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Why Dr. Kermit Gosnell's Trial Should Be a Front-Page Story

The dead babies. The exploited women. The racism. The numerous governmental failures. It is thoroughly newsworthy.

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A procedure room at the Women's Medical Society. / Philadelphia District Attorney's Office

Please note: This post contains graphic descriptions and imagery.

The [grand jury report](#) in the case of Kermit Gosnell, 72, is among the most horrifying I've read. "This case is about a doctor who killed babies and endangered women. What we mean is that he regularly and illegally delivered live, viable babies in the third trimester of pregnancy - and then murdered these newborns by severing their spinal cords with scissors," it states. "The medical practice by which he carried out this business was a filthy fraud in which he overdosed his patients with dangerous drugs, spread venereal disease among them with infected instruments, perforated their wombs and bowels - and, on at least two occasions, caused their deaths."

Charged with seven counts of first-degree murder, Gosnell is now standing trial in a Philadelphia courtroom. An NBC affiliate's coverage includes testimony as grisly as you'd expect. "An unlicensed medical school graduate delivered graphic testimony about the chaos at a Philadelphia clinic where he helped perform late-term abortions," the channel [reports](#). "Stephen Massof described how he snipped the spinal cords of babies, calling it, 'literally a beheading. It is separating the brain from the body.' He testified that at times, when women were given medicine to speed up their deliveries, 'it would rain fetuses. Fetuses and blood all over the place.'"

One former employee described hearing a baby screaming after it was delivered during an abortion procedure. "I can't describe it. It sounded like a little alien," she testified. Said the *Philadelphia Inquirer* in its [coverage](#), "Prosecutors have cited the dozens of jars of severed baby feet as an example of Gosnell's idiosyncratic and illegal practice of providing abortions for cash to poor women pregnant longer than the 24-week cutoff for legal abortions in Pennsylvania."

Until Thursday, I wasn't aware of this story. It has generated sparse coverage in the national media, and while it's been mentioned in RSS feeds to which I subscribe, I skip past most news items. I still consume a tremendous amount of journalism. Yet had I been asked at a trivia night about the identity of Kermit Gosnell, I would've been stumped and helplessly guessed a green Muppet. Then I saw Kirsten Power's *USA Today* [column](#). She makes a powerful, persuasive case that the Gosnell trial ought to be getting a lot more attention in the national press than it is getting.

The media criticism angle [interests me](#). But I agree that the story has been undercovered, and I happen to be a working journalist, so I'll begin by telling the rest of the story for its own sake. Only then will I explain why I think it deserves more coverage than it has gotten, although it ought to be self-evident by the time I'm done distilling the grand jury's allegations. Grand juries aren't infallible. This version of events hasn't been proven in a court of law. But journalists routinely treat accounts given by police, prosecutors and grand juries as at least plausible if not proven. Try to decide, as you hear the state's side of the case, whether you think it is credible, and if

so, whether the possibility that some or all this happened demands massive journalistic scrutiny.

* * *

On February 18, 2010, the FBI raided the "Women's Medical Society," entering its offices about 8:30 p.m. Agents expected to find evidence that it was illegally selling prescription drugs. On entering, they quickly realized something else was amiss. In the grand jury report's telling, "There was blood on the floor. A stench of urine filled the air. A flea-infested cat was wandering through the facility, and there were cat feces on the stairs. Semi-conscious women scheduled for abortions were moaning in the waiting room or the recovery room, where they sat on dirty recliners covered with blood-stained blankets. All the women had been sedated by unlicensed staff." Authorities had also learned about the patient that died at the facility several months prior.

Public health officials inspected the surgery rooms. "Instruments were not sterile," the grand jury states. "Equipment was rusty and outdated. Oxygen equipment was covered with dust, and had not been inspected. The same corroded suction tubing used for abortions was the only tubing available for oral airways if assistance for breathing was needed. There was no functioning resuscitation or even monitoring equipment, except for a single blood pressure cuff." Upon further inspection, "the search team discovered fetal remains haphazardly stored throughout the clinic - in bags, milk jugs, orange juice cartons, and even in cat-food containers."

And "Gosnell admitted to Detective Wood that at least 10 to 20 percent of the fetuses were probably older than 24 weeks in gestation - even though Pennsylvania law prohibits abortions after 24 weeks. In some instances, surgical incisions had been made at the base of the fetal skulls." Gosnell's medical license was quickly suspended. 18 days later, The Department of Health filed papers to start the process of closing the clinic. The district attorney submitted the case to the grand jury on May 4, 2010. Testimony was taken from 58 witnesses. Evidence was examined.

In Pennsylvania, most doctors won't perform abortions after the 20th week, many for health reasons, others for moral reasons. Abortions after 24 weeks are illegal. Until 2009, Gosnell reportedly performed mostly first and second trimester abortions. But his clinic had come to develop a bad reputation, and could attract only women who couldn't get an abortion elsewhere, former employees have said. "Steven Massof estimated that in 40 percent of the second-trimester abortions performed by Gosnell, the fetuses were beyond 24 weeks gestational age," the grand jury states. "Latosha Lewis testified that Gosnell performed procedures over 24 weeks 'too much to count,'

and ones up to 26 weeks 'very often.' ...in the last few years, she testified, Gosnell increasingly saw out-of-state referrals, which were all second-trimester, or beyond. By these estimates, Gosnell performed at least four or five illegal abortions every week."

The grand jury report includes an image of a particularly extreme case (the caption is theirs, not mine):



Baby girl aborted by Gosnell

That photo pertains to an unusual case, in that the mother had to seek help at a hospital after the abortion she sought at Gosnell's office went awry. The grand jury report summarizes a more typical late-term abortion, as conducted at the clinic, concluding with the following passage:

When you perform late-term "abortions" by inducing labor, you get babies. Live, breathing, squirming babies. By 24 weeks, most babies born prematurely will survive if they receive appropriate medical care. But that was not what the Women's Medical Society was about. Gosnell had a simple solution for the unwanted babies he delivered: he killed them. He didn't call it that. He called it "ensuring fetal demise." The way he ensured fetal demise was by sticking scissors into the back of the baby's neck and cutting the spinal cord. He called that "snipping."

Over the years, there were hundreds of "snippings." Sometimes, if Gosnell was unavailable, the "snipping" was done by one of his fake doctors, or even by one of the administrative staff.

But all the employees of the Women's Medical Society knew. Everyone there acted as if it wasn't murder at all. Most of these acts cannot be prosecuted, because Gosnell destroyed the files. Among the relatively few cases that could be specifically documented, one was Baby Boy A. His 17-year-old mother was almost 30 weeks pregnant -- seven and a half months -- when labor was induced. An employee estimated his birth weight as approaching six pounds. He was breathing and moving when Gosnell severed his spine and put the body in a plastic shoebox for disposal. The doctor joked that this baby was so big he could "walk me to the bus stop." Another, Baby Boy B, whose body was found at the clinic frozen in a one-gallon spring-water bottle, was at least 28 weeks of gestational age when he was killed. Baby C was moving and breathing for 20 minutes before an assistant came in and cut the spinal cord, just the way she had seen Gosnell do it so many times. And these were not even the worst cases.

Abuse of Women Patients

What little media coverage there's been in the case has understandably focused on the murder allegations. The grand jury report also makes clear how horrific Women's Medical Society was for the patients.

The unsanitary conditions were just the beginning.

One woman "was left lying in place for hours after Gosnell tore her cervix and colon while trying, unsuccessfully, to extract the fetus," the report states. Another patient, 19, "was held for several hours after Gosnell punctured her uterus. As a result of the delay, she fell into shock from blood loss, and had to undergo a hysterectomy." A third patient "went into convulsions during an abortion, fell off the procedure table, and hit her head on the floor. Gosnell wouldn't call an ambulance, and wouldn't let the woman's companion leave the building so that he could call an ambulance."

Often times, women given drugs to induce labor delivered before the doctor even arrived at work.

Said one former employee:

If... a baby was about to come out, I would take the woman to the bathroom, they would sit on the toilet and basically the baby would fall out and it would be in the toilet and I would be rubbing her back and trying to calm her down for two, three, four hours until Dr. Gosnell comes.

She would not move.

One patient died:

She was a 41-year-old, refugee who had recently come to the United States from a resettlement camp in Nepal. When she arrived at the clinic, Gosnell, as usual, was not there. Office workers had her sign various forms that she could not read, and then began doping her up. She received repeated unmonitored, unrecorded intravenous injections of Demerol, a sedative seldom used in recent years because of its dangers. Gosnell liked it because it was cheap. After several hours, Mrs. Mongar simply stopped breathing. When employees finally noticed, Gosnell was called in and briefly attempted to give CPR. He couldn't use the defibrillator (it was broken); nor did he administer emergency medications that might have restarted her heart. After further crucial delay, paramedics finally arrived, but Mrs. Mongar was probably brain dead before they were even called. In the meantime, the clinic staff hooked up machinery and rearranged her body to make it look like they had been in the midst of a routine, safe abortion procedure.

Even then, there might have been some slim hope of reviving Mrs. Mongar. The paramedics were able to generate a weak pulse. But, because of the cluttered hallways and the padlocked emergency door, it took them over twenty minutes just to find a way to get her out of the building. Doctors at the hospital managed to keep her heart beating, but they never knew what they were trying to treat, because Gosnell and his staff lied about how much anesthesia they had given, and who had given it. By that point, there was no way to restore any neurological activity. Life support was removed the next day. Karnamaya Mongar was pronounced dead.

Another provocative detail: A former employee testified "that white patients often did not have to wait in the same dirty rooms as black and Asian clients. Instead, Gosnell would escort them up the back steps to the only clean office -- O'Neill's -- and he would turn on the TV for them. Mrs. Mongar, she said, would have been treated 'no different from the rest of the Africans and Asians.'"

Said the employee:

Like if a girl -- the black population was -- African population was big here. So he didn't mind you medicating your African American girls, your Indian girl, but if you had a white girl from the suburbs, oh, you better not medicate her. You better wait until he go in and talk to her first. And one day I said something to him and he was like, that's the way of the world. Huh?

And he brushed it off and that was it.

Anesthesia was frequently dispensed by employees who were neither legally permitted nor trained to do it, including a 15-year-old high school student who worked at the clinic, the report states.

Most employees did as they were told, but one objected:

Marcella Stanley Choung, who told us that her "training" for anesthesia consisted of a 15-minute description by Gosnell and reading a chart he had posted in a cabinet. She was so uncomfortable medicating patients, she said, that she "didn't sleep at night." She knew that if she made even a small error, "I can kill this lady, and I'm not jail material." One night in 2002, when she found herself alone with 15 patients, she refused Gosnell's directives to medicate them. She made an excuse, went to her car, and drove away, never to return. Choung immediately filed a complaint with the Department of State, but the department never acted on it.

The Failure to Stop It

That brings us to a subject you've perhaps been wondering about: How on earth did this go on for so long without anyone stopping it? The grand jury delved into that very question in their report. I'm going to excerpt it at length, because it bears directly on the question that will concern us afterward: has this story gotten an appropriate amount of attention from the news media?

Here is the grand jury on oversight failures:

Pennsylvania is not a third-world country. There were several oversight agencies that stumbled upon and should have shut down Kermit Gosnell long ago. But none of them did...

The first line of defense was the Pennsylvania Department of Health. The department's job is to audit hospitals and outpatient medical facilities, like Gosnell's, to make sure that they follow the rules and provide safe care. The department had contact with the Women's Medical Society dating back to 1979, when it first issued approval to open an abortion clinic. It did not conduct another site review until 1989, ten years later. Numerous violations were already apparent, but Gosnell got a pass when he promised to fix them. Site reviews in 1992 and 1993 also noted various violations, but again failed to ensure they were corrected.

But at least the department had been doing something up to that point, however ineffectual. After 1993, even that pro forma effort came to an end. Not because of administrative ennui, although there had been plenty. Instead, the Pennsylvania Department of Health abruptly decided, for political reasons, to stop inspecting abortion clinics at all... The only exception to this live-and-let-die policy was supposed to be for complaints dumped directly on the department's doorstep. Those, at least, would be investigated. Except that there were complaints about Gosnell, repeatedly. Several different attorneys, representing women injured by Gosnell, contacted the department. A doctor from Children's Hospital of Philadelphia hand-

delivered a complaint, advising the department that numerous patients he had referred for abortions came back from Gosnell with the same venereal disease. The medical examiner of Delaware County informed the department that Gosnell had performed an illegal abortion on a 14-year-old girl carrying a 30-week-old baby. And the department received official notice that a woman named Karnamaya Mongar had died at Gosnell's hands.

Yet not one of these alarm bells -- not even Mrs. Mongar's death -- prompted the department to look at Gosnell or the Women's Medical Society... But even this total abdication by the Department of Health might not have been fatal. Another agency with authority in the health field, the Pennsylvania Department of State, could have stopped Gosnell single-handedly.

The Department of State, through its Board of Medicine, licenses and oversees individual physicians... Almost a decade ago, a former employee of Gosnell presented the Board of Medicine with a complaint that laid out the whole scope of his operation: the unclean, unsterile conditions; the unlicensed workers; the unsupervised sedation; the underage abortion patients; even the over-prescribing of pain pills with high resale value on the street. The department assigned an investigator, whose investigation consisted primarily of an offsite interview with Gosnell. The investigator never inspected the facility, questioned other employees, or reviewed any records. Department attorneys chose to accept this incomplete investigation, and dismissed the complaint as unconfirmed.

Shortly thereafter the department received an even more disturbing report -- about a woman, years before Karnamaya Mongar, who died of sepsis after Gosnell perforated her uterus. The woman was 22 years old. A civil suit against Gosnell was settled for almost a million dollars, and the insurance company forwarded the information to the department. That report should have been all the confirmation needed for the complaint from the former employee that was already in the department's possession. Instead, the department attorneys dismissed this complaint too... The same thing happened at least twice more: the department received complaints about lawsuits against Gosnell, but dismissed them as meaningless...

Philadelphia health department employees regularly visited the Women's Medical Society to retrieve blood samples for testing purposes, but never noticed, or more likely never bothered to report, that anything was amiss. Another employee inspected the clinic in response to a complaint that dead fetuses were being stored in paper bags in the employees' lunch refrigerator. The inspection confirmed numerous violations... But no follow-up was ever done... A health department representative also came to the clinic as part of a citywide vaccination program. She promptly discovered that

Gosnell was scamming the program; she was the only employee, city or state, who actually tried to do something about the appalling things she saw there. By asking questions and poking around, she was able to file detailed reports identifying many of the most egregious elements of Gosnell's practice. It should have been enough to stop him. But instead her reports went into a black hole, weeks before Karnamaya Mongar walked into the Woman's Medical Society.

...And it wasn't just government agencies that did nothing. The Hospital of the University of Pennsylvania and its subsidiary, Penn Presbyterian Medical Center, are in the same neighborhood as Gosnell's office. State law requires hospitals to report complications from abortions. A decade ago, a Gosnell patient died at HUP after a botched abortion, and the hospital apparently filed the necessary report. But the victims kept coming in. At least three other Gosnell patients were brought to Penn facilities for emergency surgery; emergency room personnel said they have treated many others as well. And at least one additional woman was hospitalized there after Gosnell had begun a flagrantly illegal abortion of a 29-week-old fetus. Yet, other than the one initial report, Penn could find not a single case in which it complied with its legal duty to alert authorities to the danger. Not even when a second woman turned up virtually dead...

So too with the National Abortion Federation.

NAF is an association of abortion providers that upholds the strict est health and legal standards for its members. Gosnell, bizarrely, applied for admission shortly after Karnamaya Mongar's death. Despite his various efforts to fool her, the evaluator from NAF readily noted that records were not properly kept, that risks were not explained, that patients were not monitored, that equipment was not available, that anesthesia was misused. It was the worst abortion clinic she had ever inspected. Of course, she rejected Gosnell's application. She just never told anyone in authority about all the horrible, dangerous things she had seen.

The conclusion drawn at the end of the section is provocative. "Bureaucratic inertia is not exactly news. We understand that," it states. "But we think this was something more. We think the reason no one acted is because the women in question were poor and of color, because the victims were infants without identities, and because the subject was the political football of abortion."

A Front-Page Story

Says Kirsten Powers in her *USA Today* op-ed, "Let me state the obvious. This should be front page news. When Rush Limbaugh attacked Sandra Fluke, there was non-stop media hysteria. The venerable *NBC Nightly News'* Brian Williams [intoned](#), 'A firestorm of outrage from women after a crude tirade from Rush Limbaugh,' as he

teased a segment on the brouhaha. Yet, accusations of babies having their heads severed -- a major human rights story if there ever was one -- doesn't make the cut."

Inducing live births and subsequently severing the heads of the babies is indeed a horrific story that merits significant attention. Strange as it seems to say it, however, that understates the case.

For this isn't solely a story about babies having their heads severed, though it is that. It is also a story about a place where, according to the grand jury, women were sent to give birth into toilets; where a doctor casually spread gonorrhea and chlamydiae to unsuspecting women through the reuse of cheap, disposable instruments; an office where a 15-year-old administered anesthesia; an office where former workers admit to playing games when giving patients powerful narcotics; an office where white women were attended to by a doctor and black women were pawned off on clueless untrained staffers. Any single one of those things would itself make for a blockbuster news story. Is it even conceivable that an optometrist who attended to his white patients in a clean office while an intern took care of the black patients in a filthy room wouldn't make national headlines?

But it isn't even solely a story of a rogue clinic that's awful in all sorts of sensational ways either. Multiple local and state agencies are implicated in an oversight failure that is epic in proportions! If I were a city editor for any Philadelphia newspaper the grand jury report would suggest a dozen major investigative projects I could undertake if I had the staff to support them. And I probably wouldn't have the staff. But there is so much fodder for additional reporting.

There is, finally, the fact that abortion, one of the most hotly contested, polarizing debates in the country, is at the center of this case. It arguably informs the abortion debate in any number of ways, and has numerous plausible implications for abortion policy, including the oversight and regulation of clinics, the appropriateness of late-term abortions, the penalties for failing to report abuses, the statute of limitations for killings like those with which Gosnell is charged, whether staff should be legally culpable for the bad behavior of doctors under whom they work...

There's just no end to it.

To sum up, this story has numerous elements *any one of which* would normally make it a major story. And setting aside conventions, which are flawed, this *ought* to be a big story on the merits.

The news value is undeniable.

Why isn't it being covered more? I've got my theories. But rather than offer them at the end of an already lengthy item, I'd like to survey some of the editors and writers making coverage decisions.

By the same author: "[14 Theories for Why Kermit Gosnell's Case Didn't Get More Media Attention](#)"

About the Author



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