

A Real Dr. Death

The article that follows was written by Brian Parks in 2002. At that time partial birth abortions were permitted and believed to be protected under the Constitution of the United States. However, in 2004 President Bush signed into law a bill banning this gruesome procedure.

Almost all pro-choice advocates support unrestricted abortions although the overwhelming majority of Americans are opposed to abortion except in cases of rape, incest or if the life of the mother is threatened. The doctor “showcased” in this article is a staunch defender of abortion. However, he has shown little interest in defending his patients.

Statistics on Post-Viability Abortions Performed by George Tiller

By Brian Parks
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The state of Michigan is the center of the American auto industry. The state of Florida is the center of the American juice industry. The state of Texas is the center of the American oil industry. What state is the center of the American abortion industry?

If I were asked the question a few years ago, my answer would be immediate: New York. The abortion policies of the state of New York are almost as extreme as those of the Republic of China. A woman in New York can receive a legal abortion, at taxpayer expense, for *any* reason, by *any* method, at *any* time during the nine months of a pregnancy.

Oddly enough, my answer would have been wrong. New York is *not* the center of the American abortion industry. Nor is California, New Jersey, Maryland, Illinois, or any other left-leaning state with a highly concentrated urban population.

The center of the American abortion industry is the state of Kansas. This comes as a surprise to many, since Kansans tend to be simple, down-to-earth, conservative people—the kind that one would least expect to find inside the walls of an abortion clinic.

Of all the states in this country, why Kansas? What makes Kansas special when it comes to abortion? The answer is simple: Kansas is home to George Tiller the most prolific late-term abortionist in the entire western world.

Since 1973, George Tiller—or “Dr. Tiller”, as he likes to call himself—has performed thousands upon thousands of late-term abortions. He is renowned among the pro-choice community for his impeccable record of safety. Unlike some abortionists, he has yet to kill a woman in the process of terminating a pregnancy. His apparent skill as an abortion practitioner has won him numerous awards, including the National Abortion Federation's highest honor, the Christopher Tietze Humanitarian Award.

Among pro-life advocates, he is famous for the cruelty with which he treats the unborn. No case illustrates the extent of this cruelty better than the tragedy of Baby Sarah Brown, one of his many victims. In 1993, a pregnant teenager and her parents traveled 900 miles to Tiller's office in Kansas to receive an elective late-term abortion. Tiller began the abortion by injecting a poisonous syringe through the pregnant teenager's uterus and into the upper left side of the unborn baby's face. He then instructed the teenager to return the next day for the completion of the abortion.

To everyone's dismay, the baby did not die during the intervening hours. After the teenager began to complain of serious abdominal pains, her parents rushed her to a local hospital where the baby was eventually born—*alive*. The delivery room staff felt that life-support would be futile, so they wrapped the baby in a bassinet without attendance. The teenager and her parents quickly left the scene.

Even without medical care, the baby remained alive. After many hours had passed, the delivery room staff decided to give her treatment. Miraculously, she managed to survive through the entire ordeal. "Sarah", as her adoptive parents later named her, lived until the age of 5, when she succumbed to the developmental harm done to her body during the abortion. The KCl solution that had been injected into the side of her face had left her permanently blind and brain damaged.

Prior to the abortion, Sarah was a perfectly normal baby. The relevant medical records indicate that she had no disabilities or deformities. If Tiller hadn't attempted to poison her, she would be a healthy 9 year old girl with an entire life ahead of her. Instead, she is in a grave.

One would think that Tiller's experience with Sarah would be sufficient to turn his heart away from the evil of abortion. But the experience hasn't changed him in the slightest. To this day, he continues his lucrative career as a late-term practitioner.

When confronted with stories like that of Sarah Brown, pro-choice advocates usually insist that late-term abortions only occur in extreme, life-threatening circumstances. Until recently, this was an easy claim to make. For the most part, objective data on late-term abortion have been hard to come by. The abortion industry consistently refused to disclose statistical information on the topic.

In the middle of 1998, the state of Kansas instituted a mandatory reporting policy that required Tiller to submit information about the abortions he performs. The Kansas Department of Health and Environmental Statistics has recently published this information.

Late Term Abortions Unnecessary

This information sends a clear message: the majority of late-term abortions are *purely* elective. They typically involve healthy babies and healthy mothers. If you are inclined to disagree, or if you have a hard time believing that mainstream abortion practitioners would be willing to kill babies that are months from being born, then I ask that you continue reading. You will be amazed—and hopefully *outraged*—when you see the data for yourself.

Before evaluating the data, let me first provide some background information on Kansas Law and on other topics that are pertinent to Tiller's practices.

Kansas Statutes partial-birth abortion restrictions, 65-6721:

(a) No person shall perform or induce a partial birth abortion on a viable fetus unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major physical or mental function of the pregnant woman.

Kansas Statutes post-viability abortion restrictions, 65-6703:

(a) No person shall perform or induce an abortion when the fetus is viable unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: (1) The abortion is necessary to preserve the life of the

pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman.

The "health" exceptions built into these statutes make them absolutely meaningless. They haven't restricted a single late-term abortion. All that Tiller has to do to keep his atrocities within the boundaries set by the Kansas Legislature is find *one* pro-choice psychologist in the United States willing to claim that late-term abortion is necessary to preserve a woman's mental health. If he can do that, he can do whatever he wants. It certainly doesn't seem like a very daunting task, does it?

Since the concept of "health"—especially the concept of "mental health"—has no established legal meaning, virtually every late-term abortion that Tiller performs, no matter how abusive, remains legally invincible. If he wanted to, he could exact a partial birth abortion on a healthy, 40 week old fetus. He would get off scot-free. Sadly enough, prosecutors would be powerless to convict him of wrongdoing. As long as he manages to find a mental health professional willing to vouch for his actions, there isn't really *any* basis for conviction.

What about the babies? What are their "health" situations going into these abortions? Those who defend late-term abortion often claim that its occurrence is limited to situations where the fetus is horribly deformed.

Here are the results of a study that Tiller presented in Australia:

"[Dr. George Tiller] presented the results of a study involving 2750 women aged between 10 and 45 who underwent abortions between 1994-97. The average gestational age was 27 weeks. The vast majority-2051-were performed because of either maternal health problems, with the remaining 699 abortions performed because of foetal abnormality." (Julie Ann Davies, "Abortionist Backs Sex Selection", The Age: 15 Nov 1999, Internet Edition)

Fetal abnormality, as it is used in this context, can include things like down's syndrome, hydrocephalus, cystic fibrosis, and other disabilities that are problematic, but not incompatible with meaningful life. Still, 3 out of 4 of the babies that were evaluated in the study were *not* abnormal.

This statistic is further confirmed in the Executive Summary for Fetal Indication Termination contained on Tiller's website. He claims that from January of 1989 to May of 2001 he aborted roughly 2,009 post-15 week fetuses for reasons of fetal abnormality. This means that, on average, only 167 of the post 15-week fetuses that he aborted each year were abnormal. As the data he provided to the state of Kansas indicates (with links below), he aborts roughly 600 post 22-week fetuses each year. Do the math.

Abortion advocates often deflect negative attention by insisting that late-term abortions are in the best interests of the babies that are aborted. They claim that if the babies are not "terminated", they will live lives scarred by illness. The truth is that the vast majority of the babies condemned to death by late-term abortion are healthy and capable of living meaningful lives.

There also exists a common misconception that late-term abortions are limited to medical emergencies. Nothing could be further from the truth. From 1998 until 2000, only one out of the 1168 abortions that Tiller performed after viability was done during a medical emergency. Upwards of 97% of his late-term patients weren't even from Kansas—they flew in from other states to have abortions that they had scheduled in advance.

The procedure that Tiller tends to prefer is called *digoxin induction*—a drawn-out, two to three day process in which the attending abortionist poisons the unborn baby with chemicals and then removes it by inducing labor. Clearly, this is not the kind of treatment that a competent obstetrician would administer during a medical emergency. If a woman in the final months of a *wanted* pregnancy found herself in a medical emergency that required a c-section or a labor induction, the *last* thing that she would want would be for her doctors to intentionally kill the baby with a fatal poison. What would be the point?

It is inconceivable that the poisoning of a viable unborn baby before an induction could be necessary to avert *physical* health damage to a pregnant woman. The death of a baby doesn't cure any *physical* illnesses. What, then, are the "health" problems that are leading to these abortions? Again, the answer lies in the nebulous concept of *mental* health—a loophole that has been tailor made to legalize elective abortion throughout the nine months of a pregnancy. The argument put forth by the abortion industry is that unwanted babies, if they are allowed to live, pose a threat to the psychological well-being of the mothers who will have to raise them. Consequently, they must *die*.

Let there be no confusion: the motivation behind these abortions is not the termination of an unwanted pregnancy. Once pregnancy has reached viability, doctors can perform abortion *without* engaging in an act of killing. The motivation behind these abortions is the destruction of an unwanted fetus, the elimination of an unwanted *child*. Tiller himself seems willing to concede the point. From his own mouth, "it is unplanned and unwanted *motherhood* that shipwrecks women's lives, *not* unplanned pregnancy." (George R. Tiller, Victory Rally and Declaration of Reproductive Independence, Wichita, Kansas, July 13, 2001)

Now, to the data:

From July 1998, when reporting began, until December 1998, Tiller performed 227 abortions after 22 weeks. 91 of these abortions were performed *after* the baby had reached viability. For each abortion, he was asked to indicate whether the abortion was necessary to save the life of the mother. In each case, his answer was *no*.

During the same period, Tiller performed 58 "partial birth" abortions. All of these abortions were done on babies that had reached viability. Tiller was again asked to indicate, for each "partial birth" abortion (PBA), whether the procedure was done to preserve the *physical* health or the *mental* health of his patient. As expected, the answer given every time was *mental* health. Not *one* of his "partial birth" abortions was done for *physical* health reasons.

Abortions in Kansas 1998: Preliminary Report (Data)

Here is data on the age groups of the women who had late-term abortions at Tiller's clinic in 1998 and the procedures used:

Age of patient	PBA*	Digoxin/Induction
under 15	2	28
15-19	21	158
20-24	10	98
25-29	9	81
30-34	12	56
35-39	4	27
40-44	0	11

*All PBA's were done on viable babies

Vital Statistics: Abortions 1999

From January of 1999 to December 1999, Tiller performed 574 abortions after 22 weeks. 302 of these abortions were performed on viable babies. All of the abortions were done for "health" reasons; not *one* was done to preserve the life of the mother.

During the same period, Tiller performed 182 abortions with the PBA method. Every single one of these abortions was performed after viability. As in the previous year, he was asked to indicate, for each patient, whether the procedure was done to protect the patient's *physical* health or the patient's *mental* health. His answer in every case was *mental* health.

Ultimately, in the 9 month period from January 1999 to September 1999, Tiller averaged 5 *post-viable partial birth abortions per week*. On average, he killed a viable unborn baby with partial birth abortion every day that he went to work.

In the middle of 1999, Tiller came under fire for the number of "partial birth" abortions that he was performing. So, in October of that year, he decided to stop using the procedure. In its place, he began to rely exclusively on the "digoxin induction" procedure.

His casual disposal of "partial birth" abortion should serve as a crucial lesson to those who are pro-life. Recent legislation that purports to ban the procedure serves no purpose. If "partial birth" abortion is banned, late-term practitioners like Tiller will simply revert to different procedures. The viable babies that need to be protected from the madness of late-term abortion will end up just as dead. To make serious strides towards protecting the unborn and the partially-born, we need to ban *all* elective late-term abortions, not just those that involve gruesome or superficially repulsive procedures.

His tendencies should also serve as a lesson to those who are pro-choice. If the leaders of the pro-choice movement were correct in arguing that partial birth abortion can be necessary to preserve a woman's health, then how does George Tiller—America's most active and sought-after late-term abortionist—manage to get by without using it? Ultimately the *truth* affirmed in Tiller's policies is that "partial birth" abortion doesn't serve any legitimate medical purposes. It is nothing more than a fancy way to kill a baby.

From January of 2000 to December 2000, Tiller performed 639 abortions after 22 weeks. 380 of these abortions were done on viable babies. That computes to roughly 7 *post-viable abortions per week*. As before, all of the abortions were done for "health" reasons. Not *one* was done to preserve the life of the mother.

From January of 2001 to December 2001, Tiller performed 635 abortions after 22 weeks. 395 of these abortions were done on viable babies. As usual, all of the abortions were done for "health" reasons. Not *one* was done to preserve the life of the mother.

When considering the statistics on post-viability abortion, it is important to remember that they deal with "viability" as it is defined by an abortionist who is definitely no friend of unborn children. George Tiller is well-known for putting the unborn at a disadvantage when making determinations about their chances of survival outside the womb. His own former employee has testified to his deceptive tactics:

"Tiller [would determine the baby's] BPD (biparietal diameter), which is a measurement of the babies head. Tiller gave me this simple explanation of what a BPD is: at this certain angle, the baby's head is roughly egg shaped. The ordinary method of measurement is to go from the top of the egg to the bottom of the egg. That is the widest point of the angle. But Tiller said he goes from side to side on the egg and gets a much narrower measurement. He does not keep the photos in the medical records and he disposes of the babies, so there is no way to go back and see what he has done."

She was viciously attacked by the abortion industry, but, as the statistics verify, her statements were very close to the truth:

"I was there for about seven months, which is a fairly representative amount of time. In over 95% of these babies, perhaps more, there was nothing wrong at all. Nothing. And these were *third trimester abortions*."

The Testimony of Luhra Tivis

Additionally, it is important to remember that these statistics only deal with *one* provider in *one* state. There are many other providers across the country that practice late-term abortion. God only knows what their numbers are.

Abortion advocates often claim that Roe v. Wade was a compromise. Gee, what a wonderful compromise! As a result of Roe and its progeny, states are essentially powerless to prevent the kinds of abuses that are taking place in Wichita.

In hospitals around the United States, "wanted" babies are being given the *best* medical care in the entire world. Meanwhile, "unwanted" babies of the same age are being poisoned, dismembered, decapitated, and trashed. Is that fair? Is that just?

Even more disturbing is the fact that Tiller is performing these late-term abortions for dubious "mental health" reasons. He is killing babies that his clients—many of them teenagers—have felt move in their wombs for months. What could be worse for a teenager's "mental health" than to spend the rest of her life with the after thought that she chose to have *her* baby killed in a grisly late-term abortion? How could a twisted experience like that *help* the mental outlook of a teenager?