryo stem cells is permitted, fetuses where

abortion is permitted, and criminals where capital punishment is legal.”

To whom must a fetus or infant demonstrate sufficient legal reason for being? According to the authors, it is to “actual people” defined as “parents, family, [and] society.” The authors state, “Therefore, the rights and interests of the ‘actual people’ involved should represent the prevailing consideration in a decision about abortion and after-birth abortion.”

When the authors say “after-birth abortion,” it means “infanticide,” although they pretend it does not. “In spite of the oxymoron in the expression, we propose to call this practice ‘after-birth abortion’ rather than ‘infanticide’ to emphasise [sic] that the moral status of the individual killed is comparable with that of a fetus (on which ‘abortion’ in the traditional sense is performed) rather than to that of a child.”

In the authors’ view, killing a baby is not a bad thing, because a fetus and a newborn are not “actual people.” They bleed and feel pain, but because they cannot defend themselves, killing them is acceptable.

To the authors, the properties necessary to become an “actual person” take time to emerge. “Although fetuses and newborns are not persons, they are potential persons, because they can develop, thanks to their own biological mechanisms, those properties which will make them ‘persons’ in the sense of ‘subjects of a moral right to life’ that is the point at which they will be able to make aims and appreciate their own life.”

For pro-abortion supporters, first the fetus had no value; it was just a blob of tissue. Now that sonograms show that this “blob of tissue” is a baby, a baby has no value until it can grow old enough to justify its existence to its parents, family, and society. It is utter hubris that some people should know better than others who is worthy to live and who should die. Margaret Sanger, the founder of Planned Parenthood, thought that way; she was a proponent of eugenics.

The paper equates embryos and aborted fetuses with murderers. However, someone who has been arrested, charged, prosecuted, and convicted by a jury of their peers of a capital crime and lost his or her life through legal action is not the same as a discarded or experimented-upon embryo or a fetus that has been dismembered, disfigured, and killed during an abortion. The convicted murderer had a choice not to kill. Aborted babies and embryos used in research had no choice — they were victims.

The authors argue that if abortion is legal then killing one’s infant should also be an option. For consistency, that makes sense. If you do not value all life, what difference does it make when you kill the baby? Why shouldn’t parents be allowed to kill their newborns for reasons such as cost or inconvenience? Why stop with newborns? If, after three years, the child doesn’t talk, isn’t potty trained, or has a chronic ear infection, couldn’t parents, family, and society declare the child a burden and be allowed to kill it?

The authors’ conclusion is chilling in its total disregard for human life:

“If criteria such as the costs (social, psychological, economic) for the potential parents are good enough reasons for having an abortion even when the fetus is healthy, if the moral status of the newborn is the same as that of the infant and if neither has any moral value by virtue of being a potential person, then the same reasons which justify abortion should also justify the killing of the potential person when it is at the stage of a newborn.

“Two considerations need to be added.

“First, we do not put forward any claim about the moment at which after-birth abortion would no longer be permissible, and we do not think that in fact more than a few days would be necessary for doctors to detect any abnormality in the child. In cases where the after-birth abortion were requested for nonmedical reasons, we do not suggest any threshold, as it depends on the neurological development of newborns, which is something neurologists and psychologists would be able to assess.

“Second, we do not claim that after-birth abortions are good alternatives to abortion. Abortions at an early stage are the best option, for both psychological and physical reasons. However, if a disease has not been detected during the pregnancy, if something went wrong during the delivery, or if economical, social or psychological circumstances change such that taking care of the offspring becomes an unbearable burden on someone, then people should be given the chance of not being forced to do something they cannot afford.”

The last paragraph sounds eerily similar to the arguments that lead to abortion-on-demand through *Roe v. Wade* and *Doe v. Bolton*.

Conclusion

Almost as soon as the Gosnell verdict was read, another late-term abortionist in Texas was accused by clinic staff of killing babies born alive after botched abortions “with his bare hands by twisting their necks execution style.”⁹⁵ Gosnell was not an aberration as an abortionist, nor was his abortion clinic’s operation an aberration.

Women are maimed and killed in the abortion industry, and yet, the pervasive opinion is that abortion is safe. Babies are maimed and mutilated during the abortion procedures, and for those who survive an abortion, many are murdered or left to die alone.

Abortion-on-demand has led to the deaths of 55 million babies since 1973. Most Americans probably do not know the methods used to kill these babies. If they saw the pictures of the mutilated bodies, they might change their opinion on abortion. But for some, they will continue to cling to a “woman’s right to choose” to abort her baby.

Moral relativism means there is a sliding scale as to when a baby may be killed and for what reason. This refusal to acknowledge right and wrong leads to doctors like Gosnell, and it leads to ethicists who argue if abortion is legal all nine months for any reason, then it should be legal to kill newborns, too.

Forty-one years on, *Roe v. Wade* continues its legacy of death and destruction. Abortion kills babies and it deadens men’s and women’s souls.

Fetal Development - From Conception to Birth⁹⁶

Day 1	Fertilization — all human chromosomes are present; unique human life begins.
Day 6	Embryo begins implantation in the uterus.
Day 22	Heart begins to beat with the child's own blood, often a different type than the mother's.
Week 3	By the end of the third week, the child's backbone spinal column and nervous system are forming. The liver, kidneys, and intestines begin to take shape.
Week 5	Eyes, legs, and hands begin to develop.
Week 6	Brain waves are detectable; mouth and lips are present; fingernails are forming.
Week 7	Eyelids and toes form; the baby's nose is distinct. The baby is kicking and swimming.
Week 8	Every organ is in place, bones begin to replace cartilage, and fingerprints begin to form. By the end of the 8th week the baby can begin to hear.
Week 9 & 10	Teeth begin to form, and fingernails develop. The baby can turn its head and frown. The baby can also hiccup.
Week 10 & 11	The baby can "breathe" amniotic fluid and urinate. Week 11 the baby can grasp objects placed in its hand; all organ systems are functioning. The baby has a skeletal structure, nerves, and circulation.
Week 12	The baby has all of the parts necessary to experience pain, including nerves, spinal cord, and thalamus. Vocal cords are complete. The baby can suck its thumb.
Week 14	At this age, the heart pumps several quarts of blood through the body every day.
Week 15	The baby has an adult's taste buds.
Month 4	Bone Marrow is now beginning to form. The heart is pumping 25 quarts of blood a day. By the end of month four, the baby will be 8-10 inches in length and will weigh up to half a pound.
Week 17	The baby can experience dream (REM) sleep.
Week 19	Babies can routinely be saved at 21 to 22 weeks after fertilization, and sometimes they can be saved even younger.
Week 20	The earliest stage at which partial-birth abortions are performed. At 20 weeks, the baby recognizes its mother's voice.
Month 5 & 6	The baby practices breathing by inhaling amniotic fluid into its developing lungs. The baby will grasp at the umbilical cord when it feels it. Most mothers feel an increase in movement, kicking, and hiccups from the baby. Oil and sweat glands are now functioning. The baby is now twelve inches long or more, and weighs up to one-and-a-half pounds.
Month 7 through 9	Eyeteeth are present. The baby opens and closes its eyes. The baby is using four of the five senses (vision, hearing, taste, and touch). It knows the difference between waking and sleeping and can relate to the moods of the mother. The baby's skin begins to thicken, and a layer of fat is produced and stored beneath the skin. Antibodies are built up, and the baby's heart begins to pump 300 gallons of blood per day. Approximately one week before the birth, the baby stops growing, and "drops," usually head down, into the pelvic cavity.

ENDNOTES

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- ⁴Cheryl Sullenger, “Jury Will Consider Hundreds of Counts Against Abortionist Gosnell,” Lifenews.com, April 24, 2013, <http://www.lifenews.com/2013/04/24/jury-will-consider-hundreds-of-counts-against-abortionist-gosnell/> (accessed April 29, 2013).
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