

The Abortion Culture

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by [Jon Rappoport](#), [No More Fake News](#)

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From Worldometers.info: “According to WHO [World Health Organization], every year in the world there are an estimated 40-50 million abortions. This corresponds to approximately 125,000 abortions per day.”

“In the USA, where nearly half of pregnancies are unintended and four in 10 of these are terminated by abortion, there are over 3,000 abortions per day. Twenty-two percent of all pregnancies in the USA (excluding miscarriages) end in abortion.”

In researching my current [series of articles on abortion—in which infants are removed, alive, from the womb, and their organs cut out, killing them—for medical research](#)—I’ve come across information about what I would call the culture of abortion.

In this article, I’m just going to quote others and make no comments.

Investigate Magazine, Ian Wishart, 3/7/12: ***“[Abortion clinic technician Dean] Alberty told of seeing babies wounded but alive after abortion procedures, and in one case a set of twins ‘still moving on the table’ when clinicians from AGF began dissecting the children to harvest their organs. The children, he said, were ‘cuddling each other’ and ‘gasping for breath’ when medics moved in for the kill.”***

The following quotes are collected at [clinicquotes.com](#), an

astonishing resource (for starters, see [this link](#)):

A Year in the Life of an Abortion Clinic, Peter Korn, 1996: "Although the operation is over, the fetus is still a matter of concern...Rhonda, a medical assistant who also works for a biological supply company, takes the surgical tray in another room where she uses a plastic colander to strain out the blood, leaving only the separated parts of the fetus. These she places in a glass dish, taking a moment to measure one of the feet against a transparent plastic ruler to establish exact gestational age. Earlier in the day she received her regular fax detailing what body parts are needed by which researchers around the country. The researchers specify preferences for age and, in some cases, sex. Liver, spleen, pancreas, and brain are the organs most often requested."

Is Abortion Good for Women, Rachel MacNair, Angela Kennedy; Swimming Against the Tide: Feminist Dissent on the Issue of Abortion, 1997; from abortion worker Judith Fetrow, who worked for Planned Parenthood:

"When I started at Planned Parenthood, I saw two types of women working at the clinic. One group were women who had found some way to deal with the emotional and spiritual toll of working with abortion. The second group were women who had closed themselves off emotionally. They were the walking wounded. You could look in their eyes, and see that they were emotionally dead. Unavailable for themselves, or for anyone else."

Abortion at Work: Ideology and Practice in a Feminist Clinic, Wendy Simonds, 1996; quoting an abortion clinic employee: *"It's just—I mean it looks like a baby. It looks like a baby. And especially if you get one that comes out, that's not piecemeal. And you know, I saw this one, and it had its fingers in its mouth...it makes me really sad that that had to happen, you know, but it doesn't change my mind. It's just hard. And it makes me just sort of stop and feel sad about it,*

the whole necessity of it. And also...it's very warm when it comes into the sterile room because it's been in the mother's stomach. It feels like flesh, you know..."

Interview of Joy Davis done by Life Dynamics in 1993; Joy Davis, a former abortion worker, wrote about her fellow clinic workers: *"We don't have conversations. Sometimes the employees faint. Sometimes they throw up. Sometimes they have to leave the room. It's just problems that we deal with, but it's not talked about...If you really dwell on it, and talk about it all the time, then it gets more personal. It gets more real to you. You just don't talk about it, try not to think about it...If [the abortionist] ever caught you discussing something like that, he'd fire you."*

Sadja Goldsmith "Second Trimester Abortion by Dilation and Extraction (Evacuation) [D&E]: Surgical Techniques and Psychological Reactions"; Paper presented at the annual meeting of the Association of Planned Parenthood Physicians in Atlanta, Georgia Oct 13-14 1977; In a paper on the D&E abortion method, which at the time was new, an abortionist wrote: *"The fetus was extracted in small pieces to minimize cervical trauma. The fetal head was often the most difficult object to crush and remove, because of its size and contour. The operator kept track of each portion of the fetal skeleton..."*

"Selective Abortion, AKA Pregnancy Reduction." New England Journal of Medicine, April 21, 1988; Two abortionists describing selective abortions done on multiple pregnancies: *"Using ultra-sound to locate each fetus, the doctors would insert a needle into the chest cavity of the most accessible fetus and place the needle tip directly into the heart of the baby. Potassium chloride was then injected into the heart and the heart was viewed on the ultrasound screen until it stopped beating. Even at 9 weeks, 3 of the 12 fetuses selected for elimination presented problems. The heart continued to beat and the procedure had to be repeated."*

Kenneth Paul Fye, PhD, *Obvious Murder: The March From Abortion to Infanticide* (May 30, 2016) 253; Jewish former abortionist Dr. Bernard Nathanson [who had performed thousands of abortions] said to an audience in Canada, where he was speaking: *"I'm going to set it against my Jewish heritage and the Holocaust in Europe. The abortion holocaust is beyond the ordinary discourse of morality and rational condemnation. It is not enough to pronounce it absolutely evil... The abortion industry is a new event, severed from connections with traditional presuppositions of history, psychology, politics, and morality... This is an evil torn free of its moorings in reason and causality, and ordinary secular corruption raised to unimaginable powers of magnification and limitless extremity."*

Written Testimony of Kathi A. Aultman, MD Senate Judiciary Committee Hearing March 15th 2016:

Chairman Grassley, I would like to thank you for inviting me to participate in this hearing today. I have spent my entire career as a women's advocate and have a keen interest in issues that impact women's health. I come to you as someone who has done 1st and 2nd trimester abortions and who has treated women with the medical and psychological complications of abortions. I have cared for women and their babies throughout normal pregnancies, medically complicated ones, and those with fetal anomalies. I have taken care of women who decided to keep their unplanned pregnancies and those who aborted them. I have given birth vaginally twice and I have had an abortion. I also have a cousin who survived an abortion. I have testified on issues related to abortion in state courts and legislatures, and before the House Judiciary Subcommittee on the Constitution.

At the time I entered medical school I believed that the availability of abortion on demand was an issue of women's rights. I felt that a woman should have control over her body and not be forced to bear a child she didn't want. My

commitment to women's issues was strengthened as I was exposed to the discrimination inherent in medical school and residency at that time, and to the plight of the indigent women we served in our program. I also believed it was wrong to bring unwanted children into an overpopulated world where they were likely to be neglected or abused.

During my residency I was trained in 1st trimester abortions using the D&C with suction technique. I then sought and received special training in 2nd trimester D&E procedures during which the fetus is crushed and removed in pieces. After each procedure I had to examine the tissue carefully to account for all the body parts to make sure nothing was left to cause infection or bleeding. I was fascinated by the tiny but perfectly formed intestines, kidneys, and other organs and I enjoyed looking at their amazing cellular detail under the microscope. I realize it is hard to imagine someone being able to do that and be so detached but because of my training and conditioning a human fetus seemed no different than the chick embryos I dissected in college. I could view them with strictly scientific interest devoid of any of the emotions with which I would normally view a baby. I wasn't heartless I just had been trained to compartmentalize these things.

If I had a woman come in with a miscarriage or a still birth and she had wanted the baby I was distraught with her and felt her pain. The difference in my mind was whether the baby was wanted or unwanted.

After my first year of training I got my medical license and was able to get a job moonlighting at a women's clinic in Gainesville, Florida doing abortions. I reasoned that although the need for abortion was unfortunate, it was the lesser of two evils, and I was doing something for the wellbeing of women. I also could make a lot more money doing abortions than I could make working in an emergency room. I enjoyed the technical challenges of the procedure and prided myself on being really good at what I did. The only time I

experienced any qualms about what I was doing was when I had my neonatal care rotation and I realized that I was trying to save babies in the NICU that were the same age as babies I was aborting, but I rationalized it, and was able to push the feelings to the back of my mind. My last year in residency I became pregnant but continued to do abortions without any reservations.

The first time I returned to the clinic after my delivery, however, I was confronted with 3 cases that broke my heart and changed my opinion about abortion. In the first case I discovered that I had personally done 3 abortions on a girl scheduled that morning. When I protested about doing the abortion, I was told by the clinic staff that it was her right to choose to use abortion as her method of birth control and that I had no right to pass judgment on her or to refuse to do the procedure. I told them it was fine for them to say but that I was the one who had to do the killing. Of course she got her abortion and despite my urging she told me she had no desire to use birth control. The next situation involved a woman who when asked by her friend if she wanted to see the tissue she replied "No! I just want to kill it!" I was taken aback by her hostility and lack of compassion towards the fetus.

The last case brought me to tears. This was a mother of four who didn't feel she and her husband could support another child. How I hurt for that mother. What a terrible decision to have to make. She cried throughout her time at the clinic and that was the end of my abortion career. I had finally had made the obvious connection between fetus and baby.

I found out later that few doctors are able to do abortions for very long. Physicians are taught to heal, not harm. OB/GYNs especially, often experience a conflict of conscience because they are normally are concerned about the welfare of both their patients but in an abortion they are killing one of them.

Although many people view an abortion as just removing a blob of tissue, the abortionist knows exactly what he or she is doing because they must count the body parts after each procedure. Eventually the truth sinks in and if they have a conscience they can no longer do them.

My views also changed as I saw young women in my practice who did amazingly well after deciding to keep their unplanned pregnancies and those who were struggling with the emotional aftermath of abortion. It was not what I expected to see.

I will never forget one woman who had gone to the Orlando area for a late term abortion. She had not recovered from the horror of delivering her live 20+ week baby boy into the toilet. Her agony was compounded by the fact that her baby brother had died by drowning.

Another woman told me that she was seeing a psychiatrist because although she strongly believed in a woman's right to choose abortion she couldn't cope with the realization that she had killed her child. Some of my patients didn't express any remorse until they realized they would never get pregnant either because of medical problems, advancing age, or personal issues. I personally didn't have any concern or remorse about having had an abortion until after I had my first child. It was then that I mourned the child that would have been.

As a society we have shifted our priorities from basic human rights to women's rights and have taught our young women that nothing should interfere with their right to do whatever they want with their bodies, especially when it comes to pregnancy. We have also done a good job of sanitizing our language to make abortion more palatable. We don't speak about the "baby", rather we talk about the "fetus". The abortionist "terminates the pregnancy" rather than "killing the baby". As medical doctors and as a society we have moved away from the idea that life is precious and closer to the

utilitarian attitudes which wreaked so much havoc during the last century. In most ethical dilemmas we must weigh the rights of one person against the rights of another.

Even for the most staunch abortion supporter there is a line somewhere that they feel shouldn't be crossed. I would agree that we need to give a woman as much choice as possible in determining her future and what she does with her body but we must also recognize the truth that there are at least 2 people involved in a pregnancy and that at some point the rights of the weaker one deserve some consideration. Some people believe life begins at conception when the egg and sperm meet and should be safe guarded at that point. Others feel it isn't until it is safely implanted in its mother's uterus that it deserves protection. Many feel it should have some rights once it is viable or old enough to live outside the womb. Yet there are some who feel that the baby has no rights even in process of being born. Should a baby that can live outside the womb be given no consideration, no protection, and no rights, just because it is unwanted? Should we not at least have compassion on babies at 20 weeks gestation when their nervous systems are developed enough for them to experience pain and protect them from the excruciating pain of being dismembered or killed in other ways?

Hopefully we all agree that a mother should not be able to kill her 3 year old child; but what about an infant? There are some who advocate that a mother should have the right to euthanize her infant up until 3 months of age because there may be a defect that didn't express itself at birth. I think most Americans would say that once a baby is born there is no question it should be protected and yet there are those who say that if it is unwanted but managed to survive an abortion it does not qualify for the same care that any other baby would get at the same gestation and it is OK to kill it. Is it the child's fault that it is unwanted? Should it lose its

rights simply for that reason? Doesn't the government have a responsibility to protect that child even if its parents won't? What if a baby is defective when it is born? We have laws to protect people with disabilities. Are we going to exclude babies, our most vulnerable citizens, from that protection? The problem is where does it stop? Where does a civilized society draw the line?

As legislators you have the burdensome task of writing the laws that govern our society and that the majority of people will accept. At the same time you must protect the most vulnerable among us. You are ultimately the ones who will determine where that line is drawn. It's a difficult job. We are a people of many religions and traditions with different needs and wants.

In making your decision you should not forget that abortion generates a lot of money. Much of the power and influence behind the drive to prevent any restriction on abortion comes from those who make a profit on it and I am sad to say they have used a distorted view of women's rights as a cover.

I have always thought of myself as a good person but at one point I was horrified by the realization that I had killed more people than most mass murderers. Today when I meet young men and women that I delivered, the joy of meeting them and knowing that I played a part in bringing them into the world safely, is clouded by the thought of all the ones I will never meet because I terminated their lives. I would not want to be in your shoes and have the burden of knowing that I could have prevented the deaths of thousands even millions and did nothing. I would encourage you to vote for both of these bills.

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