

FOREFEEL

on abortion

Mark Baldrige

Pull back the hair, exposing the back of the head and make the incision from ear to ear.

Pull the scalp forward. It should come away easily, all the way to the eyebrows, folding the face in half.

Saw the entire perimeter of the skull till it comes away, exposing the brain.

Cut all around the brain, freeing it, and then pull it forward. With the free hand reach beneath the brain and sever the brain stem. The brain should come free in the hand.

Replace the hollow cranium and the face and scalp, smoothing the skin back into place.

Later you can saw through the sternum (top to bottom) and crack the ribcage manually.

The medical procedure described above is common and completely legal, when performed on a human corpse as part of an autopsy.

If it makes you uneasy to contemplate, you are not alone: for centuries the techniques of human dissection were banned in the Western world.

Brave physicians who defied the ban risked practice and reputation to study human corpses, gaining insights and technical expertise that today save countless lives.

With the obvious advantages a knowledge of human anatomy offers, one may wonder why the study of corpses was ever outlawed.

Such is the power of the human form.

Human life is so precious to us that we come to hold the human body in a kind of superstitious awe. "There are some things man was not meant to know" we mutter, and close the doors to valuable insights and techniques that could improve the quality of life.

Even today it would be a simple matter to create a survey, like the abortion surveys you may have read about, calling random people at dinner time (when most polls are conducted) and describing the procedure of the autopsy — a survey which could very easily result in a consensus that such techniques should only be employed in extreme cases, the investigation of a crime for instance.

It just doesn't sit well to think of human bodies being butchered in this manner.

Even life-saving surgeries, performed on living patients, described in technical terms in a daily paper have the power to make us squirm.

Fortunately citizens and senators are not called upon to make policy on such surgical techniques — with the glaring exception of abortion.

Abortion, performed on a living woman and involving the destruction and removal of a developing fetus, triggers the same sympathies in us as the autopsy because it, too, involves the human form.

It carries a double impact because abortions touch on our love of children (though autopsies are routinely performed on children and even infants.)

Though a fetus may be cognitively no closer to us than a jackrabbit, it has human hands, human features and the potential, in most cases, of human development. It can become (as the corpse once was) one of us.

In fact, the fetus and the corpse represent the far, fading edges of humanity, the shallow ends of the bell curve of life. One is all potential, the other all spent potentiality.

In the middle we live and face the messy decisions of life.

For whatever reason, nature, in her wisdom (or God in His) placed the burden of procreation firmly on the hips of living women within a narrow age range. In the midst of life they bear the very real risks, the privations and joys of motherhood.

Individual women must make individual choices for the good or ill of the life that would take root in the intimate darkness of their own bodies.

Fortunately, they have been given by the same nature (the same God) the minds necessary to prepare them, not only for the nine months they may carry a child but the lifetime of relationship required of mothers.

And, also fortunately, that same human mind has, from time immemorial, been able to discover the secret knowledge needed to end the process when necessary.

Until a child is born and breathes his or her own breaths, takes nourishment through his or her own lips, the child draws sustenance from the body of a woman. All decisions regarding the fetus must be made by the mind of that same woman. It's the only possible arrangement.

Women must have access to all the information and any medical technique that will help them make these decisions as safely and correctly as possible. It is their bodies after all, their lives which are at stake.

We must use our brains while we still have them.

If we cannot keep our minds clear when dealing with the issues involved in abortion, if late-term abortion is closed to women as an option, we may see a good many more formerly pregnant corpses lying on those cold slabs, their brains also missing.



Jessica Flanagan

You and I can agree to disagree on a number of things. Maybe. What I consider infanticide, you deem a "choice."

Nevertheless, there comes a point in this war that is the abortion debate where we must come to a consensus — where we agree that it is unacceptable to end a life. That point must be partial-birth abortion.

In Missouri, legislators have criminalized partial-birth abortion and deemed it "infanticide" with charges comparable to murder.

The procedure happens here, too. Bellevue physician Lee Carhart said last year that he had performed about 5,000 intact partial-birth abortions. Now, I move that Nebraska follows Missouri's lead. Don't agree with me?

The American Medical Association does. In a letter to Sen. Rick Santorum (R-Pa.) in 1997, the AMA favored "restricting a procedure we all agree is not good medicine."

Now, if you are currently in favor of this "procedure" then I have difficulty believing you really understand the process, and you're probably misinformed about when and why partial-birth abortions take place.

Your ignorance can stop here.

Ron Fitzsimmons, the executive director for the National Coalition of Abortion Providers, told "Nightline" last year that he felt "like a dirty, little abortionist with a dirty, little secret."

What's his secret?

Well, it's not just *his* dirty secret. It's the dirty secret of abortion proponents. They lied to us. They lied to us so we wouldn't take to the streets.

Planned Parenthood said a partial-birth abortion "is extremely rare and done in cases when the woman's life is in danger or in cases of extreme fetal abnormality."

But Fitzsimmons admitted that he had "lied through [his] teeth" and told The Washington Post he "spouted the party line" by saying that partial-birth abortions are done rarely and only in extreme medical circumstances.

The truth is that *most* partial-birth abortions are performed for nonmedical reasons.

In fact, Dr. W. Martin Haskell, one of the surgeons who helped develop and promote the procedure known as partial-birth abortion, told American Medical News, "I'll be quite frank: Most of my abortions are elective." He estimated that at least "80 percent are purely elective."

The late James McMahon was another abortionist who contributed largely to partial-birth abortion. He acknowledged to Congress that he performed partial-birth abortions up through the ninth month of pregnancy for any number of reasons.

These reasons include fetal cleft lip, maternal depression and "pediatric indications," which McMahon informed a congressional aide meant the mother was underage.

So Planned Parenthood is lying.

In fact, former U.S. Surgeon General C. Everett Koop, along with other physicians, deduced that "partial-birth abortion is never medically necessary to protect a mother's health."

A number of medical experts testified before congressional committees that partial-birth abortion is never necessary to preserve the life of the mother, since the procedure requires the baby to be almost completely delivered.

"Dilation and Extraction" is the medical term as coined by Haskell for partial-birth abortion. In a paper for the National Abortion Federation Risk Management Seminar in Dallas, he explained that most surgeons find dismemberment at 20-plus weeks to be difficult because of the toughness of fetal tissue at this stage of development. Consequently, most second- and third-trimester abortions are partial-birth abortions.

The surgery is a three-day process. The mother comes in the first day to be dilated, the second day to get further dilated and the third day for the "extraction."

The "extraction" is horrific. Guided by ultrasound, the surgeon locates the "lower extremities" (legs) of the fetus, then using forceps pulls one of the legs into the birth canal.

The surgeon uses his fingers to deliver the torso, the shoulders and the "upper extremities" (arms).

The skull of the fetus lodges at the opening of the uterus. Haskell assures, "usually there is not enough dilation for it to pass through."

The fetus is oriented spine up. At this point, the surgeon slides his or her fingers of the left hand along the back of the fetus and "hooks" the shoulders of the fetus with the index and ring fingers. This is to ensure the fetus is not actually delivered.

The surgeon takes a pair of curved surgical scissors in his or her right hand and, Haskell explains, "he carefully advances the tip of the scissors, 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."

"The surgeon then 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."

Sometimes suctioning causes the skull to collapse. Sometimes the fetus is removed fully intact.

Partial-birth abortion proponents claim the anesthesia given to the mother induces a painless death in the fetus before the suctioning. The president of the American Society of Anesthesiologists told Congress that the anesthesia given to the mother has little or no effect on the fetus.

Medical experts agree that the fetus at this stage of development can experience great pain.

Haskell told American Medical News in a 1995 interview that the fetus is not, in fact, dead before the suctioning. He estimated only a few die from ruptured membranes, but that at least two-thirds are alive until the surgery is completed.

Haskell goes on to say that the procedure can be successfully performed up to 32 weeks or more. McMahon performed the procedure through the 40th week.

So at 20 weeks, "dismemberment" isn't possible because the "fetus" is too developed. Instead they just suck the baby's brains out. Sweet.

This is quite clearly the point where both sides must come to a consensus.

People who are fully acquainted with the procedure (as you now are) and who are still in favor of it, well ... they are monstrous, unfeeling beings masquerading as humans.

The few inches separating the fetus from birth and "evacuation" are not endangering the mother. Rather, it's the inconvenience of the "mistake" she conceived which motivates her to seek this procedure.

Even McMahon expressed anxiety to American Medical News about partial-birth abortions "after 20 weeks where it quite frankly is a child to me. I really agonize over it because the potential is so imminently there. I think 'Gee, it's too bad that this child couldn't be adopted.'"

It's time for us to put our foot down on doctors and mothers who would take a life in this manner. Enactment of the partial-birth abortion ban is long overdue in Nebraska.

I say it's time we take to the streets. I say it's time to save our babies.



ABORTION

