

Carhart Speaks

Abortionist Leroy H. Carhart is a well-known late-term abortionist, who in the year 2000 successfully fought a Nebraska partial-birth abortion ban, all the way to the U.S. Supreme Court. His famous case is known as *Carhart vs. Stenberg*.

Many remember Abortionist Carhart as the rude and boisterous man, often accompanied by his equally bad-mannered wife, Mary Lou, who worked at Abortionist George Tiller's facility in Wichita from 2005 thru May of 2009, when it closed following the murder of Abortionist Tiller.

Carhart tried to open a new late-term abortion facility in Kansas in 2010, but **Operation Rescue** and **KCFL** kept him from doing so, by informing all Kansas hospitals that we would aggressively organize boycotts against any hospital that would sign a "Hospital Admissions Agreement" with Carhart. Unable to obtain that required agreement in Kansas, Carhart began working part-time at a late-term abortion facility in **Germantown, Maryland**, while still maintaining his own filthy, dilapidated abortion facility in **Bellevue, Nebraska**, which in the past was an automotive service garage.

Carhart gave the following testimony under oath in July 1997, explaining how he performs abortions. **The words in red are his exact words from a Court transcript.** In April 2007, the Federal Partial-Birth Abortion Ban was upheld by the US Supreme Court, but it only outlaws killing a child outside of the mother's womb. It does not stop Carhart from using this same procedure today!



Question: Are there times when you don't remove the fetus intact?

Carhart: *Yes, sir.*

Question: Can you tell me about that, when that occurs?

Carhart: *That occurs when the tissue fragments, or frequently when you rupture the membranes, an arm will spontaneously prolapse through the os. I think most ...statistically the most common presentation; we talk about the forehead or the skull being first. We talked about the feet being first, but I think in probably the great majority of terminations, it's what they would call a transverse lie, so really you're looking at a side profile of a curved fetus. When the patient ...the uterus is already starting to contract and they are starting to miscarry, when you rupture the waters, usually something prolapses through the uterine, through the cervical os, not always, but very often an extremity will.*

Question: What do you do then?

Carhart: *My normal course would be to dismember that extremity and then go back and try to take the fetus out either foot or skull first, whatever end I can get to first.*

Question: How do you go about dismembering that extremity?

Carhart: *Just traction and rotation, grasping the portion that you can get a hold of which would be usually somewhere up the shaft of the exposed portion of the fetus, pulling down on it through the os, using the internal os as your counter-traction and rotating to dismember the shoulder or the hip or whatever it would be. Sometimes you will get one leg and you can't get the other leg out.*

Question: In that situation, are you, when you pull on the arm and remove it, is the fetus still alive?

Carhart: *Yes.*

Question: Do you consider an arm, for example, to be a substantial portion of the fetus?

Carhart: *In the way I read it, I think if I lost my arm, that would be a substantial loss to me. I think I would have to interpret it that way.*

Question: And then what happens next after you remove the arm? You then try to remove the rest of the fetus?

Carhart: *Then I would go back and attempt to either bring the feet down or bring the skull down, or even sometimes you bring the other arm down and remove that also and then get the feet down.*

Question: At what point is the fetus ...does the fetus die during that process?

Carhart: *I don't really know. I know that the fetus is alive during the process most of the time because I can see fetal heartbeat on the ultrasound.*

The Court: Counsel, for what it's worth, it still is unclear to me with regard to the intact D&E when fetal demise occurs.

Question: Okay, I will try to clarify that. In the procedure of an intact D&E where you would start foot first, with the situation where the fetus is presented feet first, tell me how you are able to get the feet out first?

Carhart: *Under ultrasound, you can see the extremities. You know what is what. You know what the foot is, you know, what the arm is, you know, what the skull is. By grabbing the feet and pulling down on it or by grabbing a knee and pulling down on it, usually you can get one leg out, get the other leg out and bring the fetus out. I don't know where this ...all the controversy about rotating the fetus comes from. I don't attempt to do that. I just attempt to bring out whatever is the proximal portion of the fetus.*

Question: At the time that you bring out the feet in this example, is the fetus still alive?

Carhart: *Yes.*

Question: Then what's the next step you do?

Carhart: *I didn't mention it. I should. I usually attempt to grasp the cord first and divide the cord, if I can do that.*

Question: What is the cord?

Carhart: *The cord is the structure that transports the blood, both arterial and venous, from the fetus, and back to the fetus, and it gives the fetus its only source of oxygen, so that if you can divide the cord, the fetus will eventually die, but whether this takes five minutes or fifteen minutes and when that occurs, I don't think anyone really knows.*

Question: Are there situations where you don't divide the cord?

Carhart: *There are situations when I can't.*

Question: What are those?

Carhart: *I just can't get to the cord. It's either high above the fetus and structures where you can't reach up that far. The instruments are only 11 inches long.*

Question: Let's take the situation where you haven't divided the cord because you couldn't, and you have begun to remove a living fetus feet first. What happens next after you have gotten the feet removed?

Carhart: *We remove the feet and continue with traction on the feet until the abdomen and the thorax came through the cavity. At that point, I would try ...you have to bring the shoulders down, but if you can get enough of them outside, you can do this with your finger outside of the uterus, and then at that point the fetal ...the base of the fetal skull is usually in the cervical canal.*

Question: What do you do next?

Carhart: *And you can reach that, and that's where you would rupture the fetal skull to some extent and aspirate the contents out.*

Question: At what point in that process does fetal demise occur? ...between initial ...removal of the feet or legs and the crushing of the skull, or I'm sorry, the decompressing of the skull?

Carhart: *Well, you know, again, this is where I'm not sure what fetal demise is. I mean, I honestly have to share your concern, your Honor. You can remove the cranial contents and the fetus will still have a heartbeat for several seconds or several minutes, so is the fetus alive? I would have to say probably, although I don't think it has any brain function, so it's brain dead at that point.*

Question: So the brain death might occur when you begin suctioning out of the cranium?

Carhart: *I think brain death would occur because the suctioning to remove contents is only two or three seconds, so somewhere in that period of time, obviously not when you penetrate the skull, because people get shot in the head and they don't die immediately from that, if they are going to die at all, so that probably is not sufficient to kill the fetus, but I think removing the brain contents eventually will.*

Later under cross examination from the AG'S counsel, **Carhart** stated:

"My intent in every abortion I have ever done is to kill the fetus and terminate the pregnancy."

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