Center for Bio-Ethical Reform

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Dear Pro-Life Supporter,

Presidential candidate Carly Fiorina, in the CNN Republican primary debate, referred to Center for Bio-Ethical Reform (CBR) abortion footage (viewable at www.AbortionNO.org/videogallery/carly-fiorina-was-right) used by the Center for Medical Progress (CMP) in an earlier video release. Her description provoked predictable attacks and continues to divide medical experts. The *UK Guardian* newspaper (October 6, 2015) noted that "whether what the 13-minute video shows is an abortion is still fiercely contested." So "fiercely," in fact, that some of the "experts" are even debating themselves. Dr. Jennifer Gunter told *The Guardian* "it's a premature delivery, a miscarriage ..." But on September 29, *Slate*'s Amanda Marcotte interviewed her and reported that "… Gunter couldn't rule *out* abortion ...." Which is it?

An unnamed abortion provider "in the Midwest" admitted to *The Guardian* that he couldn't be 100% certain that the video did not depict an abortion. But then, like Dr. Gunter, he contradicted himself with the allegation that "this is a cynical and callous exploitation of a patient's personal tragedy in suffering this miscarriage … and in such a way as to mislead for political gain."

The Guardian quotes "another medical expert" who admitted that he/she also "could not say 100% ...," nor, in fact, could any of *The Guardian*'s experts. And the British paper was not alone in reporting unanimous expert uncertainty. Jeffery Perlman, a neonatologist at Weill Cornell Medical College told *TIME* magazine (September 29, 2015) that "it could be an abortion ...." His inability to offer a dispositive conclusion was echoed by the medical experts contacted by CBR. In the first segment of the video, the direct evidence of abortion versus miscarriage, up to the point of the baby's expulsion, is inclusive. As will be explained below, however, from expulsion on, the circumstantial evidence overwhelmingly supports abortion.

Dr. Byron Calhoun, Professor and Vice-Chair of the Department of Obstetrics and Gynecology at West Virginia University - Charleston, has a sub-specialty in fetal-maternal medicine, but after examining the video up to the time of the baby's delivery he concludes that "There is no way to tell if this was … [a] spontaneous miscarriage or an induced abortion." Dr. Anthony Levatino, a former abortion provider who once served as an associate professor of OB/GYN at the Albany Medical College concurs: "It could be an abortion or [a] miscarriage." Dr. Mary Davenport, an OB/GYN, has delivered thousands of babies and perhaps as many as 500 "mid to late pregnancy losses or preterm births." But despite also being a former abortion provider, she says "I do not think you can tell one way or another from this [first segment] footage about induced abortion or spontaneous pregnancy loss."

Abortion denier Jennifer Gunter, nonetheless, told *Slate* that our video could only involve an abortion if the physician depicted was employing "an atypical [abortion] technique." A real abortion expert, however, Dr. Deborah Nucatola, says there is no such thing as a "typical" abortion technique. Dr. Nucatola is Planned Parenthood Senior Director of Medical Services, and she told undercover investigators from CMP that "every clinic I've been to has an entirely different protocol as 'these are all the things you must do,' and it allows for incredible variability." She adds that abortion techniques are "really all over the map." She illustrates this

procedural diversity by noting that "we have affiliates that use digoxin or some other feticide," and affiliates which use none at all.

Nor was this *The Guardian*'s only false claim. Citing an unnamed "Midwest" abortionist, the article implies that the video depicts a miscarriage by alleging that the equipment which appeared in the video was more likely to be found in a hospital than an abortion clinic. The reporter conceded that abortions are performed in hospitals but incorrectly asserted that their numbers were "few." The Guttmacher Institute reports that 35% of abortion providers are hospitals and that 4% of terminations are performed there. In some years, that would amount to 50,000 abortions. That is not a "few," and a substantial percentage of hospital abortions are later-term, as is the termination recorded in the Fiorina video. In South Carolina, for example, late-term abortions are performed in hospitals because no state-certified abortion clinics end pregnancies after sixteen weeks.

Still more unnamed *Guardian* experts noted that what seems to be a "receiving blanket" appears in the video but "would not be found in an abortion clinic." Wrong again. Warren Hern, a late-term abortionist who wrote the book *Abortion Practice*, reveals that he uses receiving blankets ("Abortion Bill Skips the Fine Print," *The New York Times*, May 24, 1997) to heighten the illusion that babies he has just killed died of natural causes. "After the abortion, my staff and I wrapped the fetus in a baby blanket and presented it to the couple. It was now their stillborn baby." Another prominent late-term abortionist was also a prolific user of receiving blankets. A *National Review* article (by this author), "Cyberculture of Death," November 10, 1997, describes a promotional video in which the late George Tiller "offers patients an opportunity to obtain a family photo … holding their dead baby," assumedly wrapped in a blanket.

The same *Guardian* experts argue that our abortion video contains "no recorded action by medical staff to accelerate" the expulsion of the placenta, but that also is incorrect. The audio track, which CBR was required to remove by the terms of our confidentiality agreement, does, in fact, record the abortionist taking action to accelerate the placenta's expulsion.

Slate, *TIME*, and *The Guardian* all quote the criticisms of the ubiquitous Dr. Jennifer Gunter and *TIME* describes her as "an obstetrician who wrote a book, *The Preemie Primer*, a guide for parents about premature birth." But none of these news organizations mentions that she also recently wrote a blog post under the categories "Abortion, War on Women," and "Wielding the Lasso of Truth." It is titled "What is the 'Mexican Abortion Pill' and How Safe Is It?" Her essay is little more than a "bloody coat hanger" screed against the Texas legislature's measures to regulate abortion clinics. But more problematic than Dr. Gunter's gaffes and bias are the stumbles of *TIME*'s experts.

TIME says "three leading neonatal doctors and an obstetrician who has studied premature births … said medical guidelines do not indicate a need for resuscitating a fetus born so young." Two of these doctors, however, admit that they never saw the disputed video. And how could they know whether the baby (if it was a miscarried, wanted baby) was old enough to warrant at least such simple, non-invasive intervention as mask resuscitation? A 2011 post at TIME.com by Bonnie Rochman ("A 21-Week-Old Baby Survives …") says "even early ultrasounds that predict a due date are essentially guesstimates" and that "it's tough to definitively date a preterm birth." The Royal College of Obstetricians and Gynaecologists published a paper in 2014 ["Perinatal Management of Pregnant Women at the Threshold of Infant Viability (the Obstetric Perspective)"], which confirms the difficulty in accurately determining a preemie's age as an indicator of eligibility for resuscitation. The paper cites a systematic review in which "large random errors were reported …." The authors recommend that "a decision to resuscitate a baby born at extreme prematurity should not be based solely on EFW [estimated fetal weight] but on consideration of the true birthweight measured immediately after birth, and neonatal vigor." Indeed, the TIME.com post quotes a neonatologist who says of resuscitation, "If parents insist on treatment and the baby weighs more than 500 grams (about 17.5 ounces), 'most of us give it a try' …." Yet the doctor in the disputed video fails to weigh this baby, despite the fact that it meets the "signs of life at birth" standard described in a 2003 *British Medical Journal* article titled "Non-Viable Delivery at 20-23

Weeks Gestation: Observations and Signs of Life After Birth." Our own experts differed widely in estimating the baby's age, with speculation ranging from fifteen weeks all the way to twenty.

TIME also reported that "several experts interviewed said miscarriages do sometimes occur at abortion clinics" but this misleading contention fails to disclose that women who miscarry at abortion clinics have generally scheduled induced abortions but went into premature labor. Planned Parenthood abortionist Savita Ginde told CMP investigators that "sometimes someone delivers before we get to see them for a procedure." Women go to hospitals, not abortion clinics, to sustain a pregnancy at risk of spontaneous loss. Dr. Mary Davenport explains that prior to 4-5 cm dilation, a hospital "could try a rescue cervical cerclage to sew the cervix shut" and "use medications to stop or slow labor." The disputed video shows no evidence that the attending physician made any attempt to save the pregnancy.

Reasonable minds might disagree on the issues of fetal age and resuscitation, but not on the question of comfort care for preemies. None of the experts quoted by any of the news organizations which covered this controversy even mentioned palliative care for this child, who was manifestly alive at delivery. *TIME*'s Professor Emeritus of Pediatrics, John Kattwinkel, is described as believing that "there is nothing that can be done for a fetus at 17 weeks …." That is shockingly incorrect from both a clinical and a liability perspective. The National Perinatal Association's 2009 guidelines for neonatal palliative care state a treatment goal of "anticipating and alleviating all infant suffering so that a dignified, pain-free, and symptom-free living and dying is ensured for the infant, however short life might be." WebMD's Palliative Care Center stresses the importance of "addressing any pain or discomfort the newborn may experience" when resuscitation is likely to produce more burden than benefit for previable preemies. Were the baby in the disputed video a miscarried, wanted baby, the requisite standard of care would have been at least comfort care. Warming. A blanket. Holding. This baby, however, is not only neglected, it is abused -- dropped in a cold steel pan, jerked, smacked, and prodded with surgical instruments. This is the sort of post-delivery circumstantial evidence which argues convincingly for abortion.

One CBR expert, OB/GYN Emilie Stickley, told us she suspects this was an abortion precisely because "I have never seen a baby from a wanted pregnancy, particularly one born alive, treated in this fashion." OB/GYN Mary Davenport said "certainly I do not behave in this way when a previable pregnancy is delivered." Professor Byron Calhoun said "… we do not treat our babies this way." He added that if the baby were a born alive, wanted, miscarried child, "we would wrap them in a blanket and offer mom a chance to hold her baby and treat them with respect." Dr. Davenport concluded that "this is rough treatment and most mothers [of wanted babies] would not like it if they were looking." Neither would most juries. If the abuse captured in the video on which Carly Fiorina commented were committed by an OB/GYN against a wanted, miscarried baby, a medical malpractice plaintiff's lawyer could have a field day with it. The OB/GYN's liability insurer would quickly settle any claim for failing to provide the required standard of care, which in this case would at least be palliative care. We contacted an experienced medical malpractice defense attorney and he referred us to links which confirmed that virtually no OB/GYN would allow a video camera in the room where the doctor is managing a high-risk crisis likely to result in a late-term pregnancy loss – and none in their right mind would abuse a wanted baby in front of a camera.

A medical negligence litigator told an August 10, 2015 Harvard Patient Safety Conference (Subject: "Should Cameras Be in Operating Rooms?") that "… if a picture is worth a thousand words … a video to a plaintiff's lawyer [is] priceless." She also explained that "… once you tell someone we are videotaping … and then they have a bad outcome, the first thing they want is the videotape. The first thing their lawyer wants is the videotape, and if the videotape no longer exists … all of a sudden you have either a huge suggestion of cover-up or … what we call a spoliation of evidence issue."

The legal peril posed by video cameras is arguably highest for OB/GYNs. *The New England Journal of Medicine* published a study titled "Malpractice Risk According to Physician Specialty (August 18, 2011) which reported that OB/GYNs get hit with the "most [malpractice] payments over $1M of all medical specialties," and

have the "highest indemnity payment rates." The study also found that "74% of physicians in Obstetrics and Gynecology were projected to face a [malpractice] claim by the age of 45 years." The projected proportion of physicians facing a malpractice claim by the age of 65 years was higher still – "99% in high risk specialties" such as OB/GYN.

Carly Fiorina's debate reference to our abortion video and Planned Parenthood's organ harvesting characterized both in terms of "a fully formed fetus on the table, its heart beating, its legs kicking while someone says we have to keep it alive to harvest its brain." This statement is broadly correct. Planned Parenthood abortionists Nucatola and Dermish are on video describing an abortion procedure modified for brain harvesting. Its effect, if not its objective, is that the baby is kept alive longer because its skull is not crushed by a degree of cervical dilation which would be adequate for pregnancy termination but inadequate to protect fetal brain tissue. One is reminded of the "Falun Gong prisoners who are being kept alive [in China] only until it's time to harvest their organs -- or … the tens of thousands of Uighurs who have to endure the same fate." (*National Review*, August 24, 2015, "China's Fatal Attraction.").

"Israel is the only country so far to forbid its citizens from receiving organ transplants in China due to alleged … harvesting" (Freebeacon.com, "Organ Harvesting New Form of Execution in China," August 13, 2014). Israel's sensitivity on this issue should come as no surprise. National Socialist doctors tortured to death enormous numbers of Jewish Holocaust victims subjected to horrific research experiments. Dr. Joseph Mengele was obsessed with killing Jewish children, particularly twins. He would harvest "specimens [which] were preserved and shipped out to the Institute in Berlin-Dahlem for further research" (JewishVirtualLibrary.org, "Nazi Medical Experiments: Background & Overview"). These atrocities bear a chilling resemblance to StemExpress CEO Cate Dyer's video admission that she ships the heads, etc. of late-term aborted babies to research labs. Of baby's heads, she says that many researchers "open the box [and] go 'Oh God!' so yeah …" (LiveActionNews.org, "StemExpress CEO Jokes About Shipping …," August 21, 2015). On April 14, 2013, Haaretz.com posted a story headlined "Stem-Cell Research is Blooming in Israel" and the news had a darkly Mengelean ring. Tissue is being harvested from "early embryos" and "fetuses."

On October 27, 2015, the *Los Angeles Times* ran a story headlined "Show-Jumping Horse is Found Butchered." The article described "a horrific scene" involving an expensive horse which thieves "slaughtered and butchered." The owner said her horse "was probably still alive when they began to butcher him." Neither the *LA Times* nor many other mainstream news organizations gave comparable coverage to former StemExpress "procurement technician" Holly O'Donnell's sickening description of cutting out the brain of a baby whose heart was still beating. In fact, *The Guardian* article quoted above explicitly states the paper's refusal to include a link to the CBR abortion video to which Carly Fiorina made reference in her CNN debate. Their cover-up may not matter much, however, because 155,000 people had already viewed the video in the first few days following that debate.

What self-serving depravity can no longer be rationalized? Thank God that one principled candidate in the crowded field of presidential contenders had the counter-cultural courage to stand up and shout, "Stop!" Carly Fiorina is right in all the ways which matter most. And CBR is the only pro-life group effectively defending her. To what other anti-abortion group can you donate and motivate 155,000 plus viewers to watch an abortion video?

Lord bless,

Gregg Cunningham
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