Addressing Partial-Birth Abortions

For some, accepting the reality of partial-birth abortion is difficult. Does this gruesome abortion procedure actually exist? If it does, it must only be used to save the life of a mother, right? Unfortunately, partial-birth abortion is real. Abortion doctors perform the abortion on healthy women who do not want to be pregnant. The end result is the brutal death of a partially-born child.

Indifference has set in because the issue has been clouded. Some proponents of abortion have stated that the issue of banning partial-birth abortions is more about ending abortion rights. Other abortion advocates state there is no such thing as a “partial-birth abortion” and that such a term has no medical meaning.

This fact sheet produced by Right to Life of Michigan addresses partial-birth abortions. It contains information about the attempts to ban partial-birth abortion, description of the abortion procedure, information about the number and reasons behind partial-birth abortions, the opinions of experts in fetal medicine and the American Medical Association, and web sites where additional research information on partial-birth abortion may be obtained.

Attempts to Ban Partial-Birth Abortion

As knowledge of this procedure increased across the country during the early 1990s, pro-life legislators began to push for a ban on this procedure. On November 1, 1995, the U.S. House of Representatives voted 288 to 139 to pass the ban on partial-birth abortion. On December 7, 1995, the U.S. Senate voted 54 to 44 to ban this procedure. President Bill Clinton vetoed this bill on April 10, 1996.

After President Clinton was re-elected, pro-life legislators continued to work to ban this procedure. On March 20, 1997, the House voted 295 to 136 to pass a bill that was similar to the one from 1995 with slight language changes. On May 20, 1997, the U.S. Senate voted 64 to 36 for the ban. Unfortunately, the Senate was three votes shy of the necessary two-thirds majority to override the veto that was promised by President Clinton.

President Clinton said that he would have signed this bill if it had made exceptions for women who had serious health problems. Exceptions for “serious health problems” would not prevent partial-birth abortions from being performed because of a definition in a U.S. Supreme Court decision. In the case Doe vs. Bolton, the U.S. Supreme Court defined health (in the context of abortion) as “all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well-being of the patient.” This means that abortion doctors can pick from an endless list of health reasons to abort a child, even during the last trimester of pregnancy.

On June 28, 2000, in the case of Stenberg vs. Carhart, the U.S. Supreme Court, in a 5-4 decision, overturned a Nebraska law that banned partial-birth abortions. At this time, our country is in need of a U.S. Supreme Court which recognizes the value of human life, born and unborn. Letting U.S. Senators know that a majority of people want men and women approved to serve on the U.S. Supreme Court who understand the sanctity of human life is crucial. Because the U.S. Supreme Court has deemed the Nebraska ban to be unconstitutional, lawmakers have been challenged to write legislation which is different, but would still prohibit partial-birth abortions.

In November of 2003, President Bush signed the Partial-Birth Abortion Ban Act into law after it passed in the House and the Senate with large majorities. In response to the Carhart ruling this ban provides a more exact definition of partial-birth abortion and contains Congressional findings that partial-birth abortion is never medically necessary to save the health of the mother. A day after the President signed this bill into law, federal judges in New York, California, and Nebraska issued temporary restraining orders preventing enforcement.
Description of the procedure

In a 1992 seminar for the National Abortion Federation, Dr. Martin Haskell described his new method of abortion called D&X (dilation and extraction). Haskell thought that his new method was an improvement over D&E (dilation and evacuation), where a child is dismembered inside the womb and removed piece by piece.

Haskell invented this new procedure to give himself and other abortionists an alternative method of completing second-trimester abortions. Haskell also says that this method can be used in the third-trimester. All of the quotes in the following paragraphs are directly from a hand-out provided at the National Abortion Federation seminar in Dallas, Texas.

D&X or partial-birth abortion is a three day procedure. During the first two days, the pregnant woman’s cervix is anaesthetized and dilated. On the day of the operation, the abortionist uses an ultrasound to find the approximate location of the lower extremities. The abortionist then inserts a large grasping forceps into the uterus. 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 abortionist then pulls the lower extremity into the vagina. 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. At this point the child’s entire body is outside of his mother except for his head.

The abortionist then finds the base of the skull and forces the scissors into the base of the skull. 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.

WHAT ARE MEDICAL EXPERTS SAYING ABOUT PARTIAL-BIRTH ABORTION?

The Physicians’ Ad-hoc Coalition for Truth (PHACT) is a group of experts in fetal and maternal medicine whose purpose is to bring the medical facts to bear on the public policy debate over partial-birth abortion. PHACT states that there is no medical basis for the assertion that partial-birth abortion can be medically necessary to protect the health of a woman carrying a child diagnosed with severe congenital or genetic disabilities, and to also protect that woman’s future fertility and ability to carry other children.

PHACT also points out that the partial-birth abortion procedure itself can pose both an immediate and significant risk to a woman’s health and future fertility. To forcibly dilate a woman’s cervix over the course of several days risks creating an incompetent cervix, a leading cause of future premature deliveries.

AMA opinion

In a letter to U.S. Sen. Rick Santorum concerning a bill to ban partial-birth abortions, P. John Seward, the executive vice-president of the American Medical Association, wrote, Thank you for the opportunity to work with you towards restricting a procedure [partial-birth abortion] we all agree is not good medicine.
Why are partial-birth abortions performed?

No one is certain how many partial-birth abortions take place each year. Some sources claim that there may be only 500 to 1,000 a year\(^1\). In 1996, *The Sunday Record* (September 15) reported that New Jersey abortion providers stated that they provide at least 1,500 partial-birth abortions in their state alone per year. In 1997, Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, estimated that the method was used 3,000 to 5,000 times annually. One should also note that the purpose of Dr. Haskell’s seminar goal was to spread the use of his technique.

In terms of reasons for having a partial-birth abortion, Dr. Haskell is quoted by the American Medical News as saying, “In my particular case, probably 20 percent are for genetic reasons. The other 80 percent are purely elective.”

During 2002, there were at least 237 abortions performed in Michigan after the 20th week of pregnancy. Michigan was recently ranked last in the country by the National Abortion Rights Action League for offering women access to abortions, however, second and third trimester abortions are performed in Michigan.

A February 1, 2001, Detroit Free Press article reported that abortionist Dr. Jose Higuera might be criminally prosecuted in Michigan for performing an abortion after the 28th week of pregnancy. The prosecution of Dr. Higuera stemmed from an abortion performed in 1996 with no “health” or “life” reason for the mother. The woman, whose identity was not disclosed in the Free Press article, stated she did not know she was so far along in her pregnancy.

While many people do not realize that an abortion can be legally performed throughout all nine months of pregnancy, the truth is abortions can be performed for any “health” reason at any time.

Issue of anesthetics

Many prochoice individuals against the ban on partial-birth abortion claim that the anesthetic given to the mother before the procedure kills the child before it is partially delivered. Planned Parenthood handed out sheets to Congress which stated, “The fetus dies of an overdose of anesthesia given to the mother intravenously...This induces brain death in a fetus in a matter of minutes.”

When the president of American Society of Anesthesiologists (ASA), Dr. Norig Ellison, heard this, he testified, “There is absolutely no basis in scientific fact for that statement.... I think the suggestion that the anesthesia given to the mother, be it regional or general, is going to cause brain death of the fetus is without basis of fact.”

Dr. Martin Haskell has even said that about a third of the children die from intrauterine stress and ruptured membranes due to the dilation (nothing to do with the anesthetic) but the other two-thirds weren’t dead before he started removing the fetus\(^3\).

Michigan Legislation and Partial-Birth Abortion

In June of 1996, Michigan was the first state to ban partial-birth abortion but Michigan’s Partial Birth Abortion Ban was ruled unconstitutional in July of 1997 in *Evans vs. The People*. In July of 1999, Governor Engler signed the Infant Protection Act, which declared that a partially-born child is a legal person, and that killing such a child would constitute a felony. The law was permanently enjoined by federal judge Arthur Tarnow in April of 2001. In 2003, the Michigan House and Senate overwhelmingly passed the Legal Birth Definition Act, which declares birth, and the commencing of legal rights, to be at the point where any portion of a child is vaginally delivered outside the mother’s body. In October of 2003, Governor Jennifer Granholm vetoed the Legal Birth Definition Act. In response to her veto, Right to Life of Michigan initiated a petition drive and collected 460,034 signatures to override the governor’s veto.
RIGHT TO LIFE OF MICHIGAN POLICY STATEMENT

Abortion

Right to Life of Michigan is an organization of diverse and caring people united to protect the precious gift of innocent human life from fertilization to natural death. Abortion is any induced procedure performed with the sole and willful intent to cause the death of the unborn child. Therefore, Right to Life of Michigan is opposed to abortion in any form.

This position does not oppose medical treatment to save the life of the mother which may result in the unintended death of the child. The unintended death of the child is not to be construed as abortion. When the life of the mother is in danger, many times a doctor can treat both the mother and the unborn child separately. Because of medical advances, it is rare that the childís life cannot also be saved.

Before the 1973 U.S. Supreme Court decisions legalizing all abortions, the Michigan statutes governing abortion provided an exception for the life of the mother.

Abortion is not the answer to a pregnancy which is the result of sexual assault. Right to Life abhors the violence of rape and the violation of incest; but recognizes that caring for the victims cannot justify the killing of the innocent child. Abortion merely allows society to forget about the acts of rape and incest and pretend that justice has been done, while often the perpetrator is protected from the crime. Often the woman is left alone to deal with the emotions of assault and abortion.

A human being once conceived has the innate right to life regardless of disabilities or gender. Right to Life of Michigan opposes the conception of a child for the purpose of the harvesting of tissues or medical experimentation regardless of any benefit to other members of society.

It is absolutely indisputable that the life within the womb is a unique human being. To say that this irreplaceable life can be deliberately destroyed for any reason denies the intrinsic humanity of the unborn.

For further information about partial-birth abortions, check out these web sites:

National Right to Life Committee ñ www.NRLC.org/abortion/pba/index.html

Priests for Life ñ www.priestsforlife.org/partialbirth.html

References:
2 Senate Judiciary Committee Hearing record J-104-54, Nov. 17, 1995, p. 153
3 American Medical News, Vol. 38 (43), November 20, 1995

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