

INHUMAN: **UNDERCOVER IN AMERICA'S** **LATE-TERM ABORTION INDUSTRY**

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Investigative Report for Nebraska
Lawmakers and Officials



LIVE ACTION

SPRING 2013

INVESTIGATION OVERVIEW

GENERAL INFORMATION

Location: Abortion and Contraceptive
Clinic of Nebraska
1002 W Mission Ave
Bellevue, NE 68005
800-737-3845
<http://www.abortionclinics.org>

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TRANSCRIPT 1

Date: 12/7/12
Time: 8:00 A.M.

TRANSCRIPT 2

Date: 3/28/13
Time: 3:30pm

OUR STORY

Woman is a little over 22 weeks pregnant.

OUR STORY

Woman is unsure of her gestation, but about 20 weeks.

CLINIC FACT SHEET

Abortion Clinic:	Abortion and Contraceptive Clinic of Nebraska
Location:	Bellevue, NE
Abortionists:	LeRoy Carhart
History:	<p>For the sake of brevity, LeRoy Carhart’s extensive record will be limited to characteristic examples. Carhart is currently being investigated in the death of Jennifer Morbelli, who suffered massive internal bleeding after he performed a third-trimester abortion.¹ In 1993, Carhart promised the director of health of Nebraska that he would begin to adequately protect his patients from infection and refrain from falsifying patient records. Carhart also agreed to stop talking on the phone or falling asleep during abortions.² In 2001, the University of Nebraska terminated Carhart’s adjunct professorship when it was discovered that he was donating the remains of babies he had aborted to their research departments.³ Just four years ago, four former workers admitted to passing off medical care, abortion counseling, and prescriptions even though they were untrained; one had only a high school diploma.⁴</p> <p>These witnesses and testimony from patients who were coerced into illegal, post-viability abortions prompted undercover investigations by Operation Rescue into Carhart’s practice of falsifying fetal age. Characteristically, Carhart’s ultrasound technician manipulated the pregnant investigator’s sonogram to give an apparent younger fetal age. The abortion of a post-viable baby was scheduled with Carhart. The clinic did not obtain a second physician’s consent, as mandated by Kansas law, and the abortion was scheduled for 25 weeks gestation, three weeks later than an abortion could legally be performed in Kansas.⁵</p>
Nebraska State Law:	An abortion may be performed at or after 22 weeks only if the woman’s life is endangered or if her physical health is severely compromised. Nebraska penal code § 19.01: A person commits criminal homicide if he intentionally, knowingly, recklessly, or with criminal negligence causes the death of an individual.
Federal Law:	Born Alive Infant Protection Act. Infants born alive after an abortion are persons protected under the law.

THE INVESTIGATION

Live Action went undercover twice in LeRoy Carhart's infamous Nebraska late-term abortion clinic. Our investigators said they heard that Carhart was the "best to go to" for a late-term abortion. Ultrasound examinations evaluated them as 22 and 26 weeks pregnant, so Carhart recommended that each investigator travel to Maryland, where he could offer abortion on demand up to 27 weeks.

HORRIFIC ABORTION PROCEDURES – BUSINESS AS USUAL

Carhart has long been known to fight hard for his grisly abortion procedures. Twice he has gone to the Supreme Court to demand the legalization of his favorite method of partial-birth abortion, wherein a baby is mostly delivered and then his skull crushed and brain vacuumed out.⁶ So Carhart's callous disregard for our investigators' babies comes as no surprise. He casually described the abortion as a "shot into the fetus" to ensure that "[i]t'll be dead for two days before you deliver it." He told her the injection also causes the baby to "[get] soft, like mushy [makes squishing sound], so you push it through... So it's like putting meat in a crock pot." If this method is unsuccessful, he would have to remove the baby "in pieces," using, he joked, "a pickaxe, a drill bit."

Both investigators asked if Carhart's abortions "hurt" the babies. He replied by arbitrarily inventing his own parameters for when a fetus feels pain. "So, after about two to three weeks after birth... I think then they have pretty good knowledge of pain, but before that I'm not so sure that they do." In fact, there is wide consensus in the scientific community that babies feel acute pain by 20 weeks of gestation.⁷

CALLOUS KILLING EN MASSE

Chillingly, Carhart obviously knows he is killing babies. He consistently described aborting "the baby." When our investigator said she could feel her baby kicking, he replied nonchalantly, "Yeah, it's moving now; after 20 weeks, it should be." In his mind, though, aborting this living, moving baby was still better than the inconvenience of "wondering where your child is and what's happening to it." Not to worry, Carhart assured our investigator: "probably within an hour of the injection you shouldn't feel it moving anymore."

Carhart also boasted to Live Action that he had performed "twenty-some-thousand" abortions "over 24 weeks," the point of viability defined by *Roe v. Wade*. Considering that only 10% of women who get an abortion after 13 weeks do so out of concern for their health, the vast majority of these abortions were probably performed on healthy babies and mothers.⁸

LYING TO PATIENTS ABOUT ABORTION RISKS

Finally, Carhart blatantly lied to both our investigators about the danger of his abortions, coercing his patients into a risky procedure. "I've never had to send anybody to the hospital." Less than a year before, his staff were forced to call 911 after he injured a woman in an abortion.⁹ Our second investigator asked Carhart if she should call an ambulance if she goes into labor in her hotel room. With callous disregard for her safety, Carhart replied, "...don't call 911... you're gonna be within 10 minutes or 15 minutes of a clinic, just get in the car. Call me."

Just six weeks earlier, he had ignored his patient Jennifer Morbelli's attempts to contact him before she went into cardiac arrest and

died at the local hospital. More injuries probably remain undocumented, as Carhart instructs his patients, "If you feel that something is wrong and you need to be seen do not go to the ER, call and we will meet you at the clinic."¹⁰ He would rather endanger his patients than reveal his malpractice to emergency physicians. Carhart also told our investigator, "[T]he risks at... 36 weeks doing an abortion are still about less than 10% what they are with childbirth." Actually, abortions after 20 weeks result in 6 times more maternal deaths than childbirth.¹¹

ASSESSMENT

LeRoy Carhart delivered false medical information to his patients, rendering them unable to give informed consent to a dangerous abortion procedure. He also displayed gross negligence by instructing his patient to drive to his clinic while in labor, rather than calling an 911. The Nebraska Department of Health and Human Services must immediately suspend his license and conduct a license investigation.

ENDNOTES

- 1 Steven Ertelt, "Abortion Doc Who Killed Woman in Failed Abortion Under Investigation," Life News, March 11, 2013, <http://www.lifenews.com/2013/03/11/abortion-doc-who-killed-woman-in-failed-abortion-under-investigation/>
- 2 *Nebraska v. Carhart* (1993) <http://abortiondocs.org/wp-content/uploads/2011/12/Carhart-public-doc-file1.pdf>.
- 3 "Abortion Provider Fights University Dismissal," The New York Times, March 13, 2001, <http://www.nytimes.com/2001/03/13/us/abortion-provider-fights-university-dismissal.html>.
- 4 Leia Baez-Mendoza, "Ex-employees Aid Abortion Foes," World-Herald, August 28, 2009, <http://omaha.com/article/20090828/NEWS01/708289932>.
- 5 "Illegal Fetal Age/Viability Deception Scheme Uncovered By Operation Rescue At Tiller's Abortion Clinic," Operation Rescue, January 11, 2009, <http://www.operationrescue.org/archives/illegal-fetal-ageviability-deception-scheme-uncovered-by-operation-rescue-at-tiller%E2%80%99s-abortion-clinic/>
- 6 *Stenberg v. Carhart*, 530 U.S. 914 (2000); *Gonzales v. Carhart*, 550 U.S. 124 (2007).
- 7 Colleen Malloy, Statement to the House, Committee on the Judiciary, *District of Columbia Pain-Capable Unborn Child Protection Act*, Hearing, May 17, 2012, http://www.nrlc.org/abortion/Fetal_Pain/TestimonyColleenMalloyHR3803.pdf.
- 8 Lawrence B. Finer et al, "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives," *Perspectives on Sexual and Reproductive Health* 37, no. 3 (2005), 110–118.
- 9 Cheryl Sullenger, "Moans, Screams Heard From Botched Abortion Victim in 911 Call," Life News, May 23, 2012, <http://www.lifenews.com/2012/05/23/moans-screams-heard-from-botched-abortion-victim-in-911-call/>
- 10 Steven Ertelt, "Was Woman Killed in Botched 33-Week Abortion Told Not to Go to ER?" Life News, February 14, 2013, <http://www.lifenews.com/2013/02/14/was-woman-killed-in-botched-33-week-abortion-told-not-to-go-to-er/>
- 11 Bartlett, L. A. et al. (2004). Risk Factors for Legal Induced Abortion-Related Mortality in the United States. *Obstetrics & Gynecology*, 103 (4), 729–37

INVESTIGATION TRANSCRIPT 1

TRANSCRIPT 1 PLAYBACK

00:00 PREPARING TO ENTER CLINIC

00:07 ENTERING CLINIC

06:43 INSTRUCTIONS FROM RECEPTIONIST

37:46 CALLED FOR ULTRASOUND

37:37

CLINIC-1: How you doing?

WOMAN: Good, how are you?

CLINIC-1: Good. How far along are you?

WOMAN: Oh I don't know.

CLINIC-1: OK, I'll do your ultrasound then.

WOMAN: OK.

CLINIC-1: Did you have an ultrasound yet?
Yeah, she can come in.

WOMAN: OK. Uh, no, I haven't had one yet.
Well, I mean, I had one a long time ago.

CLINIC-1: [inaudible] this one.

38:25

CLINIC-1: OK, go ahead and hop up there. I
was told that you might just want to do the
ultrasound today only, or-

WOMAN: Well, because I didn't know that you
had to have all the money right up front-

CLINIC-1: Yeah.

WOMAN: So, I might have to, like, after the
ultrasound my friend was gonna go and see if
she can gather it up.

CLINIC-1: OK, how much money do you have?

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WOMAN: Uh, I think I just have like \$300.

CLINIC-1: You do? OK. Did you talk to
anybody about that?

WOMAN: Uh, yeah, I talked to her.

CLINIC-1: OK. So are you thinking about-

WOMAN: She said that what I could do is like
get the ultrasound, talk to the doctor, and in
the meantime, hopefully come up with the
money, like my friend's gonna help me get the
money while I'm talking to the doctor before
or whatever.

CLINIC-1: Yeah. OK, well let's see how far
along you are first.

WOMAN: OK.

CLINIC-1: 'Cause if you didn't have an
ultrasound, it could be less than you think, so-

WOMAN: OK.

CLINIC-1: That will bring your price down.

WOMAN: OK. Cool.

CLINIC-1: We went by your last period, right?

WOMAN: Yeah.

39:28

ULTRASOUND PROGRESSES

WOMAN: What does your shirt say?

[LAUGHTER]

CLINIC-1: So did you have periods all through-

WOMAN: All through what?

CLINIC-1: Pregnancy, or?

WOMAN: Um—I had—my periods have always been off, it seems. They’ve gotten more regular in the past couple of years, but yeah I had some like bleeding, in the beginning.

CLINIC-1: OK.

WOMAN: That’s why it took me a long time to even know I was pregnant because I just thought I was going back to the irregular periods.

CLINIC-1: That happens a lot.

WOMAN: Really?

CLINIC-1: Yeah, a lot of women will have spotting, they’ll think their period is just being weird that month or two-

WOMAN: Yeah. I just found out like a couple weeks ago that I was pregnant. And I was just like, really? Like I thought I was going back to the whole irregular period thing.

FRIEND: Surprise, surprise, yeah.

WOMAN: I know.

41:34

WOMAN: What is that?

CLINIC-1: That’s the head.

WOMAN: Oh, okay.

CLINIC-1: [inaudible]

WOMAN: That’s a big head.

CLINIC-1: Yeah.

42:06

CLINIC-1: I’m gonna do one more measurement because it’s measuring at about 22 weeks and that’s over our limit, so-

WOMAN: What do you mean?

CLINIC-1: We go only up to 21.6. So if it’s 22 weeks we won’t be able to see you here.

WOMAN: Oh no. I don’t think I’m 22.

FRIEND: I thought you were earlier than that.

WOMAN: I thought I just became 20.

FRIEND: (sighs)

CLINIC-1: Is this your first child?

WOMAN: Mm-hm.

CLINIC-1: If you were too far, we do have a different clinic, it is a little far though, it’s over-

WOMAN: Is it in Nebraska?

CLINIC-1: No, it’s in Maryland.

WOMAN: Oh wow.

CLINIC-1: Yeah we go out to do over 21.6, so.

WOMAN: In Maryland?

CLINIC-1: Yes. There are other clinics near though that, I think Iowa goes farther, I’m not sure which part of Iowa it is, you might want to look into it.

WOMAN: So I’m definitely over, or you’re not sure?

CLINIC-1: I’m not sure yet.

WOMAN: OK.

CLINIC-1: I’m gonna do some more measurements, stuff like that.

FRIEND: Yeah hopefully we don't have to go to Maryland, that would really suck.

CLINIC-1: That's the bad thing about when you're farther along, most of the time it'll be a couple weeks over what you think, or less.

WOMAN: Why?

CLINIC-1: It's just the way it is. 'Cause most people don't think about their period, it's not accurate so-

WOMAN: Right.

CLINIC-1: I have people coming in thinking they were 12 weeks, they were 24.

WOMAN: Wow. Oh my gosh.

FRIEND: Like, why does it stop though at 21? Like, it just seems, you know-

CLINIC-1: It's the law. It used to be up to 24 I believe, but they changed it, 'cause the protestors, signatures-

WOMAN: Why?

CLINIC-1: They said that after 22 weeks, the fetus can feel pain.

WOMAN: Can it?

CLINIC-1: Um, I really don't know. That's what they proved, but, I mean, I've never seen a fetus cry at 22 weeks, so. I mean, you don't know if it feels anything.

FRIEND: I don't even know, like can they-it's just kind of a scary thought. Like what if they, you know, what if they came out and could cry or something or moved or something.

CLINIC-1: Yeah I know that women have miscarriages at this point, I mean, you can have miscarriages at any point in pregnancy, but they said at this point it could possibly live outside the womb, so that's why they said that abortion should not be an option for-

WOMAN: So it's just up to each state then?

CLINIC-1: Mm-hm.

WOMAN: So that's why it's farther in Maryland?

CLINIC-1: Maryland goes to 27 weeks.

WOMAN: Whoa.

CLINIC-1: And people can have no problem, because some women don't know that they're pregnant until later, so.

FRIEND: Haha, like you.

CLINIC-1: It should still be an option for those women. You can't just plan on having a baby in two months. And there's a lot of minors too that are pregnant 26, 27 weeks, so.

FRIEND: Yeah but there wouldn't be like an issue though if she had an abortion, you know, the baby's, it would be taken care of, right? It's not gonna-

CLINIC-1: Oh well what we do is we do an injection the first day, so that numbs the baby, it won't feel anything. And we do that just because, um, I guess we don't have to but we just do it because it's better that way.

FRIEND: Yeah.

WOMAN: And then, how do they take it out then?

CLINIC-1: We give you a medication, that's gonna induce labor.

WOMAN: Oh, so I have to like labor it out or like birth it?

CLINIC-1: No, you will be sedated. You're not gonna be completely asleep, but you will be relaxed enough that you won't realize what's going on. Um-

FRIEND: That's a big head, (Removed for Privacy).

46:59

WOMAN: Is there a possibility like during the procedure, for them to come out moving or anything?

CLINIC-1: Mm-mm. Like I said first we numb it so, basically, the medication we give on the first day makes its heart stop, so even if it didn't, that laminaria that we put in there, I don't know why it happens, the fetus just dies, by the second day. But we still do it because that way, we make sure that it's not gonna move at all afterwards.

WOMAN: What would happen if it did though? Like what-

CLINIC-1: Um, it just dies instantly.

WOMAN: Like after it comes out?

CLINIC-1: Mm-hm.

WOMAN: So it just dies?

CLINIC-1: Yep. It wouldn't survive at all.

WOMAN: But would like I wouldn't get in trouble, like it wouldn't get transferred to like the hospital or something, right?

CLINIC-1: No.

FRIEND: Well I'm sure the doctor could take care of that, (Removed for Privacy).

CLINIC-1: Yeah, you won't have to worry about it, that part. That's why it's such a big deal when we have higher gestations, we just have to be looking and being really careful with the people who are trying to get us for anything, even if we didn't do anything. They want us shut down, so.

WOMAN: What do you mean?

CLINIC-1: Um, they always make up stories about us doing abortions at later gestations.

They say that we fix the gestations on the ultrasound, and they came in the-

FRIEND: Oh, is it like those people, like we were coming in and they were like, yelling at us on the way in? I didn't know what they wanted.

WOMAN: Geez.

CLINIC-1: They just don't understand. They don't need abortions because they're too old. So they just don't know what it's like to be in a situation where you just feel like you have to have one. Tell me if I'm hurting you.

WOMAN: OK. Is it moving a lot?

CLINIC-1: You want to see?

WOMAN: What?

CLINIC-1: [inaudible] the screen. That's the heart right there.

FRIEND: Oh it's beating.

49:29

CLINIC-1: You can basically see everything right now. It's just-'cause right now, here's the torso.

WOMAN: What is it? Do you know if it's a-

CLINIC-1: I can't tell on this ultrasound.

WOMAN: OK.

CLINIC-1: We can tell sometimes if it's after when it comes out.

WOMAN: Oh OK. So but-just, just one more to make sure though. I don't, I'm not, going to like, if there was that slight chance that it came out and it was still moving, like, I don't get in trouble, right?

CLINIC-1: No.

WOMAN: OK.

CLINIC-1: That's never happened before either.

WOMAN: OK.

CLINIC-1: So I wouldn't worry about it.

WOMAN: I saw this article online where-

FRIEND: My hand hurts.

WOMAN: I saw this article online where like a woman had an abortion like, I think later than me, she was like 24 weeks or something, and like, the baby actually survived. And so like, she was like forced to take care of it. And like, ever since I read that article I, like, oh my God, can you imagine?

CLINIC-1: I think I read that one too.

WOMAN: Yeah.

CLINIC-1: Um, it wouldn't be able to survive, because when it comes out, it just can't breathe, you know, it's too small to like survive without any machines or anything. So-

WOMAN: So but the doctor would take care of it, like I don't have to worry about-

CLINIC-1: No.

WOMAN: OK, cool.

FRIEND: Well I think that's just something you could let it, you know, it's just gonna die, right, so just let it-

CLINIC-1: Yeah I don't know how that would happen, because the clinic's not a hospital, most abortion clinics are not in the hospital, so if it survived, unless the mom was gonna be like, I'm taking it home, it's impossible that she's gonna make it home with the baby alive.

WOMAN: Right.

CLINIC-1: So, I think that was just a made-up story.

WOMAN: OK.

CLINIC-1: It says you're measuring at 22 weeks, so-

WOMAN: Sorry, you said it is showing 22?

CLINIC-1: Yeah.

WOMAN: Really?

FRIEND: Yikes.

CLINIC-1: I'll have to go ask around if there's a clinic closer. Where do you live?

WOMAN: Um, well, I don't mind traveling, it's just, I would want, like, is it possible to talk to—so, but, is it your clinic though? Like it's another one?

CLINIC-1: The one in Maryland, yes, it's not our clinic, but our doctor goes there every week, so it's the same doctor.

52:14

WOMAN: OK, 'cause I heard that he's the best to go to. And so that's why it would, like, I would feel more comfortable going to his, you know, like if that's where he does them too, then yes, I would want to go there.

CLINIC-1: Yeah, OK.

WOMAN: Because I don't want to take that risk.

CLINIC-1: Um, what we can do is the cost I believe is gonna be about the same, I can go find that for you. You never had a child before, so you have no obligations that we need to be aware about?

WOMAN: OK.

CLINIC-1: Um, you have to think about the cost that it's gonna be for you to travel that way, and you need to stay in a hotel, it's gonna be a two-day procedure.

WOMAN: I have family, I have family there. So, I could-

CLINIC-1: Um, do you know where?

WOMAN: They live in like Bethesda, is that Maryland?

CLINIC-1: We're in Germantown.

WOMAN: OK. How far away is that?

FRIEND: We can Google it or something.

CLINIC-1: Um, that's like 30 minutes from DC I think.

WOMAN: OK.

CLINIC-1: But we just want to make sure that you continue to wait, just in case because we don't want anything to happen and then you're not there, or close enough to get there.

WOMAN: OK. Like, I mean, I can make it happen, so.

CLINIC-1: OK. Um, we can give you numbers for financial assistance, if you want to try, just gather the money and we'll go from there.

WOMAN: OK.

CLINIC-1: Um, again, go ahead and make your appointment so we have everything ready for that clinic.

WOMAN: OK.

CLINIC-1: And then, um, I'll give you the numbers now, so that you can call, and then you can call us when you get your appointment. OK?

WOMAN: OK. Is it possible to, is, can I still meet with the doctor today?

CLINIC-1: Yeah. You can wait for him, he should be here any time.

WOMAN: OK, yeah, 'cause that way at least I can talk to him about everything before I go out and do all that.

CLINIC-1: Yeah. OK.

WOMAN: Is that ok?

CLINIC-1: Yeah, that's fine. He'll talk to you, and if you get out to this clinic, he'll talk to you there too, so you might as well just meet now.

FRIEND: Just do it.

WOMAN: Exactly, while I'm here.

CLINIC-1: Yeah. All right, let me go ask about, because we usually charge for the ultrasound, but since yours is different, I'm gonna go ask.

WOMAN: Oh OK. Thank you.

CLINIC-1: I do, I will take a urine sample now, so if you want to come with me I'll take you to-

WOMAN: OK. Should I take this clipboard with me?

CLINIC-1: Yeah you can bring it. You're gonna go up to the [inaudible]

WOMAN: OK.

54:52 WOMAN DOES URINE TEST

CLINIC-1: Yeah it's going to be more, its \$3,200.

WOMAN: Oh my gosh, OK.

CLINIC-1: These are two numbers I gathered for you, actually let me write down another one. Here's that.

WOMAN: OK.

CLINIC-1: Your appointment will be for Monday (inaudible).

WOMAN: OK.

CLINIC-1: I do need you to sign this just date, initial and sign.

WOMAN: OK.

CLINIC-1: And I do need to collect for your ultrasound, but if you do come in for your appointment you won't have to pay for it again.

WOMAN: OK. How much is the ultrasound?

CLINIC-1: It's \$100.

WOMAN: OK.

CLINIC-1: So if you just take a seat, I'll make sure they have you meet with the doctor.

WOMAN: OK, thank you. And do I just keep filling out these forms?

CLINIC-1: Um, you can, but we're not going to collect those since you're not staying here.

WOMAN: OK. Thank you.

01:07:01

FRIEND: Hi

CARHART: Hi, are you waiting for me?

WOMAN: Yes, are you the doctor?

CARHART: Yeah I am.

WOMAN: OK. Let's see what we've got. Are you (Removed for Privacy)?

FRIEND: Hi, I'm (Removed for Privacy).

CARHART: (Removed for Privacy)? You said (Removed for Privacy) though?

FRIEND: (Removed for Privacy).

CARHART: Oh, (Removed for Privacy) what you go by?

FRIEND: Yeah.

CARHART: OK. We needed you last week.

WOMAN: You what?

CARHART: I said we needed you last week.

WOMAN: I know. Well, I didn't know I was this far along.

CARHART: I'm sure. Um, OK. All right, um, where are you from? (Removed for Privacy)? No.

WOMAN: She's from-

CARHART: You're from (Removed for Privacy)?

FRIEND: Yeah.

CARHART: OK. Well, you're only three hours [away?] No, maybe four.

WOMAN: Yeah we, we're actually just crashing with a friend out here, just-

CARHART: Are you from (Removed for Privacy) also?

WOMAN: No, no I was born in (Removed for Privacy). Um, but I lived in (Removed for Privacy)-

CARHART: But I mean, are you from (Removed for Privacy)?

WOMAN: Yeah, I was born and raised in (Removed for Privacy), so.

CARHART: All right.

WOMAN: I like moved around a lot.

CARHART: But you're in Lincoln right now?

WOMAN: Yeah.

CARHART: I get it. OK. So. How can I help you?

WOMAN: So, they said that um there's also a place in Maryland that we could go to that does them farther I guess.

CARHART: Uh yeah, we go, we have, for elective we can go 26 weeks, and for indications we can go anything. So, um, but you're, you've got a month to get that out of the way. It gets more expensive every week.

WOMAN: Yeah, I saw that. But you would be my doctor who would do it, right?

CARHART: In Germantown, right.

WOMAN: OK.

CARHART: And we could start you as early as this Monday.

WOMAN: As this coming Monday? OK.

CARHART: Um, she said you need help with financing?

01:09:05

WOMAN: Yeah I might. I mean, I can get money together through like friends and stuff.

CARHART: OK. And there's also an organization that can help, they'll give you the information for the NAF.

WOMAN: OK. So, what kind of procedure would I have to get then? Since I'm-

CARHART: It would be the same thing we'd do here, um it's just that it would be, um, a combination between a D&E and an induction. We would try to induce you to just deliver the baby.

WOMAN: What do you mean, like, I'd have to like, birth it?

CARHART: Yeah. That's the safest thing for you, and we do it with sedation, so you probably would not be too aware of the bodily process. We would do two days of putting laminaria in your cervix to open it, and then on the third day we would do the delivery.

01:09:57

WOMAN: How do you—how do you do it? Like, 'cause she said, the nurse said something about a shot. Is that—

CARHART: We do a shot into the fetus to end the pregnancy the first day. And that's the same thing we would do here.

WOMAN: OK.

CARHART: Or even, if you were anything over 18 weeks, it's the same thing we would do here. 18 weeks or over, we would do here.

WOMAN: Does it hurt them?

CARHART: Um, well you're gonna be asleep, and not feel it, and the medicine that puts you to sleep is like 100 times more than the amount we'd give the fetus, so yeah, no, I don't think he's gonna feel it.

WOMAN: OK.

CARHART: Um, uh, it's very, I'm not sure, I mean, I totally disagree that the fetus feels any pain with a regular D&E, at 22, 21 weeks. Like, the best way I can explain is that you know they have the pain receptors present, but it's like a motion picture, you're watching a movie, you can have the camera and the projector, but if you haven't got a screen for it to play on, you don't got a movie, and that's essentially the way it is. The receptors are there but the brain function is not there, or it's not connected, you know?

WOMAN: OK. Um.

CARHART: You know, they circumcise babies without any anesthesia at all. And for years they've done that.

WOMAN: Yeah.

01:11:24

CARHART: It's, um, they don't hardly recognize the pain after they're born for the first couple weeks. So, after about two to three weeks after birth, then they're, I think then they have pretty good knowledge of pain, but before that I'm not so sure that they do.

WOMAN: OK. Um, and then how do they come out?

CARHART: Well, if everything works right, they come out—you just deliver them and they come out fine. I mean, if, if um, for some reason that doesn't happen, then we have to take them out in pieces, but the baby's already dead so there's not, you know, there's not going to be any pain from that.

WOMAN: Do they, does it ever come out like moving or anything?

CARHART: No, it's dead. It'll be dead for two days before you deliver it. We'll know that from the ultrasound.

WOMAN: OK.

CARHART: So, we've never-no, You know, all the stuff out there on the internet is to keep you from having, to make this choice, so if there was any truth to it-

FRIEND: That's probably what's freaking you out.

WOMAN: Yeah I know.

CARHART: What's that?

FRIEND: The internet.

WOMAN: I did some research and I showed her the article, there was like a woman who had an abortion like, I think it was 24 weeks? Or something, and, but, it failed, and so like, the baby ended up like surviving, and she was like forced to take care of the baby. And so I read that and when I was filling out the paperwork today-

CARHART: It didn't have any injuries or anything?

WOMAN: I think it was like mentally handicapped for the rest of its life, but like, I, when I was reading today in that thing, it said like "failed abortions" or something-

CARHART: I don't know how that would be possible to happen-

WOMAN: And so that's why like, ever since then, I've been like oh my gosh, you know?

CARHART: I mean it depends on what you mean as failed abortion. As far as-

WOMAN: I mean like being born.

CARHART: As far as ending the pregnancy, as far as ending the pregnancy, um, back 15 years ago before we started using the fetal injection, there was always a possibility that after they did the labor for a couple days the fe-the child would be born. Um, but there would be nothing to damage, it, it's just gonna be born. But now with the injection, we know that, yes, we, I've had one that delivered before we thought they should, but the fetus had been dead for a day and a half already. So, it's not gonna move. You know, it's just out. Essentially, the abortion's over like 15 minutes after we start the procedure. And then the next two days are just dilating your cervix and making it so it comes out without making it so you can't have future pregnancies.

WOMAN: OK.

CARHART: So.

01:14:18

WOMAN: What would happen if it did come out moving? Like would I get in trouble?

CARHART: Well any, it's, if you come to us, it's impossible, 'cause I won't do anything else until I know the fetus is not alive. And if it's not alive-

WOMAN: Like continue with the rest of it?

CARHART: It isn't gonna move. Well no, I mean it's, I'm up, we're up in the twenty-some thousand number of patients over 24 weeks, and there hasn't been one moving for two days before we finished yet. So I would think that to be moving at the time of delivery would be just absolutely impossible.

WOMAN: OK.

CARHART: If it comes out moving then we have to resuscitate it and send it to the hospital, I mean that's the law.

WOMAN: You do?

CARHART: Yep. Everybody does, I mean, that's, it's a living thing then, that's got, but that's-

WOMAN: So then I would have to take care of it? Like and raise it?

CARHART: Um, no, you have the right of, same as any mother, within 72 hours of birth you can say it's not my problem, and sign it off.

WOMAN: So by going, so in Maryland, that's the law?

CARHART: Here it's the law. Every state in the United States, that's the law. If the baby is born, once it's born, if it's born alive, then you have to have it.

WOMAN: Oh my god. Really?

CARHART: But it isn't gonna happen. I mean it's like you telling me that you know, uh-

WOMAN: So you would have to resuscitate it?

CARHART: If it, if it were born alive, but it's, there's absolutely zero possibility that's gonna happen.

WOMAN: OK.

01:15:50

CARHART: Because if it' isn't dead we aren't going to go on with the abortion.

WOMAN: OK.

CARHART: It'll stay alive inside of you, but I haven't had one that's done that yet. I mean, sometimes we have to repeat the injection on the second day, but that's only been like three times in the twenty years that I've been doing these.

WOMAN: So the injection is what you stick inside the, the-

CARHART: Through your tummy into the fetus.

WOMAN: Through my stomach. And does the needle hurt me?

CARHART: You? A little bit.

WOMAN: Yeah. A little bit?

CARHART: But you probably won't remember it. Most people end up asking me what the Band-Aid's for the next day. So.

WOMAN: OK. Um, and then, um, will I feel it like dying? No?

CARHART: It's not even gonna feel it dying. It's just, the heart slows down and it just stops.

WOMAN: 'Cause I already feel it like kicking and moving.

01:16:36

CARHART: Yeah it's moving now, after 20 weeks it should be.

WOMAN: So I won't feel it like moving or anything, like, that's it.

CARHART: No, probably within an hour of the injection you shouldn't feel it moving anymore.

WOMAN: And then, um, so and then you on the second day you take it out and then what happens to it after?

CARHART: It goes, we have to either, if you want to have it cremated, then you have to arrange that with the funeral home, and in Maryland that's like 20, uh like 400 or 450 dollars to get them to cremate it and give you back the ashes. Um, if we, if you don't choose to do that, then we'd send it to be, it goes in with medical, what they call medical body parts, same as if you had an arm amputated at the hospital, or something, cancer in the leg and they have to remove the leg. Then it just gets cremated with that and buried. It has to, it's controlled by the state, we have to have a licensed, regulated carrier that picks it up and transports it to the place.

WOMAN: So you don't have anything at the clinic though to do that? Like I'd have to go outside of the clinic if I wanted to bury it or-

CARHART: If you want to bury it then you have to go outside the clinic, yeah.

WOMAN: OK. Do a lot of women do that?

CARHART: Maybe, no, maybe 5%. Maybe 1%. Somewheres about, yeah, probably about 5%.

WOMAN: OK.

CARHART: But I mean, it's not cheap, and it's uh-

FRIENDS: We can talk about it (Removed for Privacy).

CARHART: And those things, those things you uh, have to do.

WOMAN: OK.

01:18:19

CARHART: Well, the sooner you make your, I mean, you have to decide whether you want to have a baby or not. If you don't, that's the choice, if you do, then your choice is what you're gonna do with it, whether you're gonna raise it, put it up for adoption, or put it in foster care, those are the three choices you have.

WOMAN: I don't want any of that, I don't want-

CARHART: So, and that's, there's nothing in my mind at all wrong with that. In fact, it's uh, you know, rather than spending the rest of your life wondering where your child is and what's happening to it and everything else, it's better to know that you know, it can be a memory in your heart and wish it was different but know that it couldn't be.

WOMAN: Yeah. So, um, the nurse had said something about staying at a hotel or something like that. What's-

CARHART: Yeah, there's, you can get on Priceline and get hotels for \$50 a night to \$55 a night

WOMAN: OK.

CARHART: Around Germantown or Gaithersburg area. But you'd need the money to get there, you need the money for the hotel, and money for food for three days.

WOMAN: OK. And you said there was a place that could help me with that?

CARHART: Huh?

WOMAN: You said that there was a something they could help me-

CARHART: I don't know, they do help people if you qualify, I don't know what your income status is or anything like that.

Woman: OK.

CARHART: They need to know what your household income and expenses are and then they there's a national funding agency that can help somewhat. But they're not going to be able to come up with the whole thing, or whatever-

WOMAN: And how many days would I need to be there?

CARHART: Um, we need to start early on Monday morning, Tuesday and we finish on Wednesday, so you need to probably be there 3 nights. You need to go there um Sunday night, no, yeah, Sunday night, Monday night, Tuesday night, and then leave Wednesday afternoon. If you make your flight home on Wednesday, make it as late as possible, otherwise stay till Thursday morning.

WOMAN: OK. Or just leave Thursday. Am I gonna be like in a lot of pain afterwards? Do you know?

CARHART: You shouldn't be in any pain.

WOMAN: OK.

CARHART: And there are no restrictions afterwards. Except for nothing in your vagina for 3 weeks.

WOMAN: OK.

01:20:24

CARHART: As I tell everybody, that includes fingers, friends, and fruit.

[LAUGHTER]

WOMAN: Oh my gosh. OK. Do you have any questions for him?

FRIEND: It's up to you. So you're saying we need to get there-how far, what did she say you were? How long do we have, you know?

CARHART: 22 weeks. She has a month to get there. But the difference between, I don't know there, but when we were here, the difference between 22 weeks and 26 weeks was like the difference between \$2,025 or \$3,000, I don't know their prices and maybe \$6,000 or \$7,000 so, yeah there's time, but the money, it goes up on an average of \$1,000 per week. Until you're 29, and then it goes up by \$2000 a week, but without a reason we couldn't do it at 29 so.

WOMAN: OK.

CARHART: OK?

WOMAN: And how just so I know, like how long have you been doing this, like a long time?

CARHART: Oh I just got here. [laughter]

WOMAN: Well I mean like, you know.

01:21:35

CARHART: Since 1970, I did my first abortion.

WOMAN: OK. And you see a lot of women that are as far along as I am?

CARHART: Yeah I'm one of the 4 people in the country that do all of the later abortions, anything over 24 weeks-

WOMAN: Why won't more doctors do them?

CARHART: Well most of the states won't allow them to do them. There's only Colorado, Nebraska-no, Iowa, Maryland, and, I can't get

funding to get a clinic in Iowa, otherwise I'd be there instead of Maryland 'cause it's a lot closer for me to go over there.

WOMAN: So it seems like you're the number one provider.

CARHART: Well pretty much, we probably do more than twice as many as anybody else.

01:22:23

WOMAN: Yeah I googled about this clinic and I saw that you were so praised, like oh he's the best, and so that's why when the nurse had said you know we have a clinic in Maryland I was like okay, I'll go there.

CARHART: Yeah.

FRIEND: I wish it just wouldn't be so far, your stupid periods.

WOMAN: Exactly, I thought I was 20, I know. I only thought I was 20 weeks.

CARHART: I don't know as far as, I've had people come from farther than this by bus to Maryland, by plane, and by, flying, if you can get, but the trouble with tickets this time of year, Christmas, it's, it's flippin' impossible.

FRIEND: Yeah.

WOMAN: So what's the exact last, like, what's the cut off to make an appointment by? Like if I can't get it this coming Monday, what is the cut off?

CARHART: Um, well there's, you can call us and make the appointment, and then if you can't come, just tell 'em you can't come.

WOMAN: OK.

CARHART: And then we can just reschedule it for the next Monday. But then we're gonna be closer two weeks to Christmas, the week of

Christmas, and week of New Year's we're not gonna be there, so. You have this week and next week.

WOMAN: OK.

CARHART: But still the sooner you can get there the better it would be for everybody. And even though the risks at 30 weeks doing an abortion, uhhh 36 weeks doing an abortion, are still about less than 10% what they are with childbirth, still they go up every week. So at 20, 24 weeks, it's still hundreds of times safer than going in at the end of the pregnancy.

WOMAN: And I'll be able to like conceive in the future?

CARHART: Hopefully, yeah. I mean I can't guarantee anything, but the chances of having to have a D&C that requires a hysterectomy which is about the only reason you couldn't conceive in the future is less than 1 in 20,000 or something.

WOMAN: OK.

CARHART: And that's the national average. We've never, I've never had to send anybody to the hospital with my patients, so.

WOMAN: Oh really.

01:24:25

CARHART: And the Christin Gilbert thing on the internet was not my patient. I ended up seeing her in the h--

WOMAN: Who's Christin Gilbert?

CARHART: Oh if you go on the Internet eventually you'll find it, she was a 19 year old mentally handicapped girl from Texas that Dr. Tiller had operated on, and she happened to come back to the clinic on a day that I was covering for him, but it was four days after, she had what's called post-partum help

syndrome, which happens very, very—you've heard of eclampsia with women—

WOMAN: Yeah.

CARHART: Pre-eclampsia, eclampsia, well if it happens before delivery the cure is delivery, and it usually is never a problem, but if it happens after delivery, nobody has been cured from it. And it's a, some kind of an immune reaction from your body to the fetal tissue that was in there, that you know, was there. So and even after the fetus is delivered, there's still fetal cells in your blood from 4 to 6 weeks. So if you develop a reaction to it, there's just no way. Usually by getting the fetus out, then it stops, the blood stops mingling, and you get better right away. But if it happens after the fetus is already out, then there's nothing else to take out to make you better. They can treat you with all kinds of steroids, but nobody has survived it yet.

WOMAN: So what happened to her?

CARHART: She died.

WOMAN: Oh wow.

01:25:59

CARHART: So, um. But they were, they were not upset with Dr. Tiller, who was her doctor, they invited him to speak at her funeral. So-

WOMAN: Did they get upset at you?

CARHART: No they're not upset with anybody. But the "Anti's" just deciding to blame me for it, because Tillers' dead, why blame him. (laughs)

WOMAN: Right.

CARHART: So-

WOMAN: Wow.

CARHART: All right, well I gotta go, whatever choice you make is fine-

WOMAN: OK.

CARHART: But um the only thing I can say if your going to terminate, the sooner the better.

WOMAN: OK.

CARHART: Honestly, um its about a 20, a 20 hour drive there, if you got a car that'll make it that far, probably the best thing to do-

WOMAN: Cheaper.

CARHART: And if you don't, you can rent a car for 6 days for, for a weekly rental around here its probably about \$200, \$240.

WOMAN: OK.

CARHART: And then you don't have to worry about whether it'll make it or not, it's a hell of a lot cheaper than, actually the cab fare there for a couple of days will run you a couple hundred dollars, \$10 each time you head to the clinic, and probably \$30 to and from the airport. So-

WOMAN: OK, OK.

CARHART: So um to me that, that's—if I didn't go every week, I would drive in a heartbeat because its, its like 6 hours of flying time, each way and it gets-

WOMAN: And you do that every week?

CARHART: I do that every week, yeah.

WOMAN: Oh my gosh.

CARHART: I leave here Sunday morning about five in the morning, and I get back on Wednesday night at midnight.

WOMAN: So do you live there?

CARHART: No I live here.

WOMAN: Oh OK.

01:27:31

CARHART: I have a hotel room there-

WOMAN: Oh my gosh, yeah.

CARHART: Which you can get good hotel on Priceline, ugh, either in Germantown or Gaithersburg. I put Gaithersburg in first at \$50 at 3 stars, it started at 3 1/2 star worked out.

WOMAN: Right.

CARHART: And if you don't get anything, add Germantown and then go to \$55.

WOMAN: OK.

CARHART: You'll find something decent.

WOMAN: OK.

CARHART: Don't, Don't go below 2 1/2 stars though.

WOMAN: OK. It gets a little creepy?

CARHART: Cause then it ends up at the Red Roofs Inn and stuff.

WOMAN: OK.

CARHART: But even so the Red Roofs in are like \$70-\$89 or so. If you want there, you sign up there but I don't-

WOMAN: Right.

FRIEND: We want you to be comfortable-

CARHART: Excuse me.

FRIEND: I'm just saying to her that we want her to comfortable

CARHART: Well it was a pleasure to meet ya. Was that (Removed for Privacy)?

FRIEND: Well (Removed for Privacy), but you can call me (Removed for Privacy)

CARHART: And that's what your prefer (Removed for Privacy), or you prefer (Removed for Privacy)?

FRIEND: (Removed for Privacy) fine.

CARHART: Oh OK. Good to meet you.

WOMAN: Good to meet you.

CARHART: Um, if you call that number you're still going to get us. So call us 'cause we make all of their appointments.

WOMAN: OK.

CARHART: It's my office we run from here, and I just go there a couple of days.

WOMAN: OK. Thank you.

CARHART: All right, thank you.

01:28:44

CARHART EXITS OFFICE, TEAM EXITS OFFICE

WOMAN: Well, I don't know, do we need to do anything?

FRIEND: I don't know.

CARHART: Did you pay for the ultrasound?

WOMAN: Yeah.

CARHART: They'll credit you- (inaudible)

CLINIC-3: Can ya'll just have a seat, She's on the phone and then I'll have her call you up

WOMAN: Sure, OK.

01:30:35

CLINIC-2: All right sweetheart I'm just going to take all of your information you gave us over here, I just need an email address so I can email you instructions to our clinic in Germantown.

CLINIC-3: Do you have an email address?

WOMAN: Yeah, no.

CLINIC-2: You don't have one?

WOMAN: I know it's weird.

CLINIC-3: I totally understand that cause I don't do that.

WOMAN: OK, OK. Can I call back?

CLINIC-2: Yeah I'll just print one and give it to you.

WOMAN: OK.

CLINIC-2: No problem. OK if you just want to have a seat, I'll go ahead and write this all done, the time and date, and get everything set up for you. And make sure we go over everything else with the hotels and stuff like that.

CLINIC-3: You're flying in this next Monday?

CLINIC-2: You're coming in next week not this week right?

CLINIC-3: She's coming in as soon as possible.

WOMAN: Well I mean, yeah -

FRIEND: We need to look at appointments and (inaudible)

CLINIC-3: (inaudible)

WOMAN: I still have to look at flights and stuff.

CLINIC-2: Yeah (inaudible). So 22 weeks you'll start out there so you'll need to be there Monday through Thursday (inaudible).

CLINIC-3: You can go online and get great rates on Hotels.

FRIEND: I think I'm going to-

WOMAN: Yeah he said just use Priceline.

CLINIC-3: Yeah Priceline, that's the one we do ours, when we do, we get much better deals.

WOMAN: OK.

CLINIC-3: Yeah and use um Gaithersburg-

WOMAN: Yeah Gaithersburg or Germantown.

CLINIC-3: Oh he told you already.

WOMAN: Yeah he told me everything.

CLINIC-3: (inaudible) laughs

WOMAN: (laughs)

CLINIC-2: And we just ask that you have someone with you during your stay

WOMAN: Yeah that's no problem.

CLINIC-2: OK yeah we just prefer you have someone with you day or night. OK, all right, I will also give you the address and phone number to our Germantown location, that way when you're in the area you can call them for more instructions like where to park, and they'll give better directions cause I don't know anything over there (laughs).

WOMAN: Oh OK.

CLINIC-2: But I'll have all this stuff written down for you, and then I'll print it off for you and then I'll give it all to you.

WOMAN: OK.

CLINIC-2: OK, thanks sweetie

WOMAN: So how long will it-

CLINIC-2: Just like 5 minutes, I have to write down real fast

WOMAN: OK, do you know what time it is.

CLINIC-2: Ugh ten o'clock.

WOMAN: I just have to get to somewhere soon-

CLINIC-2: No I completely understand.

WOMAN: OK.

01:33:00

WOMAN GRABS WATER TO DRINK

01:42:28

CLINIC-3: OK so these are just about, protestors, you've already met some-

WOMAN: Yeah on my way in.

CLINIC-3: Same rules apply, we don't allow bags or purses with cell phones in them, OK, you can bring a small purse but nothing super (inaudible) No cell phones, because you wouldn't want someone to take a picture and send it ya know. So I can still remember when Dr. Tiller years ago, when someone said, "look at the picture I took", and he realized, not that he cared about himself, but the confidentiality of everyone else, so from that point on it was no cell phones in the clinic.

WOMAN: Yeah definitely.

CLINIC-3: Yeah so photo ID, you must have that already, ok, I'll let you take over-

CLINIC-2: Yeah I'll take over, ugh these are just things to go over. Make sure ugh things that you don't bring in, cell phones, same thing here. No cellphones or purses or things like that-

WOMAN: OK.

CLINIC-2: Um this one right here, this side, this is numbers to help with funding if you need help with funding.

WOMAN: OK.

CLINIC-2: Um NAF is one of the most common ones we use. Um but like we said it is a hard number to get ahold of, because it is nationwide, there's a lot of people calling. So it's like a radio contest.

CLINIC-3: (inaudible)

CLINIC-2: Yeah but um, it's just like one of those radio contests, you keep dialing until you hear an actual person on the phone not a recording.

WOMAN: OK

CLINIC-2: And these are also abortion numbers, they're numbers to help with funding also

WOMAN: OK

CLINIC-2: This is the address for the Germantown location and an actual phone number. Call them when you're in town

WOMAN: OK

CLINIC-2: And um, did they tell you the price of what it's going to be?

WOMAN: Yes

CLINIC-2: OK, so just to make sure. OK?

WOMAN: OK, is that all I need?

CLINIC-2: Yup, that's all you need

WOMAN: Thank you so much

01:44:20 WOMAN EXITS CLINIC

INVESTIGATION TRANSCRIPT 2

TRANSCRIPT 2 PLAYBACK

WOMAN ENTERS CLINIC

WOMAN CHECKS IN AT FRONT DESK

WOMAN USES RESTROOM

WOMAN FILLS OUT PAPERWORK

20:40 NURSE BRINGS WOMAN BACK FOR
ULTRASOUND

21:35

CLINIC-1: I'll have you lay down up here.
When was your last ultrasound?

WOMAN: Uh, it was early in the pregnancy so
it's been a real long time. Do you need me to
take-

CLINIC-1: Um, I just need your belly
uncovered.

WOMAN: OK.

CLINIC-1: So you can just lift that up.

WOMAN: OK. I would have stripped down for
you. You seem nice enough.

CLINIC-1: (laughs) Well, you'll have to
anyways, when the doctor comes in.

WOMAN: Oh, true.

CLINIC-1: Luckily, um, you'll have mostly girls
in the room.

WOMAN: Oh, OK.

CLINIC-1: Except for the doctor. OK. Go ahead
and lay down.

WOMAN LIES DOWN

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CLINIC-1: Um, we tried to get a hold of you
for funding, did you get a hold of all the funds,
or-

WOMAN: No, I didn't get a voicemail or
anything.

CLINIC-1: We might have had the wrong
number or something.

WOMAN: That's OK, though, I was able to, I
was able to get it. The ex-boyfriend's helping.

CLINIC-1: Oh, good.

WOMAN: So.

CLINIC-1: You never had a C-section.

WOMAN: No. Never delivered. Hope I never
have a C-section.

CLINIC-1: Yeah that wouldn't be fun. Although
it's not as bad when you're on the table, but-

WOMAN: That's true. It's the afterwards part, I
mean—though I had one friend, the anesthesia
didn't work, and she felt the C-section.

CLINIC-1: Oh no. That's one of my
nightmares. I don't ever wanna have surgery
and fall asleep, 'cause I don't wanna, what if I
can feel it all-

WOMAN: And wake up to searing pain
(laughs).

CLINIC-1: Or not even being able to wake up
and, you know.

WOMAN: Or that.

CLINIC-1: And then with everything you feel the whole thing.

WOMAN: Oh, yeah.

CLINIC-1: That would suck. Hopefully you're not farther than what we can do.

23:49

WOMAN: Does it look like I am?

CLINIC-1: So far it does, but I'm gonna do at least 3 different measurements.

WOMAN: OK. What do we do if I am.

CLINIC-1: Well there's, uh, nothing in the area, along that far, there are clinics, there's one in Colorado, which would be the closest to you, um there's one in New Mexico which is farther, and there's one in Germantown which, our doctor works there, so-

WOMAN: Oh. Oh, OK. I wouldn't mind, I mean, seeing him. I don't mind traveling.

CLINIC-1: Yeah, um, we have patients there every week, and we can get you in for, actually, if you are able to manage to travel, um, Sunday through Wednesday next week.

WOMAN: Oh, OK, great. Is the doctor here today though?

CLINIC-1: Uh, yeah, he will be-

WOMAN: So I could ask him my questions now before I travel all the way to-

CLINIC-1: Yeah.

WOMAN: Where is Germantown?

CLINIC-1: It's in Maryland, DC area.

WOMAN: I knew it wasn't in Germany, but (laughs).

CLINIC-1: Yeah. It would be crazy to travel all the way there. I'm sure that this is legal there, you know.

WOMAN: Yeah. Well, and if he's here then I can actually sit and talk, and know who I'm meeting instead of traveling to another state where you don't know who those people are.

CLINIC-1: Yeah.

WOMAN: And you're nice, so I trust you.

CLINIC-1: (laughs) We have a lot of patients call in. We are the ones that make the appointments for Germantown clinic.

WOMAN: Oh, OK.

CLINIC-1: We have a lot of patients call in and, you know it's always weird to call a, a place that, you know you read it, you saw it on the Internet, and you're calling to do a 4-day procedure and you pay thousands of dollars for it, you don't really know who you're talking to, so-

WOMAN: Yeah. That's why, if I meet him today, I can know and feel much better.

CLINIC-1: Yeah. That would be an advantage for you.

WOMAN: How long have you worked here?

CLINIC-1: It's gonna be 3 years, on Sunday.

WOMAN: 3 years. On Sunday. Wow.

CLINIC-1: It's been a long time.

WOMAN: Do you like it?

CLINIC-1: Yeah. It's never boring. There's always something. Patients are entertaining.

WOMAN: (laughs) Is that a nice way of saying they're special?

CLINIC-1: Yeah. Most of it, you know, pregnant women. What can you expect?

WOMAN: Yeah. Nothing. Just gotta be open for everything, I guess.

CLINIC-1: Yeah.

WOMAN: What's your favorite part about the job?

CLINIC-1: Um, well, really, like in relation to the patient?

WOMAN: Anything.

26:27

CLINIC-1: I like the fact that we do everything here, we don't have like one specific job that we do, we just rotate.

WOMAN: OK.

CLINIC-1: The doctor likes it that way, that way we can, that way if somebody's missing they're easy to be replaced.

WOMAN: So you can do ultrasound, front, the actual surgery.

CLINIC-1: Yep, everything.

WOMAN: Wow. So does that mean you have a nursing degree?

CLINIC-1: Um, no, we have a nurse here, but he doesn't require a CNA or anything like that, um, I got a (inaudible) through them, they test us here and stuff like that.

WOMAN: Oh, OK.

CLINIC-1: So basically, as long as we can learn the basics, um, and be able to provide medication, (inaudible), all that stuff.

WOMAN: Right.

CLINIC-1: It's giving me a hard time, (inaudible).

WOMAN: I don't know how you can tell what anything is on that screen.

CLINIC-1: It is harder the bigger it gets, because you don't (inaudible) the whole screen, but um, basically you get used to like, seeing what's what.

WOMAN: Does your ultrasound machine, you have to like, get a new one every year?

CLINIC-1: No, unfortunately, we need a new one, but they are over \$10,000.

WOMAN: Oh, wow!

CLINIC-1: We don't make that much money here, we hardly make any to stay open, so-

WOMAN: So a \$10,000 machine is a luxury.
CLINIC-1: Yeah, I wish we could just get it. It would make our lives easier, but this one works just fine. It's just old.

WOMAN: Are you from Omaha?

CLINIC-1: Um, no, I'm from Peru, I moved here a couple years ago.

WOMAN: Oh, OK. Did you move to go to school, or just to try something new, or-

CLINIC-1: Actually, I was going to school down there, and there was a program for students, for college students to come up here and work for a few months, um, just as an experience, some of us, a lot of people learn English down there, so they wanted to come over here and practice their language skills. So I signed up for it.

WOMAN: And you never left.

CLINIC-1: Yeah, I met my husband here, and it just, I didn't go back.

WOMAN: Do you have any kids?

CLINIC-1: I feel too young for kids.

WOMAN: I hear ya.

CLINIC-1: Although I'm not, I mean I'm at the age when women have kids, like 26 or so. It's usually when most start wanting to have a family.

29:32

WOMAN: Are you 26?

CLINIC-1: Mm-hm.

WOMAN: I'm 27.

CLINIC-1: Yeah but you are, see, you really don't, you weren't planning on having a baby, were you?

WOMAN: No. No. But I thought it would keep us together. You know, you think that, "oh, we have problems, but maybe a baby will fix it." So we tried, like "oh, I guess we'll keep it." And then he left.

CLINIC-1: You think that you are not doing this for him any more.

WOMAN: Nope. Nope, doing it for me.

CLINIC-1: OK. Well you are too far for us, you're 26 weeks.

WOMAN: 26? Wow.

CLINIC-1: So, I'm going to call the doctor, let him know about it, so he can talk to you, and see if we can set up something for Germantown if you are OK with that.

WOMAN: Yep. But I can go ahead and meet and ask my questions today?

CLINIC-1: Yeah.

WOMAN: OK, great.

CLINIC-1: You can talk to him. I'll just let him know that you'll wanna do that, go that way, so-

WOMAN: Is he on his lunch break?

CLINIC-1: Uh, he just got back-

WOMAN: Just kidding.

CLINIC-1: -from another clinic, actually, he just traveled back, so he probably is on his break, you know.

WOMAN: Well, I brought a book, 'cause I know, you know, you get used to waiting around places.

CLINIC-1: Yeah, we always tell everybody to go ahead and bring something to read through just in case.

WOMAN: 26, wow. So, at 26 weeks, is it very developed, at this point?

CLINIC-1: Um, basically after 16 weeks or so, um, yeah.

WOMAN: So what does that mean, like, it's fully developed?

CLINIC-1: Yeah, basically.

WOMAN: Oh.

CLINIC-1: Um, it's able to be alive outside the womb, but the percentage is not very high, up to 24 weeks or so.

WOMAN: So if I went into labor like, just went into labor, the baby could survive.

CLINIC-1: It could.

WOMAN: (laughs)

CLINIC-1: Yeah. If you didn't have any prenatal care, though, I don't know that there would be something wrong that you don't know about, and so that's the bad thing about when you have a planned pregnancy.

WOMAN: Right. Wow. But 26 weeks, so it has a face at this point. And hands, and feet. OK, all right.

CLINIC-1: It's hard to think about, but-

WOMAN: No. Kinda interesting, I guess, but yeah. Is it very big? 'Cause you said it was too big for the screen, is it like-

CLINIC-1: Well, that's because the screen's tiny, but um, probably, the head's probably about like that size, somewhere like there.

WOMAN: OK.

CLINIC-1: Um, it's only about like this size.

WOMAN: Wow. So it looks like a baby.

CLINIC-1: It does. It, well it doesn't exactly look like a baby, 'cause it's still like, you know its skin is not completely, like all the-

WOMAN: Oh, OK.

CLINIC-1: -like, you know every single layer, but um, it basically does look like a baby.

WOMAN: Wow. And are you there when they do the abortion? I guess you won't be for Germantown. Never mind.

32:38

CLINIC-1: Um, well I have been, but we never, because when I started working here, the law already passed lower than 23 weeks, I think or 22, I can't remember.

WOMAN: OK.

CLINIC-1: It was a long time ago. But now we only go up to 20 weeks and 6 days.

WOMAN: Oh, OK.

CLINIC-1: But it really doesn't, it's just small there, very small.

WOMAN: Very small, OK.

CLINIC-1: And I've been to it. And we do an injection on the first day so the baby doesn't feel anything, um, when the procedure happens.

WOMAN: Oh.

CLINIC-1: Yeah, basically we stop its heart on the 1st day, so when on the 4th day it comes out it's not alive.

WOMAN: Oh, so the shot is what kills the baby.

CLINIC-1: Mm-hm.

WOMAN: OK. Do you stick it just anywhere? You stick it-

CLINIC-1: In your belly. In your belly button.

WOMAN: Oh. Oh (shudders).

CLINIC-1: You won't feel that. You'll just feel the first prick on the, on the top of your skin, and then that's it.

WOMAN: OK.

CLINIC-1: Like the rest is just through the-

WOMAN: Oh. Everything else.

CLINIC-1: Through the uterus. You don't have any nerves there, so you won't feel that part.

WOMAN: So I won't feel anything.

CLINIC-1: You won't feel that.

WOMAN: OK. Will the, will the baby feel it?

CLINIC-1: No. The most likely, it has numbing solution in it too. So it's probably just gonna feel like it's slowing down.

WOMAN: Oh, the shot has numbing solution? OK. So when you stick it in the baby, do you stick it in like the head?

CLINIC-1: He does it, I think he does it in the, like in the chest area, so it goes into the heart, um, it's really, I don't know how he does it, but he does it with the ultrasound and he makes sure that he goes into the right spot, because, um, I know that if you do it wrong, there can

be complications because of amnio–amniot–amniotic fluid, (laughs) blah, you know what I’m talking about.

WOMAN: (laughs) I do, I hear ya. I hear ya.

CLINIC-1: He has so much experience.

WOMAN: What kind of complications?

CLINIC-1: Um, I’m not sure, I think they can be, because it’s uh, numbing solution, and also it has another chemical that’s to stop the heart rate, so I don’t-

WOMAN: Oh.

CLINIC-1: I mean, it’s never happened to him, but-

WOMAN: OK.

CLINIC-1: There’s always risk with every procedure.

WOMAN: Right. Right. Wow. Will it take the baby very long to die?

CLINIC-1: Um, usually up to 20 minutes.

WOMAN: Oh, that’s quick. OK. And will I feel like, death spasms or anything?

CLINIC-1: No, you’ll just feel um, lack of movement.

WOMAN: Oh, so when the baby stops moving, I know that it’s dead. Oh, OK.

CLINIC-1: Usually you have a lot of movement during the day, or you know like, every other hour.

WOMAN: Well it was kicking while I was filling out the forms (laughs).

CLINIC-1: Yeah, so you’ll stop feeling that after it’s done.

WOMAN: Oh, all right.

CLINIC-1: Um, so let me go talk to him really quick.

WOMAN: OK, do you want me to stay here?

CLINIC-1: I’ll have you sign this for me, just initial those 3 and then sign, um, and then I’ll have you come up front with me.

WOMAN: 26 weeks. Wow.

CLINIC-1: I need your signature right here.

WOMAN: Oh, sorry.

35:32

CLINIC-1: The procedure’s actually more simple than what it sounds like, it’s just a lot of process because we want to make sure that you don’t have any problems doing it, like dilating your cervix so you don’t have any tears or anything like that, so that’s why it takes so long, but-

WOMAN: How do you get the baby actually out?

CLINIC-1: Um, he will do, he’s gonna give you medication to induce labor, so we keep you like 3, 4 hours on medication and then, by the time you’re done with all of that, the pregnancy will come out almost on its own, so that’s basically what we wanna do, just for it to come out, you don’t have to push or anything.

WOMAN: Oh, I don’t? I just get to lay there? (Laughs)

CLINIC-1: He dilates your cervix.

WOMAN: Enough that—and then does the doctor help it out?

CLINIC-1: If he has to, if you just, if it’s been too long during the day, or you’re in pain, or if your water breaks and you just, you know, because can bleed out and all that.

WOMAN: No, we don't want that.

CLINIC-1: If not, um, it'll come out, like, on its own.

WOMAN: But the, but the baby's dead.

CLINIC-1: Yeah.

WOMAN: OK.

CLINIC-1: By the time that that happens, it should be dead.

WOMAN: So it's just like delivering a normal-

CLINIC-1: Basically, except you don't have to do anything, and the pain is probably a hundred times less than what you would do if you were in labor.

WOMAN: OK. Oh, so it's like a normal delivery but with a dead baby.

CLINIC-1: Yeah, basically.

WOMAN: Oh, OK. All right, thank you. Oh, sorry.

WOMAN AND CLINIC WORKER LEAVE ROOM

CLINIC-1: Do you have somebody that can travel with you?

WOMAN: Yeah. I have a friend.

CLINIC-1: And we can give you your medication.

WOMAN: Oh, right.

CLINIC-1: We like to sedate our patients, that way they're not as upset during it.

WOMAN: OK. But my friend will need to come to Germantown, right?

CLINIC-1: Yeah, she needs to come with you. I'll have you take a seat right here.

WOMAN: Anywhere in particular?

37:13

WOMAN WAITS

ANOTHER CLINIC WORKER ENTERS ROOM

01:14:00

WOMAN: Oh, thank you.

CLINIC-2: He's, um, he'll be in here in just a minute.

WOMAN: Oh, no problem, thank you.

01:14:05

DR. CARHART ENTERS ROOM

01:17:14

DR. CARHART: (Removed for Privacy)?

WOMAN: Yes, hi.

DR. CARHART: Hi, I'm Dr. Carhart, how are you?

WOMAN: Nice to meet you.

DR. CARHART: It's good to meet you too.

WOMAN: Thank you so much, oh, you want me to sit here?

DR. CARHART: Oh no, you're fine where you are. Um, a couple questions. You drove all the way from South Dakota?

WOMAN: I did. A friend and I road-tripped it. It wasn't too bad. About 3 hours.

DR. CARHART: Yeah. My daughter's going up there tomorrow. She, um, she breeds and shows horses and the vet she uses is from South Dakota.

WOMAN: Oh, wow.

DR. CARHART: From, uh, Sioux Falls, actually.

WOMAN: Breeds and shows, that sounds fascinating.

DR. CARHART: Yeah, but it's, it's a full-time job, so-

WOMAN: I can imagine.

DR. CARHART: We have, or she has about 80 horses, so-

WOMAN: 80 horses? Where do you keep 80 horses?

Dr. Carhart: Oh we have a farm.

WOMAN: (laughs)

DR. CARHART: We have a large barn, a few smaller barns.

WOMAN: Has she always been into horses?

DR. CARHART: Yeah, since she was about 5. I mean we, the family was in it when, but she got it started when she started was, probably riding when she was 3, actually.

WOMAN: Wow.

DR. CARHART: Then she started showing when she was 5.

WOMAN: Well that's exciting. Sounds fun.

DR. CARHART: So, um, they've got this down as a fetal indication, there's nothing wrong with the baby that you know of, is there?

WOMAN: Nothing that I know of.

DR. CARHART: OK, I don't know where that came from or how that got in here, but I've never had a fetal indication that wasn't within 2 or 3 days of what she thought she was, so I-

WOMAN: Does that mean, fetal indication-

DR. CARHART: Means there's something wrong with the baby and that's why you're terminating.

WOMAN: Yeah. No.

DR. CARHART: Just, just pure-

WOMAN: Purely this is what I wanna do.

DR. CARHART: And here (coughs) we cannot do it, but in Maryland we can do it, in fact the only places where it can be done right now is Maryland, um, Boulder, Colorado, and uh, Albuquerque.

WOMAN: That's it?

DR. CARHART: That's it in the country, the only 3 that go over 26 weeks.

WOMAN: Wow, OK.

DR. CARHART: Um, otherwise the options are, you know, parenting or adoption, or any of those.

WOMAN: No thank you.

DR. CARHART: OK (laughs). Um-

WOMAN: That's why I wanted to meet with you though, 'cause I heard, since you were here, and I'll see you next week.

DR. CARHART: That's fine, um, we start on Sundays in Sioux Falls. Up, you're in Sioux Falls.

WOMAN: You'll come and home visit?

DR. CARHART: (Inaudible) I will come to your house and do this, in Sioux Falls. That would be really good, I can't go over 14 or 16 there. Um, but we um, need to have you start, at 26 weeks, or actually no, we could do Monday morning, if you want to.

WOMAN: OK.

DR. CARHART: Um, the mechanics are, and we can get you get set up with NAF for help with for this all, about funding-

WOMAN: Yeah, but I think I managed to pull the money together. I don't know now at 26 weeks.

DR. CARHART: 26 I think it's like \$6500 or something like that.

WOMAN: Oh, OK.

01:20:21

DR. CARHART: A lot of difference. Um, but they, they can help you with the prices, and I could be off by \$2,000 or \$3,000, I don't know. I know-

WOMAN: So don't tell them you quoted me this (laughs)

DR. CARHART: You can tell them but they'll laugh at you because they know that I don't have a clue (laughs).

WOMAN: OK, OK, fair enough (laughs).

DR. CARHART: Um, 'cause I don't, I never quote prices. So, um, but we certainly can get you set up with National Abortion Federation and see what funding they can come up with. All depends on your household income and the girls know how to help figure that out.

WOMAN: Oh, OK.

DR. CARHART: Um, but we would need you there from Monday through Wednesday night.

WOMAN: All right.

DR. CARHART: The question whether you fly or drive, um, it's almost cheaper and easier, even if you rent, how old are you?

WOMAN: 27.

DR. CARHART: OK, so you can rent a car here.

WOMAN: Yeah.

DR. CARHART: It would be better to rent a car here and drive there and back with a rental-

WOMAN: Wow. OK.

DR. CARHART: -than fly in and rent a car there. You have to have a car there. And I just paid \$300, \$292 for 4 days for the car, and it was almost as much as the airplane ticket was.

WOMAN: That's a flying ticket, yeah (laughs).

DR. CARHART: And um, so I would call like the local rental cars and just get, you don't need to tell them you're going to Washington or whatever, but you just tell them you need a car, make sure it has unlimited miles.

WOMAN: OK. All right. Unlimited miles.

DR. CARHART: You have a credit card, right?

WOMAN: Yes.

DR. CARHART: OK.

WOMAN: And I have a friend who will be going with me, so.

DR. CARHART: OK, that's perfect. So it's an easy drive, I mean, I would say you wanna split, you can do it in 24, 23 hours, pull off in Sioux Falls.

WOMAN: OK.

DR. CARHART: You probably, you almost, no you can go across 90, can't you? You're right close to 90. So you can easily, yeah it'll be 23, 24 hours for you, the same as it is from here. Um, so, uh, I would think that would be safer to spend one night on the road, so you don't get in there so late that you're tired and you have an accident or something. But, um, the procedure is actually no different than 20 or 21 weeks here, it just, we have to do an extra

day of dilations, it takes 3 instead of 2 days of dilations, so you'd be there Monday, Tuesday, and Wednesday, OK?

WOMAN: And dilation is, is what?

DR. CARHART: We have to put, to open up your cervix so the pregnancy can come out.

WOMAN: Oh, OK, so the baby can actually get out of me.

DR. CARHART: Yeah, we, it will, you'll deliver, 'cause we don't, we try to do it intact because the damage is, and the injuries and the infections and everything to your body are so much less if you'd delivered, than if we'd go in and take it out in pieces, so um, what we do the first day is do an injection, that puts you very comfortable, but the dose for you, the right dose to make you comfortable puts the baby profoundly to sleep.

01:23:33

WOMAN: Oh, OK.

DR. CARHART: And then we do another injection of, of medication into the baby so it does not wake up.

WOMAN: OK, so profoundly means like, all the way?

DR. CARHART: Well no, well, yes, it will not, but that's from the second injection, no, because if, if it was on life support, if it wasn't attached to you, which is complete life support, it would die from the first one.

WOMAN: So, a baby at this age, what am I, 26 weeks?

DR. CARHART: 26.

WOMAN: Could not survive? If it was delivered?

DR. CARHART: If it came out, oh yeah, it probably—probably could, probably. It would be a 50/50 thing, probably.

WOMAN: Oh, oh, OK.

DR. CARHART: But we're OK, we can do by law in Maryland, we can go to 28 weeks, so.

WOMAN: Oh, OK. So I'm OK.

DR. CARHART: Yeah, you're, you'll fit within, that's what I say, we can do electively, we can do this electively in-

WOMAN: Great. Great.

DR. CARHART: That's what I was saying. There's only 3 states where we can do this electively.

WOMAN: Colorado-

DR. CARHART: And 2 others, yeah. Colorado, New Mexico, and you can call them, but I know Warren's prices-

WOMAN: Whose prices?

DR. CARHART: The Boulder, Colorado, will be almost double what ours are, probably.

WOMAN: Doctor, Dr. Warren?

DR. CARHART: Warren Hern.
WOMAN: OK, Warren Hern, OK.

DR. CARHART: And then the 2 girls in Albuquerque, which is really about the same distance from us from you, is, I don't know anything about their pricing, they, they started working with Dr. Tiller, after I was already down there with him, so-

WOMAN: You worked with Dr. Tiller?

DR. CARHART: Yeah, for 12 years, 11 years and a half.

WOMAN: Wow.

DR. CARHART: 'Till he was shot, and so, and they were, one of them worked with him for 7 years, one of them for 5. So we worked as a team, the 4 of us.

WOMAN: Oh, so you worked with the doctor in Colorado?

DR. CARHART: No.

WOMAN: No, oh, Dr. Tiller.

DR. CARHART: Dr. Sella and Dr. Robinson, in Albuquerque. But Warren and I have been friends for 22 years, or, God now, more than that, almost 40 probably. Seems like forever. But the risks-

WOMAN: Are there, so there's only four of you that do-

DR. CARHART: There are only four doctors doing over 26 weeks.

WOMAN: Why are there only four?

DR. CARHART: 'Cause nobody else'll do it (laughing).

WOMAN: Oh.

DR. CARHART: And there's not that many done, there's probably not 500 people over 26 weeks in a year that terminate in this country.

WOMAN: So you, you don't see a lot of women like me?

DR. CARHART: Well, saw four this week.

WOMAN: OK, at 26 weeks?

DR. CARHART: Or more.

WOMAN: All right, so I'm not unusual.

DR. CARHART: No, not at all. Um, but that's only because nobody else does them and they come to us, but you know, each of us probably see in the average about 20 a month,

so that's 80 a month, so maybe it's 1,000 a year that are done over 26, that may, I think it's like 2 or 300 that are over 30, so.

WOMAN: 2 or 300 over 30 weeks. Oh, OK.

DR. CARHART: But they're all because of fetal abnormalities.

WOMAN: So no one's choosing an abortion at 30 weeks who's—

01:26:14

DR. CARHART: Not really, unless they have a medical, I've got one girl that we have to do this about, she's in heart failure already from the pregnancy so we're, we're seeing her this week here, and that's who I thought maybe you were. But I think she's gonna start tomorrow, so. But anyway, the procedure is just, um, after we do the injection in the baby, that takes about 2 hours before it'll not, it just does not wake up from the medicine that makes you sleepy.

WOMAN: Oh, OK.

DR. CARHART: And um, the we will put laminaria in your cervix so it starts to open and we'll start out the first day we'll end up with a cervix about the size of your thumb and we'll put little laminaria in that, OK?

WOMAN: All right.

DR. CARHART: By the next day that'll be about an inch in diameter.

WOMAN: OK.

DR. CARHART: And then we'll take them out and put in more, and the next day it'll be about an inch and a half, and then the final day we'll put in more, and they end up to be about 2 inches, which is not quite-

WOMAN: That big? I'm not good with measurements. Like that. OK, so, and the baby-

DR. CARHART: Will come through, it'll compress down and come through that because it's not alive.

WOMAN: So when you say "compress down"-

DR. CARHART: Just-it's-gets soft, like mushy (makes squishing sound), so you-you push it through.

WOMAN: So what makes the baby mushy? (Laughs)

DR. CARHART: The fact that it's not alive, for two or three days.

WOMAN: Oh, so I'll have a dead baby in me?

DR. CARHART: For 3 days, yeah.

WOMAN: Will it start to decay or something?

DR. CARHART: No.

WOMAN: Oh, OK (laughs).

DR. CARHART: Not, it's very, very minimal if it does, because there's no bacteria there.

WOMAN: Oh, OK.

DR. CARHART: So it's like putting meat in a Crock-Pot, OK, it doesn't get, it doesn't get broke, but it just gets softer, it doesn't get infected or-

WOMAN: OK, so the dead baby in me is like-

DR. CARHART: It's just-

WOMAN: -like meat in a Crock-Pot.

DR. CARHART: Pretty much, yeah, kinda much.

WOMAN: All right. All right.

DR. CARHART: In a slow cooker.

WOMAN: Then what was it that killed it?

DR. CARHART: The injection that we do.

WOMAN: The first one?

DR. CARHART: The second one.

WOMAN: On, the second one, the second one that I don't get. I get the sleeping one.

DR. CARHART: It'll go through your tummy, but into the baby, and you won't get that medicine. If the medicine got into your blood by accident, it's the same medicine that we would give you if you came in in heart failure in a clinic, so it would not hurt you at all.

WOMAN: Oh.

DR. CARHART: So that, I don't use the one, the KCL, we don't use that.

WOMAN: I don't know what KCL is.

DR. CARHART: Um, it's, well it's just the other thing that people use. Potassium chloride.

WOMAN: OK.

DR. CARHART: Um-

WOMAN: So this one, you stick it in like the head?

DR. CARHART: No, in the tummy, in the chest, somewhere in the baby. Or if we can, even if we put it in the amniotic fluid, eventually it gets into the baby, it will work wherever, but it takes longer so we get like one less day of the fetal, the baby not being alive.

WOMAN: I see, so you stick the shot either into the baby or into the sac and it will then, like, ingest it or breathe it in.

DR. CARHART: (Inaudible) ingest it. The amniotic fluid that, that's in and around the baby is created by the urine from the baby, but then it re-drinks that all the time and that's

what makes the intestines, intestinal system develop. So that, if the kidneys are, if the kidneys in the baby are failed and you don't produce the amniotic fluid then the whole digestive tract never really develops.

01:29:26

WOMAN: That's kind of fascinating.

DR. CARHART: It's all kinda (inaudible) fascinating, yeah.

WOMAN: Wow. So the baby drinks the amniotic, OK, which is its urine (laughs).

DR. CARHART: And it's, I mean it comes, some of it is plasma from, you know, from the initial, but most of it is the urine that the baby produces and then it gets refiltered, but it's all sterile, so you know there's no bacteria there.

WOMAN: That's, very different if I was drinking my own urine (laughs).

DR. CARHART: That would not be a good idea.

WOMAN: No (laughs). That is not appealing. OK, so is that on the first day, there are 2 shots, and that is what kills the baby.

DR. CARHART: And then we'll put the laminaria in.

WOMAN: And then you put this in. And then will it, will it take very long to—to die?

DR. CARHART: It, most of the time it takes about an hour and a half to two hours.

WOMAN: OK.

DR. CARHART: Sometimes if we get a lot of it into the circulation it'll be 10, 15, 20 minutes, but that's very, very rare.

WOMAN: OK, so a couple hours. Will I feel like death spasms or anything? You know-

DR. CARHART: No, you won't feel anything like that.

WOMAN: OK, good. 'Cause I feel it kick now.

DR. CARHART: The medicine, no, yeah right, but actually, the medicine that we give you puts it to sleep, where there are no, we won't even see fetal movement when we do anything.

WOMAN: OK.

DR. CARHART: Normally that's, it's as I said, when I mean profoundly asleep, I mean it's deeply anesthetized.

WOMAN: OK.

DR. CARHART: It would, without, if it wasn't getting its oxygen from you, it wouldn't live.

WOMAN: So if you, if it didn't get that first shot, what would happen then? That, that sleeping shot?

DR. CARHART: Yeah, I mean I've done some where women can't have that shot if they're, it can't just, you know, I'm sure the baby feels the needle stick - if the baby feels anything-

WOMAN: Oh.

DR. CARHART: -and I truly don't believe that it does at 26 weeks.

WOMAN: Oh, you don't think the baby feels, OK.

DR. CARHART: I don't think, you know, and certainly doesn't feel anything as painful as birth and you have every right, we know she has to do that.

WOMAN: Is birth painful for a baby?

DR. CARHART: I think so.

WOMAN: I don't know. I can't remember (laughs).

DR. CARHART: Yeah, I can't either. And none of them do, so nobody cares.

WOMAN: So it would, it would start, could feel pain, the baby could feel pain at birth, but it won't feel pain at this point? At 26 weeks?

DR. CARHART: Well, we don't really think that it feels pain at birth either, in, you know, today in a lot of cultures they do circumcision with no anesthetic at all, and the baby cries for about a minute and then it stops crying.

WOMAN: Oh.

DR. CARHART: I, I, you know-

WOMAN: What's different about-

DR. CARHART: I don't know.

Woman: I don't know, OK. OK, so that's the first day, um, so the shot-

DR. CARHART: And the second day we take out, I mean after the 2 shots, then we are, usually put the laminaria in first, and then do the shot at the end of the procedure, but (coughs) um, so put the laminaria in, then the next day you come back and we just take out the laminaria that, they absorb water from your body and they'll go from being about an 8th of an inch in diameter to about a half an inch in diameter. So it's about 3, and they do that each day. So each day they'll expand and stretch your cervix out. And then the last, the last day we just break the bag of water, and that, just the fact that the bag of water broke is usually enough to stimulate you to go into labor.

WOMAN: Oh, wow. So I do have to go through an actual labor.

01:32:43

DR. CARHART: Yeah. But you'll be drugged up so you probably won't remember.

WOMAN: OK. 'Cause that's the part that makes me so nervous (laughs).

DR. CARHART: There are ways, as I said there are people that do it without that, taking out bits and pieces, but it's a lot higher incidence of infection, lot higher incidence of um, damage to the cervix, and trouble with future pregnancies.

WOMAN: What do you mean, "bits and pieces"?

DR. CARHART: Just to break it up and take it out with-

WOMAN: Oh, so you break the baby up and take it out?

DR. CARHART: We, I don't, because I take it out this way, but that's the other option, to take it out in pieces.

WOMAN: Right, OK. Some, some ways of doing it.

DR. CARHART: Well, that's the way probably 99% of the world does them up through 24 weeks or 25 weeks, and nobody else much does them after then, so-

WOMAN: OK.

DR. CARHART: Induction is uh, if you're in the hospital that's kind of the way they normally try to do it, they give you medicine and try to, if your baby died they just induce it and let it come out on its own.

WOMAN: I see.

DR. CARHART: But that doesn't always happen, but there instead of doing it the, instead of taking it out in pieces, they'll do it, what do you call it, a C-section or a hysterotomy-

WOMAN: Oh, OK.

DR. CARHART: And take it out. And um, that's a lot more damaging to your body.

WOMAN: So if I was in the hospital and the baby died, they'd do a C-section and get it out?

DR. CARHART: Probably. You'd probably end up having a C-section or hysterotomy and take it out that way.

WOMAN: But if we run into trouble-

DR. CARHART: I've never had-

WOMAN: -for some reason, I'm not able to deliver, you'll be able to get it out-

DR. CARHART WE'D TAKE IT OUT IN PIECES.

WOMAN: -in pieces.

DR. CARHART: But that, but that at 26 weeks is very, very rare.

WOMAN: What do you use to break it up? Just-

DR. CARHART: A whole bunch of, you know-

WOMAN: (Laughs) You've got a toolkit.

DR. CARHART: A pickaxe, a drill bit, yeah (laughs).

WOMAN: I see. OK.

DR. CARHART: No, there's all, there's just instruments that have been developed.

WOMAN: So if that did happen, you'd make sure I didn't have like, a hand left in there or something.

DR. CARHART: That's right, yeah.

WOMAN: (Laughs) I don't know.

DR. CARHART: I can't promise you that, I would-

WOMAN: It's like a Hollywood movie waiting.

DR. CARHART: Yeah, I mean, but I would certainly tell you that we will do everything in our best to make sure there's nothing left behind.

WOMAN: Oh, OK. OK.

DR. CARHART: I don't think that in medicine you can ever promise anybody anything with 100%.

WOMAN: Right.

DR. CARHART: But there are risks, you know, with abortion, and they are the exact same risks that there are with being pregnant and delivering, I mean, people die from being pregnant, people die from anesthesia being pregnant, uh people die from having abortions, but it's a lot more rare than with delivery.

WOMAN: Oh, OK.

DR. CARHART: You know, the biggest complication of delivery, 30% of the women that are, that deliver end up getting C-sections in this country. Now we think it should probably be 16%, but probably half of them are done just for the convenience of the doctor, or not trying the right thing.

01:35:24

WOMAN: OK.

DR. CARHART: But statistically in the United States, you have a 30% chance of getting a, a C-section if you go into labor.

WOMAN: Wow.

DR. CARHART: We, our, our rate with Dr. Tiller and I, and, um, our statistics in over 20,000 deliveries over 26, over 24 weeks, abortions over 24 weeks, has been 2 C-sections in all those patients. And both of them were patients that have had C-sections before.

WOMAN: Oh, OK.

DR. CARHART: Both had had had multiple C-sections before.

WOMAN: So that wasn't-

DR. CARHART: And the uterus just, you already know that the uterus doesn't have a history of dilating well, so um, they kind of-

WOMAN: OK.

DR. CARHART: I personally haven't had anyone go to a C-section, but that doesn't mean that it won't be the next one or you.

WOMAN: Right.

DR. CARHART: So.

WOMAN: Right. But the baby will be, so it's just like a normal delivery.

DR. CARHART: Except the baby's not alive.

WOMAN: OK, so the baby's dead.

DR. CARHART: And what makes it safer is the fact that I only have you to worry about, so whatever I have to do to the baby to keep you healthy I can do. And if it's just, OBGYN doctor doing a delivery, he has to try to get both of you through this safely, so it's a far, far greater problem for them than it is for us.

WOMAN: Yeah, 'cause you're just able to focus on me, and make sure I'm OK.

DR. CARHART: Exactly. I only need to worry about you.

WOMAN: OK. So do whatever has to be done to get the baby out. OK, OK. So that's the last day?

DR. CARHART: That'll be the last day, whatever the last day is.

WOMAN: OK.

DR. CARHART: It's been as early, if you start Monday it's been as early as Tuesday, but usually it'll be Wednesday, um, if you can get there for Sunday night, I would prefer to start you Sunday night, just so we have an extra day on the other end.

WOMAN: How many hours should I expect that Sunday?

Dr. Carhart: The first day we start at usually four o'clock in the afternoon, and we're usually out of there by seven, so, and that can be three or four patients so you won't, just a couple, 3 hours, and the second day usually, the second and third day, or the second and the third day we need, it's usually about an hour, an hour and a half usually, and the last day can be anywhere from, you're there two hours after you deliver, plus all the time you're there before that. Usually it's a good three to four hours, so usually six, seven hours on the last day.

WOMAN: Oh, right, 'cause I have to go into labor.

DR. CARHART: Yeah.

Woman: Oh, that makes me so nervous.

DR. CARHART: You'll be so drunk you won't care.

WOMAN: (Laughs) OK, um-

DR. CARHART: No allergies to any kind of medication?

WOMAN: No, not that I know of. Um, OK, so, what happens, seeing that I'm drugged out, if I go into labor for any reason the baby were to come out breathing, like, then, what do we do?

DR. CARHART: The baby's gonna be far, far, far dead, by ultrasound, long before I decide to, you won't go into labor until I rupture the membranes.

WOMAN: And the membrane is-

DR. CARHART: The bag of water around the pregnancy. And um, you know, you won't get past the second day without the baby being not alive. I haven't had 1 patient out of the last 10,000 get past the second day.

01:38:40

WOMAN: 'Cause I'd hate to wake up and find out, "well, you have a baby that you now have to take home."

Dr. Carhart: Yeah, well, unfortunately, you would have to take it home from the hospital later, because if it survived at 26 weeks it would only do so with, you know, a lot, a lot, a lot of hospital care.

WOMAN: OK.

DR. CARHART: So, but I mean-

WOMAN: So if I had-

DR. CARHART: Is it possible that that could happen? It certainly is. Is it probable, (laughs) no.

WOMAN: OK.

DR. CARHART: Not, not in this lifetime (laughs). You've got more of a chance of winning the lottery this year.

WOMAN: So if it did, you'd make sure it didn't go to the hospital, so I didn't have to take it-

DR. CARHART: Well if it comes out alive, I have to send it to the hospital. There's just absolutely no option. But it will not be alive before we get much into doing anything with you.

WOMAN: 'Cause what are you looking for on the ultrasound?

DR. CARHART: Just for a heartbeat.

WOMAN: Oh, so if you don't see a heartbeat-

DR. CARHART: Then we know it's not alive.

WOMAN: Is it possible that the ultrasound doesn't pick up the heartbeat?

Dr. Carhart: I guess, but I've never seen that.

WOMAN: OK. So the shot will kill it.

DR. CARHART: There's never, there's nothing in medicine that's 100%, and there's nothing in medicine that's 0%, but they come pretty close to those two-

WOMAN: I just wanna be 100% sure I'm not taking a baby home (laughs).

DR. CARHART: Well, at least in this state and Maryland you can relinquish your paternal rights within the first 3 days, so you don't have to take it home even if it survives.

WOMAN: So if it survives, though, it'll go to the hospital and then foster care.

DR. CARHART: Go to foster care.

WOMAN: But it would need help to survive?
Dr. Carhart: It would need tremendous help. If I hadn't done anything to it, with the medicine we would have given it, it's, you know, I'd have better luck standing in front of a train and getting hit and surviving, going 100 miles an hour than the baby will.

WOMAN: Than the baby will have surviving the shot.

DR. CARHART: Right, as I said, I can't guarantee anything 100%.

WOMAN: Right, OK, OK, so, and I'm guessing I'm gonna need to find a hotel nearby.

DR. CARHART: Yeah, Seriously the best way to find a hotel is put in Gaithersburg or Germantown, Maryland in Priceline.

WOMAN: All right.

DR. CARHART: And you don't, if you go to the Red Roof Inn, which is the cheapest hotel in town, it's like \$74 a night.

WOMAN: Oh.

DR. CARHART: And it sucks.

WOMAN: OK, won't do that.

DR. CARHART: We spent \$57 a night last week through Priceline, and we're in the Hilton DC. And the Hilton DC, if you walk up to the counter for their cheapest rate it's \$220 a night. So go to Priceline.

WOMAN: And you got it for \$57.

DR. CARHART: Yeah, once you know when you're gonna go, because once you pay Priceline, you own it. I mean, there's no rebates, there's no return. But that's the safest thing. But you can wait until the last, wait until you're like, almost to DC, and then go on the Internet on Priceline, if you have a laptop or something and, I mean, put in \$25 a night, I'm sorry, \$55 a night or \$57, it's usually better to go \$2 over, because you won't get rooms at \$55, but you'll get nice rooms at \$57, sometimes something at \$50 or \$52.

WOMAN: That's a good tip. Thank you.

DR. CARHART: So, use, go \$2 over, and then they add like a \$20 charge or something, but you'll need a room for Sunday night, Monday night, Tuesday night, and Wednesday night. And then I would plan to drive home on Thursday. Don't plan on driving home Wednesday after you finish.

WOMAN: Oh, OK.

01:42:03

DR. CARHART: Because you need to be walking every half hour for the first 8 hours after you deliver (coughs).

WOMAN: Oh, why do I need to be walking?

DR. CARHART: Just to get your uterus contracted so you don't get blood clots inside and have problems with, with bleeding and stuff.

WOMAN: And if I, if I'm headed home, well I guess my first question, I have two, that made me think of two questions, my first question is, 'cause you're dilating me which means I'm getting ready to go into labor, if I'm at the hotel, and if I were to go into labor-

DR. CARHART: You'd call me.

WOMAN: Call you.

DR. CARHART: We'd come in whenever we have to.

WOMAN: Oh, right.

DR. CARHART: We're on your schedule.

WOMAN: Oh, thank you. So I'd call 911 and then I'd call you?

DR. CARHART: Ah-ah!

WOMAN: No. No!

DR. CARHART: You don't call 911.

WOMAN: I don't know! It's an emergency, right?.

DR. CARHART: They'll take you to the hospital, they won't bring you to the clinic, so.

WOMAN: OK.

DR. CARHART: No, just, you're gonna be within 10 minutes or 15 minutes of a clinic, just get in the car. Call me.

WOMAN: Call you, OK.

DR. CARHART: If we think you need 911, then certainly call 911, but that-

WOMAN: Call you first, don't call 911.

DR. CARHART: Yeah, I mean it, um, 911, there's, there are some good hospitals there that will take care of you, but there are some, most of the hospitals are religious, Catholic, something, they're gonna try to save the baby. Unfortunately, the baby's not gonna be alive, and there's not gonna be anything they can do about saving it, but they will still do everything they can to save it, which, you could still end up with a C-section trying to save a dead baby.

WOMAN: Oh, OK. But if I come to you, you'll just take care of me and we don't have to worry about that.

DR. CARHART: If we have to come in and see you every night that you're there, we'll do that.

WOMAN: OK, and can I call at any-

DR. CARHART: 100 times if you want.

WOMAN: And call at 3AM and someone will answer?

DR. CARHART: It's going, we give you my cell phone number, so you'll have my wife and my cell phone number.

WOMAN: Wow. Oh, OK, thank you.

DR. CARHART: That's part of the reason why it's expensive, because I have to keep nurses so they can come in 24 hours a day, I don't, you know, this week we didn't have anybody we had to come in for, last week we had 2, so it's just, you don't know. So since going there we've had 1 person deliver at the hotel.

WOMAN: What happens if I deliver at the hotel?

DR. CARHART: Well, we came and helped her clean up the mess, and took the sheets to the clinic, and washed them, and sent her back to the hotel, and she was fine.

WOMAN: OK, so if I, if I deliver-

DR. CARHART: It's like delivering on the way to, women that deliver in their cars, going to the hospital, never have problems. If the baby comes out easy, then the baby comes out easy. If it's not coming out easy, it's not gonna come out at the hotel.

WOMAN: OK, so if it is coming out at the hotel, unless it does-

DR. CARHART: Then we can either meet you there and finish it, or, but that, as I said, there's been 1 time out of hundreds.

WOMAN: Finish the delivery?

DR. CARHART: Huh?

WOMAN: Finish the delivery?

DR. CARHART: Well, if we can't move you with it in, but, you know, it just rarely happens.

WOMAN: But if it does, do I just leave it?

DR. CARHART: What?

WOMAN: If the baby did, did drop out of me.

DR. CARHART: Well, it's not gonna drop out without you knowing, you should have plenty of time to call me before it drops out.

WOMAN: OK, just stay there, or come, we'll figure this out, OK. But if I do end up going into labor like this woman, you come help clean it up.

DR. CARHART: We'll come get, yeah, yeah but-

WOMAN: You'll take the baby away.

DR. CARHART: Yeah, we'll take care of all that.

01:45:10

WOMAN: OK.

DR. CARHART: We'll give you, we'll give everybody a little pack to put stuff in in case it does happen, but as I said-

WOMAN: A pack?

DR. CARHART: A pack of little drapes and sheets and gloves and all those things, that if you had to do something then you could.

WOMAN: OK, so if for any reason I did, you've given me-

DR. CARHART: You've already got the stuff to take care of it.

WOMAN: A bag to put the baby in, OK.

DR. CARHART: But it's not gonna happen. Unless you make it happen.

WOMAN: No, I don't plan on going into labor, I just, my mom went into labor at home, unplanned, and didn't make it to the hospital, so I get nervous.

DR. CARHART: But you're fine, so, or whoever your brother or sister was from that pregnancy, I guarantee is fine.

WOMAN: Well, that's debatable. No, I'm just kidding (laughs).

DR. CARHART: Well, nothing that happened during the delivery.

WOMAN: I agree. Older sibling and all. Are they really fine? (Laughs) OK and then, headed home on the drive, on Thursday-

DR. CARHART: You should be fine.

WOMAN: I should be fine. Should I expect any bleeding?

DR. CARHART: Like the end of a normal period.

WOMAN: OK. How do I know if it's too much?

DR. CARHART: You can call and ask, but it won't be.

WOMAN: OK.

DR. CARHART: You know, 90, 99% of the problems something happens within the first 2 hours, which is why we keep you for 2 hours.

WOMAN: OK.

DR. CARHART: And then, um, we'll talk to you again that night, make sure everything's cool.

WOMAN: All right. So even if I'm halfway back to Sioux Falls, it's OK to call you instead of 911 if I'm like, bleeding too much or cramping?

DR. CARHART: Well, yeah, you have to, I can't replace common sense on your part. If you think you need 911, then you need to. But, you know, I can tell you statistically, that has not happened, and you'd be the first. Of course, and if you're bleeding like 2 pads an hour and soaking them to the edges for more than an hour, then you probably need to be seen at a hospital.

WOMAN: OK. But call you first and you'll be able to help me?

DR. CARHART: You call us anyway and we can sort of, I have friends and people all along the roads to everywhere, so-

WOMAN: Thank you.

DR. CARHART: You know, we can, and also the hospitals that are friendly, so um, we'll get you taken care of normally.

WOMAN: OK, thank you. Is there anything else I should expect?

DR. CARHART: No, I mean you have a million more questions, that's perfectly healthy.

WOMAN: It is? OK, yeah.

DR. CARHART: No, I said you can expect to-

WOMAN: Oh, I can expect to have a million more-

DR. CARHART: If you have a million more questions yes, and then that's OK. Keep a pencil and paper and write them down.

WOMAN: OK.

DR. CARHART: And if you want to call with questions even before you go to Philadelphia to Germantown, that's fine.

WOMAN: OK.

DR. CARHART: But, um, you know, you should do just perfectly fine.

WOMAN: OK. Thank you, I really appreciate you meeting with me.

DR. CARHART: You know it's, it's not a, it's not something to be glossed over. But if it's the right answer, and I believe that you're the only person that has both the ability and the right to make that decision as to whether or not it's the right answer, it's your life that's going to be affected by this pregnancy and be affected by the termination. I mean, this isn't something you're gonna do and forget about the next week, it's part of your life. You don't, I mean this baby is a part of you forever, I mean, if you expect it to go away in a week that's the wrong approach to it, OK?

01:48:22

WOMAN: Oh. How do you think I'll, when you said I'll be affected?

DR. CARHART: I think you'll be affected for the positive, I think you have, I think you can make very difficult, hard decisions that help shape your life, the rest of your future and make you work harder for the things you know that are important, and I think out of respect for the

love and honor of this baby that you've lost. You will find yourself being a better person.

WOMAN: OK, so it's not gonna hurt me down the road in terms of being able to have kids, when I'm ready?

DR. CARHART: Again, not normally. Could it? Yeah, of course.

WOMAN: Yeah, OK.

DR. CARHART: You know there's probably 10 times greater chance of you dying in an accident getting to and from the clinic, or probably even higher, dying in an accident in a plane crash going to the clinic, then there is from, from the abortion itself.

WOMAN: From dying from the abortion, OK.

DR. CARHART: Yeah, there's about, maybe 8 or 10 women a year that die from late abortions, and usually it's from a complication from the pregnancy, and not from the abortion itself.

WOMAN: Oh, OK.

DR. CARHART: But, I mean, then again if you stayed pregnant, it would probably have the same outcome.

WOMAN: I see. Oh, OK.

DR. CARHART: But inherently the abortion is as safe or safer than delivery, but people do die from abortion.

WOMAN: And why is it safer?

DR. CARHART: Again because A, we only have one patient, and B, you're gonna be in a controlled environment the whole time. People go into labor in the middle of nowhere, you know?

WOMAN: (Laughs) unpredictable.

DR. CARHART: And you can't get help for 2 or 3 hours or days, if you're camping in the

woods or something like that, it all happens. It's kinda silly to go camping in the woods if you're close to going into labor, but sometimes women at 8 months or 7 months will go into labor in a remote area where they weren't expecting to and have problems. There's just the fact that that's not where you are.

WOMAN: And because the focus is on me completely, OK. Yeah. OK.

DR. CARHART: All right?

WOMAN: All right, thank you so much.

DR. CARHART: And I wish, I wish that we could all just close our eyes and make this all go away and you wouldn't have to be faced with all these decisions. But we can't go back now.

WOMAN: Do you think I'll feel, um, like, do you ever have women feel bad, or wish they hadn't done it?

01:50:48

DR. CARHART: I think it's very common to wish they didn't have to make the decision, but I think, statistically at least, and I have not seen anybody in my practice of a long time, that had, you know, postpartum depression is really very common, but post-abortion depression, I can honestly tell you that I haven't seen one, one person that way.

WOMAN: Oh, OK.

DR. CARHART: We had a 16-year-old girl that was pregnant at 26 or 7 weeks that we did that termination for her, and she tried to kill herself, and she got to the hospital and recovered, and she tried to kill herself not because of the termination, but because of the baby that she had before this, who was already a year old, and she wished that she had not had that baby.

WOMAN: Oh. So she tried to kill herself because the baby she had-

DR. CARHART: Because of the baby she had, which, she was still in postpartum depression, the abortion was she knew what she had to do but she got all through and realized, how much easier it was than where she was and she just got all depressed. But she's now 5 years post that and just doing really, really well, and she's actually made it through college, so-

WOMAN: Good for her.

DR. CARHART: We've stayed in touch with her, she's now 22 and got her life together.

WOMAN: OK. So there could be a risk of me being depressed if I had the baby, but my risk is much lower.

DR. CARHART: Well, yeah, the risk of postpartum depression which runs, I think, I don't know the exact numbers but it's over 20%. It's very, it's not uncommon. Now-

WOMAN: And what, what causes that?

DR. CARHART: Just, for a new mother, people um-

WOMAN: Are you just sad that you have a baby?

01:52:27

DR. CARHART: I don't know what it is, I, you know, I don't do psychiatry, it's out of my field. But um, but one of our good friends just, it was her third child and she just, in about 2 weeks after delivery decided she couldn't handle it anymore and just killed herself. So I don't what, what the reasoning is, and that was a doctor's wife, and there's lots of, no financial problems. Just couldn't handle the baby, and she didn't wanna have the baby, but she found out late, and that time decided that,

that, no I think it was kind of her husband who decided that she was gonna keep it, and you know, like the Yates woman from Texas, Sue Smith from North Carolina, those, the women know what they can and can't do, and if you're not gonna listen to them, you're gonna create problems.

WOMAN: Yeah. With an abortion, though-

DR. CARHART: So, I think the fact that you're here, pretty sure, and I read your statements, you know, I think that you realize that this will change your life for the worse if you continue, and that's gonna upset you a lot more, I think, if you, the statistics of that upsetting you would be greater than if you had (inaudible).

WOMAN: Yeah.

Dr. Carhart: Could that be wrong? Yeah, any, as I said in medicine nothing's perfect.

WOMAN: So, statistics of having the baby upsetting me could be worse than having the abortion. Is that what you were saying?

DR. CARHART: Yeah, greatly.

WOMAN: OK.

DR. CARHART: But I mean, the statistics of not letting, of not giving you the choice that you believe is the right choice. It's very, very harmful to women.

WOMAN: OK, all right, thank you. I really appreciate it. So um, do I schedule my Maryland appointment with them?

DR. CARHART: You can do that here right now. Yeah, we do that all through here. And I would prefer you (clears throat) to come on Sunday if you can do that.

WOMAN: That's fine, yeah.

DR. CARHART: Um, I just think, y'know, that yes, you may get done a day early, but then

you got a day to go play in DC and see the sights.

01:54:30

WOMAN: Will I feel like playing?

DR. CARHART: Yeah, you really will.

WOMAN: I will, OK.

DR. CARHART: Yes, yes.

WOMAN: Wow.

DR. CARHART: So, um-

WOMAN: So after having had the abortion I'd be able to-

DR. CARHART: Actually, I've had people during the days in the afternoon, the days they have inserts they go to DC and walk around. Walking actually's the best thing you can do.

WOMAN: OK. Always wanted to see DC.

DR. CARHART: I've not had anybody leave there feeling worse than they came.

WOMAN: Good to know, OK. Well thank you very much.

DR. CARHART: We have had one woman die in the clinic, OK?

WOMAN: Oh, you did?

DR. CARHART: She was a lot farther along than you, but the coroner, it was reported to the coroner and everything, and they said, "yeah, she died again of complications with the pregnancy, but not from the abortion." Everything from the abortion went fine.

WOMAN: OK.

DR. CARHART: But she had, I guess, some allergic reactions to the pregnancy itself, it was making her worse, you know, as she had

to do it, and the baby was severely deformed, and had problems.

WOMAN: So abortions don't kill women.

DR. CARHART: Oh they can, I'm sure, but-

WOMAN: You haven't encountered any?

DR. CARHART: It's very, very rare.

WOMAN: All right, OK.

DR. CARHART: I mean the United States, in the last several years, it averages between 15 and 18 women die out of every 1,000 from being pregnant.

WOMAN: OK.

DR. CARHART: And their average is about 8 abortion deaths a year, out of a million abortions.

WOMAN: Wow, all right.

DR. CARHART: So it's like 1/10th of 1% versus 16% or-

WOMAN: I'm not good at math (laughs).

DR. CARHART: 16 out of 1,000 is a lot greater than 1 out of a million, or 8 out of a million, so-

WOMAN: All right, well thank you. Nice to meet you.

DR. CARHART: A pleasure. But I'm sorry you have to be here.

WOMAN: That's all right, that's all right, you know, life happens.

DR. CARHART: If we can help you-

WOMAN: I'm just glad I, just glad I found you, um, since you're only 1 of 4. I can't believe that. So there aren't more in Maryland?

DR. CARHART: No, there are not, I'm the only one in Maryland.

WOMAN: I wonder why that is?

DR. CARHART: All the hospitals send their patients to us.

WOMAN: OK. No one else wants to do it?

DR. CARHART: That's kinda the way it is.

WOMAN: Oh, wow.

DR. CARHART: Or their partners won't, excuse me, the people in their practice won't let them because they're afraid it'll impact their practice.

WOMAN: Like, people won't wanna come there? Oh.

DR. CARHART: Yeah, because they do abortions.

WOMAN: OK.

DR. CARHART: It's silly, but that's the way it is. So can one of you make her appointment for (inaudible) or wherever the hell we worked her in, Germantown?

01:57:05

**CARHART HUGS WOMAN BEFORE LEAVING
WOMAN GOES OVER SCHEDULING AND
PAYMENT WITH NURSE**

02:07:30

WOMAN: Yeah, he said only 4 doctors do it this late? Why do you think only 4 are doing it?

CLINIC-1: Because-

WOMAN: 'Cause it's legal in like the whole state of Maryland, right?

CLINIC-1: Yeah, nobody wants to go through the whole hassle of having to be harassed by all the protestors, and all the laws, and you always have to have, you have to have a lot of money for them to, you know, for you to protect yourself with lawyers and make sure everything's in regulation.

WOMAN: Oh, I see.

Clinic-1: It's really hard, so a lot of people

don't wanna deal with it. They'd rather just work in regular-

WOMAN: Oh, OK.

02:08:02

**WOMAN AND CLINIC WORKER FINISH
DISCUSSING SCHEDULING AND PAYMENT**

WOMAN EXITS CLINIC



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