Gambling With Abortion: America’s Seared Conscience (Part 1)

Americans who care deeply about the protection of human life must face one monumental question: How can the American conscience be so apparently untroubled by the reality of abortion? That is the central question raised in an important article published in the November 2004 edition of Harper’s Magazine. In “Gambling With Abortion,” author Cynthia Gorney looks closely at the controversy over the Partial-Birth Abortion Ban Act of 2003 and its aftermath, and her article is a wrenching and insightful look at the current status of the abortion issue.

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Gorney, a former staff writer for The Washington Post, explains how the partial-birth abortion issue emerged onto the American landscape and why it has functioned as such a volatile and emotion-laden development in the abortion wars.

As Gorney explains, the phrase “partial-birth abortion” is not found in most medical literature. Instead, medical specialists tend to speak of a “dilation and extraction” procedure, as compared to the more common “dilation and evacuation” technique of killing the fetus and removing it from the womb. The label “partial-birth abortion” was developed in the process of forming legislation to ban the procedure. As the pro-abortion movement was soon to find out, public exposure to the reality of this gruesome procedure was to change the very structure of the abortion debate in America.

Abortion rights advocates would eventually refer to the partial-birth abortion controversy as a “silver platter” put in the hands of pro-life advocates. As Kate Michelman, former president of the National Abortion Rights Action League [NARAL], told Gorney, when one of her staff members read the first “Dear Colleague” letter sent by two Republican members of Congress, he told her, “Kate, this is a disaster.”

The letter that caused NARAL such consternation explained the procedure like this: “During the partial-birth procedure, the abortionist uses forceps to pull a living baby feet-first through the birth canal until the baby’s body is exposed, leaving only the head just within the uterus. The abortionist then forces surgical scissors into the base of the baby’s skull creating an incision through which he inserts a suction tube to evacuate the brain tissue from the baby’s skull. The evacuation of this tissue causes the skull to collapse, allowing the baby’s head to be pulled from the birth canal.”

The procedure came to light in 1992, when an abortion doctor from Ohio spoke to a meeting of the National Abortion Federation and delivered a paper entitled “Dilation and Extraction for Late Second Trimester Abortion.”

The doctor, Martin Haskell, told his fellow physicians and abortionists that he was now “routinely” using this procedure for patients whose pregnancy was at or beyond twenty weeks development. Haskell named his procedure “Dilation and Extraction” and shortened it to the acronym “D and X.” Haskell boasted of performing over seven hundred of these abortion procedures, “with a low rate of complications.”
Gorney helpfully summarizes Haskell’s presentation. “To terminate pregnancies of up to twenty weeks, Haskell reminded his colleagues, surgeons typically perform a ‘classic D and E,’ in which the doctor dismembers the fetus inside the uterus, using forceps, and pulls it out in pieces. After twenty weeks, when the classic D and E is usually hard to accomplish because the fetus’s bones are too strong and the tissues are too tough, the standard procedure is either induction, in which the woman is put through a drug-induced miscarriage, or in some cases a form of D and E in which a feticide is injected into the uterus and the dead fetus is then left inside long enough to soften, making it easier to take apart.

Those words are difficult to read, much less to imagine as the substance of a medical presentation. Nevertheless, far worse was to come as Dr. Haskell went on to encourage his colleagues to adopt his new procedure.

Haskell explained that his new procedure would allow for the full emergence of the fetus through the birth canal until only the head remains inside the mother’s body. As he continued to explain the procedure, Haskell launched into one of the most gruesome, chilling, and evil descriptions in the annals of medical literature: “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. 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.”

Gorney uses her reportorial skill to go behind Haskell’s claims to the fact that similar procedures were already in use around the nation. In particular, she reports that Dr. James McMahon of Los Angeles “had made a specialty of performing late intacts and then bringing the fetuses to women who would ask to see them.” McMahon died of complications from a brain tumor in 1995, but his widow told Gorney that her late husband had developed the procedure in order to allow women to hold their dead fetuses. “Having it intact was a goal,” she explained, “so that they could do that, and have this closure.”

As Gail McMahon went on to tell Gorney, “I knew what it meant to these women, to be able to hold them, and be able to coo over them and say goodbye. It was profound. I got material, and sewed little tiny sheaths, and we got tiny hats we could dress them in. I would put them on a clean cloth, and I would swath them. Many women spent hours in there, and showed them to their other children. It was always treating the babies with the respect the parents would want them to.”

What macabre madness is this? We are supposed to believe that mothers who made the decision to murder their late-term babies through such an evil procedure would want to hold their fetuses—killed at their own request—in order to coo over them and say goodbye?

As the story of the partial-birth abortion controversy unfolds, we are told that the NAF mailing list “had long since been infiltrated by abortion opponents” including an Oregon woman named Jenny Westberg, who published an article on Haskell’s presentation in Life Advocate, described by Gorney as “a strident little Portland-based magazine.” Significantly, Jenny Westberg is not only a pro-life activist, but she also had experience at cartooning. In order to explain the procedure outlined in Haskell’s paper, Westberg produced a series of pen and ink drawings that demonstrated just how the procedure would take place. Her article—and especially her drawings—were to change the trajectory of the abortion debate in America.

[Tomorrow: How Westberg's Drawings Uncovered the Evil of Partial-Birth Abortion]