AFFIDAVIT OF CAROL N. EVERETT

STATE OF PENNSYLVANIA)
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BEFORE ME, the undersigned, a Notary Public in and for the State of Pennsylvania, on this day personally appeared Carol N. Everett, who upon being duly sworn stated as follows:

My name is Carol N. Everett. My address is 17430 Campbell Rd., Dallas, Texas 75252.

After my personal abortion February 19, 1973, I instantly realized I had murdered my own son, and found that though I could not share my own abortion experience, I could tell other women what a great choice abortion would be for them. As I evolved into the abortion industry, I found abortions an easy product to market. My arrangement with the clinic was a commission of $25.00 per abortion. I worked on a straight commission basis. My last month in the abortion industry, our two clinics accomplished 545 abortions which resulted in an income of $13,625 that month for me.

I was a hands-on operator, involved in employee training in all capacities. We rotated eight doctors through our two clinics on a seven day-a-week schedule. An unlicensed doctor did our sonograms and laminaria insertions.

The telephone counselors were skillfully trained to get the women in the clinic.

Our patients' demographic information such as age, address/area, marital status, referral source, income range, date appointment was booked, date abortion was completed, gestational age, no show statistics, if she was not pregnant, or too far along, was all on computer. The percentages were accurately and monthly reported for each employee answering the telephone.

These statistics clearly reflected that the sooner an appointment was made, the higher the ratio of completed abortions. Our conclusion was that the shorter the period of time a woman had to consider her abortion, the more likely she was to have an abortion. We felt that the shorter time frame gave the woman less time to discuss her decision with family and friends, which resulted in a decision made hastily to actually hide her pregnancy from her support system.

Since the consent of the spouse was not considered relevant to marketing techniques, we did not keep that statistic; however, I personally remember many women's concern of how to keep the abortion a secret from their husband in the week following the procedure.

Our counseling sessions were actually to calm the woman down, soothe her fears, and not to actually offer any alternatives but abortion. I personally trained our counselors to "sell" our product. We never discussed any alternatives but abortion unless she mentioned one. We asked each woman why she was choosing abortion, and then agreed that this was the best choice for her. If she started to move away from the abortion decision, we reminded her "your husband will find out, and you do not really want to deal with that, do you?", and moved her back to the abortion decision.

Each woman asked at least two of the same questions. The first question is "Is it a baby?" Even though clinic personnel call it "a glob of tissue", "two tablespoons of matter", a "blood clot," or "a piece of tissue", I believe women know their body is making changes to accommodate the baby; however, in a crisis pregnancy, we want to believe that it is nothing - certainly not a baby. And this pregnancy expert, the abortion clinic counselor says, "No, it is not a baby. It's a glob of tissue." I have never heard or been aware of one counselor answering a woman that, "Yes, it is a baby."

I worked in the procedure area and cleaned the instruments after the abortions. I have held those babies little bodies and organs in my hands. Not one of those babies was hollow. All had organs and a tissue check had to be completed, as early as an abortion could be performed, to be certain all the body parts were there.

As a post-aborted mother, I wish I had been told that at ten weeks my son was completely formed, heart beating 18 days after conception with brain waves 42 days after conception. I would not have had an abortion.

The second question is, "Does it hurt?" Our answer was "Your uterus is a muscle. It is a cramp to open it, a cramp to close it, so you will feel a slight cramping sensation similar to your monthly menstral cramps." Women were told that "abortion is safer than childbirth and ten times easier" even though we knew that childbirth and abortion statistics are reported together so it is impossible to say that abortion is safer than delivery.

My personal experience in the abortion industry is that in the last 18 months of my involvement we experienced one major complication per month, or one major complication out of every 500 patients. I define a major complication as death, hysterectomy, colostomy due to perforation of the uterus resulting in bowel injury, perforation of the uterus, urinary tract repair due to perforation of the uterus and injury to the urinary tract. Although the records were not kept to separate them by gestation, over 75% of the major complications were for women 24 weeks or over. The woman is dealing with her new problem, her family and their emotions, and does not call the media. The abortion industry has a built-in cover-up because of the social stigma attached to abortion.

With two of the physicians, my job was to hold the baby still for the second and third trimester abortions. We used the D&E method, the dilation and evacuation. With large forceps, the doctor pulls the baby apart inside the mother's womb, and reconstructs it outside the uterus to be certain all body parts have been removed. No labor for the mother and no live births. My job was to tell the doctor where the parts were, the head being of special significance because it is the most difficult to remove. The head must be deflated, usually by using the suction machine to remove the brain, and crushing the head with large forceps. Psychologically, the doctors always sized the baby at 24 weeks; however, we did an abortion on one baby I feel was almost full term. The baby's muscle structure was so strong that it would not come apart. The baby died when the doctor pulled the head off the body.

I saw many babies aborted that could have lived outside of their mother's womb.

We had a token R.N. on staff, but kept her out of the procedure area for the most part.

Our staff was trained to adapt to each doctor, meeting the needs of the doctor regardless of the term of the pregnancy.

We routinely re-used the curettes, gas sterlizing them, even though the sterile package clearly states "STERILE - Use once and discard. Contents of unopened or undamaged package guaranteed sterile." (EXHIBIT A)

The tubing for the suction machine was reused from patient to patient, using only one tube per procedure room per day, even though it was also designed for only one use.

On a busy day, when we were rushing the women through, using two or three doctors, instruments were only "flashed". A term which means that rather than maintaining the instruments at a temperature considered high enough to sterilize them for twenty minutes to ensure sterilization, the autoclave was kept as hot as possible, instruments were placed in the autoclave, the temperature raised to the level considered high enough to sterilize for <u>seven</u> minutes only, steam released, instrument sometimes cooled in the refrigerator, or even given to the physician so hot that he had to use gauze sponges as a hot pad to dilate the woman's cervix to do the abortion.

In order to ensure sterility, instruments should not even be touched when the wrapping paper is still wet from the steam. This was routinely violated in an effort to keep turning instruments so each doctor could do ten to twelve first trimester abortions per hour. Second and third trimester abortions were considered to take twenty to thirty minutes each to remove all the body parts, placenta and blood.

In a hospital environment, a doctor writes orders for his patient, the room is completely scrubbed and cleaned between patients. All instruments are sterilized completely, and complete new sets brought in for each case. The woman is sedated, prepped, anesthetized, and the physician is expected to cover his hair, mask, do a surgical scrub (on his hands and forearms), gown with a sterile gown and sterile gloves.

The physician completes the abortion procedure, and then is expected to go to the recovery room, check his patient, write follow-up orders, and speak with the patient's family while the operating room is re-cleaned and the entire procedure starts over. Time elapsed: roughly one hour.

In a free standing clinic, only the regulations the state, city and physician imposed on personnel are followed. But, because of the 40% repeat rate of abortions, the clinic staff and doctors strive to keep the patient satisfied so that she will return for her repeat abortion, and share with her friends how accommodating the clinic is.

Thus on a busy day, the two to three doctors working in the clinic - optimally two teams of two women work with a doctor. Team #1 sets up woman #1 and the doctor does that abortion, while across the hall, team #2 sets up woman #2 so that when the doctor finishes abortion #1, he can run across the hall to do abortion #2. While he is doing abortion #2, team #1 take woman #1 to the recovery room, leaves her with that attendant, then rushes back to "turn the room." The table paper is pulled down, an underpad is put on the table, wipe the visible blood off, take the baby in the bottle to Central Supply, put the baby into a strainer, wash the blood off with water, pour the baby on the underpad and number it so that the doctor can check to be certain all the body parts are present. (If a body part is missing, it is necessary to repeat the abortion procedure). As early as an abortion can be done, it is necessary to do a tissue check. The physician is responsible and only sends it out when questioning something in order to keep the cost down. Lab fees vary for tissue analysis.

The blood is then washed out of the bottle, bottle replaced in the machine, rubber stopper put in the bottle mouth, tubing re-applied, and the instruments used in the first procedure replaced.

Woman #3 is brought in, placed on the table, and we allowed her counselor, usually the one who booked her on the telephone to remain with her to keep her quiet. Our experience was that if one patient screamed, it upset the entire day so we strived to keep each patient as quiet as possible.

When the doctor finishes abortion #2, he runs back across the hall to do abortion #3. The physician in our clinics did not routinely scrub their hands and forearms before the next abortion procedure. The physician does re-glove, using sterile gloves,

inserts the speculum designed to hold the vagina open so he can see to work, cleans the cervix off with Betadine, a pre-surgical scrub, numbs the cervix with Xylocaine, similar to the Novacaine the dentist uses to numb your gums when your teeth are worked on, and then dilates the cervix, starting with very a small dilators, slowly graduating in size until the cervix is large enough to accommodate the cannula. Prior to Roe vs Wade, an abortion was done with a knife shaped like a hollow spoon called a curette. The curette scraped the baby off the wall of the uterus, then a tissue forcep was used to remove the body parts, then the doctor had to re-scrape the uterus several times to be sure all of the baby and placenta were removed. Again the tissue forceps were used to remove the body parts and placenta.

The cannula was designed to remove the baby more quickly because of the suction. The top part of the opening of the cannula is designed to start tearing the baby off the wall of the uterus piece by piece, and remove the placenta. The suction simply pulls it all out with very little effort on the part of the doctor.

The suction machine and cannula make it possible to complete an abortion in five minutes or less, thus the physician can easily do ten or more abortions per hour if he does not have to talk to each patient. Unless something was unusual about the pregnancy, our doctors saw the patient for the first time in the procedure room. Each doctor said hello in a different way, but mostly using terms of endearment such as, "Baby", "Hon", "Dear". The counselor's job was to tell her what was about to happen to keep her quiet.

Operative procedures notes are made in the charts when the doctor has time between cases, or when the recovery nurse is ready to dismiss the patient.

Using the above techniques a physician can accomplish ten to twelve abortions per hour and makes approximately 1/3 to 1/2 the total fee, depending on his negotiated arrangement with the clinic. If a physician does ten abortions per hour and the minimum fee is $75 per abortion, the physician makes $750 per hour.

Our physicians were paid in cash. We did not want any part of the responsibility of his malpractice insurance, so we wanted to be completely independent of the doctors. The doctor's fee was collected separate from the clinic fee, and since the doctor was not an employee of the clinic, and the clinic did not show that we collected his fee, the doctors were paid in cash, no records were kept for the Internal Revenue Service. Reporting of that income was left entirely to the discretion of each doctor.

Physicians have no overhead in the abortion clinic (if they are not owners) and do not have to wait for the insurance to pay. Abortion charges are paid for before the procedure even if the woman files an insurance claim.

The recovery room nurse monitors patients for at least 1/2 hour and does birth control counseling designed to help the woman choose a method of contraception. The woman is dismissed upon the discretion of the recovery room nurse unless something unusual demands the physician's attention.

In July, 1983, Channel 4, the CBS affiliate in the Dallas area, ran a five day expose on abortion clinics doing abortions on women who were not pregnant. One of our clinics was caught red-handed trying to do abortions on non-pregnant women and allowing an unlicensed doctor to practice medicine.

Channel 4 sent women dressed in jeans, wired for sound, into our clinic to see if we would try to do an abortion on a non-pregnant woman, and we did.

The expose clearly showed me walking in and out of the clinic with sketches of how we sold abortions to non-pregnant women with the tape playing in the background. "Yes, Babe, you're pregnant. Got your money? Do you want to do it today?"

Even as I held those babies' broken body parts in my hand, I always told myself, "We are helping women have safe, legal abortions."

Slowly, painfully, I had to admit we were killing and maiming women, as well as killing a baby in each abortion - not helping women.

Abortion is not a choice women make. Abortion is a skillfully marketed product sold to a woman at a crisis time in her life. She tries the product, and when she realizes it is defective, it is too late to return it for a refund - the baby is dead.

Carol N. Everett

CAROL N. EVERETT

SUBSCRIBED AND SWORN TO by Carol N. Everett on this 3rd day of December, 1989.

Notary Public In And For
The State of Pennsylvania

(EXHIBIT A)

PEEL DOWN TO OPEN

Rocket USA

RIGID PLASTIC CURETTE

10 MM STR
CAT.NO.R58.103
LOT NO.88218

CONTENTS:
1 Each

INSTRUCTIONS FOR USE:
Insert into aspiration handle.

CONTRAINDICATIONS:
See insert.

STERILE
USE ONCE AND DISCARD

CAUTION:
Federal (USA) law restricts this device to sale by or on the order of a physician.

FDA Compliance Policy Guide, 7124.23, Dated November 11, 1977.
Disposable medical devices that are reused must be adequately cleaned and sterilized, maintain unimpaired physical characteristics and quality, and be safe and effective for their intended use. The Food and Drug Administration will consider any disposable medical device adulterated that does not meet these criteria. ANY INSTITUTION OR PRACTITIONER WHO REUSES A MEDICAL DEVICE THAT IS INTENDED TO BE DISCARDED AFTER A SINGLE USE MUST ASSUME FULL RESPONSIBILITY FOR ITS SAFETY AND EFFECTIVENESS

Rocket USA
Branford, Connecticut 06405 U.S.A.