

Second Trimester D&E Abortion

“A long curved Mayo scissors may be necessary to decapitate and dismember the fetus...” (From the medical textbook *Abortion Practice* – Dr. Warren Hern, p.154, describing legal activity).

“The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix.”
(US Supreme Court, *Gonzales vs. Carhart*, April 18, 2007, describing the D&E procedure, which is legal).

“We would attack the lower part of the lower extremity first, remove, you know, possibly a foot, then the lower leg at the knee and then finally we get to the hip.”

(Sworn testimony given in US District Court for the Western District of Wisconsin (Madison, WI, May 27, 1999, Case No. 98-C-0305-S), by Dr. Martin Haskell, an abortionist. He describes legal activity.)

“Typically the skull is brought out in fragments rather than as a unified piece...”

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Longer version

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"The procedure changes significantly at 21 weeks because the fetal tissues become much more cohesive and difficult to dismember. This problem is accentuated by the fact that the fetal pelvis may be as much as 5cm in width. The calvaria [head] is no longer the principal problem; it can be collapsed. Other structures, such as the pelvis, present more difficulty....A long curved Mayo scissors may be necessary to decapitate and dismember the fetus..."

(From the medical textbook *Abortion Practice* – Dr. Warren Hern, p.154)

“The doctor grips a fetal part with the forceps and pulls it back through the cervix ..., continuing to pull even after meeting resistance from the cervix. The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix and out of the woman. The process of evacuating the fetus piece by piece continues until it has been completely removed.”

(US Supreme Court, *Gonzales vs. Carhart*, April 18, 2007, describing the D&E procedure).

"Let's just say for instance we took a different view, a different tact and we left the leg in the uterus just to dismember it. Well, we'd probably have to dismember it at several different levels because we don't have firm control over it, so we would attack the lower part of the lower extremity first, remove, you know, possibly a foot, then the lower leg at the knee and then finally we get to the hip."

"And typically when the abortion procedure is started we typically know that the fetus is still alive because either we can feel it move as we're making our initial grasps or if we're using some ultrasound visualization when we actually see a heartbeat as we're starting the procedure. It's not unusual at the start of D&E procedures that a limb is acquired first and that that limb is brought through the cervix ... prior to disarticulation and prior to anything having been done that would have caused the fetal demise up to that point."

"When you're doing a dismemberment D&E, usually the last part to be removed is the skull itself and it's floating free inside the uterine cavity...So it's rather like a ping-pong ball floating around and the surgeon is using his forcep to reach up to try to grasp something that's freely floating around and is quite large relative to the forcep we're using. So typically there's several misdirections, misattempts to grasp. Finally at some point either the instruments are managed to be place around the skull or a nip is made out of some area of the skull that allows it to start to decompress. And then once that happens typically the skull is brought out in fragments rather than as a unified piece..."

(Sworn testimony given in US District Court for the Western District of Wisconsin (Madison, WI, May 27, 1999, Case No. 98-C-0305-S), by Dr. Martin Haskell, an abortionist. He describes legal activity.)