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Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	from Judy Gold to Jen Klein re Women Participants for HR 1833 Veto (29 pages)	04/09/1996	P6/b(6)

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Elena Kagan
 OA/Box Number: 14374

FOLDER TITLE:

Internal Memos [1]

2009-1006-F

kc136

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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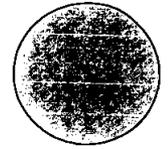
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TALKING POINTS ON H.R. 1833

- The President vetoed H.R. 1833 because the bill, which prohibits a certain kind of abortion procedure, fails to protect women from serious threats to their health, as both the Constitution and humane public policy require.
- The procedure described in the bill troubles the President deeply. He does not support use of that procedure on an elective basis. He would allow it only where necessary to save the life of the mother or prevent serious injury to her health.
- This bill went too far because it would ban use of the procedure even when it is the only or best hope of saving the woman's life or averting a serious threat to her health, including her ability to have children in the future.
- Before vetoing this bill, the President heard from women who desperately wanted babies, who were devastated to learn that their babies had fatal conditions, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best hope of preventing death or grave harm, including the loss of reproductive ability. For these women and others, this was not about choice. These babies were certain to perish before, during, or shortly after birth, and the only question was how much grave harm was going to be done to the woman.
- Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, poses a danger of grave harm to women. A ban of this kind, aside from violating the Constitution, would be the true inhumanity.
- That is why the President, by letter dated February 28, implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the physician, is necessary to preserve the life of the woman or avert serious adverse consequences to her health. A bill amended in this way would have struck a proper balance, remedying the constitutional and human defect of H.R. 1833.
- The charge that the President's proposed exemption would create a huge loophole, allowing the widespread use of this procedure, is simply not true. The President's exemption would apply only when there is serious harm to health. Surely Congress, working with this Administration, can write legislation making clear that serious harm to health means just that -- that it doesn't include, as some have suggested, youth, low income, or inconvenience. Attacks such as this trivialize profoundly tragic situations. All one needs to do is to listen to some of the women who have had this procedure to understand what kind of harm the President is talking about.
- The President will not sign a bill showing, as this one does, total indifference to the health of women. He will sign a bill amended to protect women from serious harm by allowing this procedure in rare cases. He regrets that Congress, more interested in creating a political issue than solving a problem, has so far rejected this approach.

DATE: 5-13



TO: *Leon*

FROM: Staff Secretary

I am planning to send
this letter up to the
President today for his
approval & signature.

Tracy

cc: Melanne
Elena
Vicki
Betsy

May 12, 1996

The Most Rev. Edmond L. Browning
Presiding Bishop, The Episcopal Church
The Episcopal Church Center
815 Second Ave.
New York, New York 10017

Thank you for your letter of May 8 concerning H.R. 1833, legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. I appreciate your explication of the Church's position on this matter. As you know, in late March, Congress passed that bill and on April 10, I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

My own position on this bill has been widely misrepresented and misunderstood. Some, including those more interested in creating a political issue than in putting real, meaningful limits on the use of this procedure, have deliberately distorted my views. But I know that a great many people of good faith -- and of all faiths -- are sincerely perplexed about the veto. That is why I would like to take this opportunity to explain the basis for my decision.

Let me begin with a word of background. I am against late-term abortions and have long opposed them, except, as the Supreme Court requires, where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign a bill to do the same thing at the federal level if it were presented to me.

The particular procedure aimed at in H.R. 1833 -- generally referred to by doctors as dilation and evacuation -- poses a most difficult and disturbing issue, one which I studied and prayed about for many months. Indeed, when I first heard a description of this procedure, I anticipated that I would support the bill. But after I studied the matter and learned more about it, I came to believe that this rarely used procedure is justifiable as a last resort when doctors judge it necessary to save a woman's life or to avert serious consequences to her health.

Last month, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some

cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. This was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. Here is what one of them had to say:

"Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus."

Some have raised the question whether this procedure is ever most appropriate as a matter of medical practice. The best answer comes from the medical community, which broadly supports the continued availability of this procedure in cases where a woman's serious health interests are at stake. In those rare cases, I believe the woman's doctors should have the ability to determine, in the best exercise of their medical judgment, that the procedure is indeed necessary.

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor can be certain that a woman's life is at risk, but not when the doctor is sure that she faces real, grave risks to her health.

Let me be clear. I do not contend that this procedure, today, is always used in circumstances that meet my standard -- namely, that the procedure must be necessary to prevent death or serious adverse health consequences. The procedure may well be used in situations where a woman's serious health interests are not at issue. But I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them.

At the same time, I cannot and will not countenance a ban on this procedure in those cases where it represents the best hope for a woman to avoid serious risks to her health. I recognize that there are those who believe it appropriate to force a woman to endure real, serious risks to her health -- including, sometimes, the loss of her ability to bear children -- in order to deliver a baby who is already dead or about to die. But I am not among them.

I also understand that many who support this bill believe that any health exception is untenable. In a letter sent to me on April 16 by our leading Catholic Cardinals, they contend that a

"health" exception for the use of this procedure could be stretched to cover most anything -- for example, youth, emotional stress, financial hardship or inconvenience.

That is not the kind of exception I support. I support an exception that takes effect only where a woman faces real, serious adverse health consequences. Those who oppose this procedure may wish to cite cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure must be allowed.

Further, I flatly reject the view of those who suggest that it is impossible to draft a bill imposing real, stringent limits on the use of this procedure -- a bill making absolutely clear that the procedure may be used only in cases where a woman risks death or serious damage to her health, and in no other case. I know that it is not beyond the ingenuity of Congress, working together with this Administration, to fashion such a bill.

Indeed, that is why I implored Congress, by letter dated February 28, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. Congress ignored my proposal and did so, I am afraid, because there are too many there who prefer creating a political issue to solving a human problem. But I reiterate my offer now: if Congress will work with me to produce a bill that meets the concerns outlined in this letter, I will sign it the moment it reaches my desk.

I recognize that many people will continue to disagree with me about this issue. But they should all know the truth about where I stand: I do not support the use of this procedure on demand. I do not support the use of this procedure on the strength of mild or fraudulent health complaints. But I do believe that we cannot abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity.

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together. Again, thank you for your letter and for the opportunity to set forth my own views.

Sincerely,



THE MOST REVEREND EDMOND L. BROWNING
 PRESIDING BISHOP, THE EPISCOPAL CHURCH
 THE EPISCOPAL CHURCH CENTER
 815 SECOND AVENUE • NEW YORK, NY 10017
 212/697-4400

May 8, 1996

The Honorable William J. Clinton
 The White House
 Washington, D.C. 20500

Dear President Clinton:

As you know, I joined other mainstream religious leaders in supporting your veto of the "partial birth abortion" ban. I continue to support your decision on this extremely difficult issue. While there continues to be a great deal of misinformation and confusion about this particular medical procedure, I would like to clarify the Episcopal Church's teaching concerning abortion.

Amid great disagreement and prayerful deliberation on the issue of abortion, the Church's 1994 General Convention, the highest legislative body, adopted a position that states "all human life is sacred from its inception until death" and stresses that "we regard abortion as having a tragic dimension, calling for concern and compassion of all the Christian community." The Church advises all those who voluntarily accept to be members of this particular faith community that abortion should be used only in extreme situations, and emphatically opposes abortion "as a means of birth control, family planning, sex selection, or any reason of mere convenience."

The Church's position recognizes that legislation concerning abortion will not address the root of the problem; rather, a decision by a woman in this Church should be instructed by her own conscience in prayer and by seeking advice and counsel of members of the Christian community. The Church expresses "its unequivocal opposition to any legislative, executive, or judicial action . . . that abridges the right of a woman to reach an informed decision about the termination of pregnancy or that would limit the access of a woman to safe means of acting on her decision." I have enclosed the full text of the Church's position.

Mr. President, I know that this is a tremendously difficult issue for you, as it is for the country. I thank you for this opportunity to share the position of the Episcopal Church.

Faithfully yours,

The Most Rev. Edmond L. Browning
 Presiding Bishop and Primate

ABORTION AND BIRTH CONTROL

Oppose any legislative, executive or judicial action limiting decision-making on or access to abortion.

General Convention 1994 (A-054s)

Resolved, the House of Bishops Concurring, That this 71st General Convention of the Episcopal Church reaffirms resolution C-047 from the 69th General Convention, which states:

All human life is sacred from its inception until death. The Church takes seriously its obligation to help form the consciences of its members concerning this sacredness. Human life, therefore, should be initiated only advisedly and in full accord with this understanding of the power to conceive and give birth which is bestowed by God.

It is the responsibility of our congregation to assist their members in becoming informed concerning the spiritual and physiological aspects of sex and sexuality.

The Book of Common Prayer affirms that "the birth of a child is a joyous and solemn occasion in the life of a family. It is also an occasion for rejoicing in the Christian community" (p.440). As Christians we affirm responsible family planning.

We regard abortion as having a tragic dimension, calling for concern and compassion of all the Christian community.

While we acknowledge that in this country it is the legal right of every woman to have a medically safe abortion, as Christians we believe strongly that if this right is exercised, it should be used only in extreme situations. We emphatically oppose abortion as a means of birth control, family planning, sex selection, or any reason of mere convenience.

In those cases where an abortion is being considered, members of this Church are urged to seek the dictates of their conscience in prayer, to seek the advice and counsel of members of the Christian community and where appropriate, the sacramental life of the Church.

Whenever members of this Church are consulted with regard to a problem pregnancy, they are to explore, with grave seriousness, with the person or persons seeking advice and counsel, as alternative to abortion, other positive courses of action, including, but not limited to, the following possibilities: the parents raising the child; another family member raising the child; making the child available for adoption.

It is the responsibility of members of this Church, especially the clergy, to become aware of local agencies and resources which will assist those faced with problem pregnancies.

We believe that legislation concerning abortion will not address the root of the problem. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding abortions must take special care to see that the individual conscience is respected, and that the responsibility of individuals to reach informed decisions on this matter is acknowledged and honored as the position of this Church; and be it further

Resolved, That this 71st General Convention of the Episcopal Church express its unequivocal opposition to any legislative, executive, or judicial action on the part of local, state, or national governments that abridges the right of a woman to reach an informed decision about the termination of pregnancy or that would limit the access of a woman to safe means of acting on her decision.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1833, which would prohibit doctors from performing a certain kind of abortion. I do so because the bill does not allow women to protect themselves from serious threats to their health. By refusing to permit women, in reliance on their doctors' best medical judgment, to use this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has fashioned a bill that is consistent neither with the Constitution nor with sound public policy.

I have always believed that the decision to have an abortion generally should be between a woman, her doctor, her conscience, and her God. I support the decision in Roe v. Wade protecting a woman's right to choose, and I believe that the abortions protected by that decision should be safe and rare. Consistent with that decision, I have long opposed late-term abortions except where necessary to protect the life or health of the mother. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health.

The procedure described in H.R. 1833 has troubled me deeply, as it has many people. I cannot support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.

There are, however, rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to protect her against serious injury to her health. In these situations, in which a woman and her family must make an awful choice, the Constitution requires, as it should, that the ability to choose this procedure be protected.

In the past several months, I have heard from women who desperately wanted to have their babies, who were devastated to learn that their babies had fatal conditions and would not live, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to ever bear children again. For these women, this was not about choice -- not about deciding against having a child. These babies were certain to perish before, during or shortly after birth, and the only question was how much grave damage was going to be done to the woman.

I cannot sign H.R. 1833, as passed, because it fails to protect women in such dire circumstances -- because by treating doctors who perform the procedure in these tragic cases as criminals, the bill poses a danger of serious harm to women. This bill, in curtailing the ability of women and their doctors to choose the procedure for sound medical reasons, violates the constitutional command that any law regulating abortion protect both the life and the health of the woman. The bill's overbroad criminal prohibition risks that women will suffer serious injury.

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the attending physician, was necessary to preserve the life of the woman or avert serious adverse consequences to her health. The life exception in the current bill only covers cases where the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I told Congress that I would sign H.R. 1833 if it were amended to add an exception for serious health consequences. A bill amended in this way would strike a proper balance, remedying the constitutional and human defect of H.R. 1833. If such a bill were presented to me, I would sign it now.

I understand the desire to eliminate the use of a procedure that appears inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be even more inhumane.

The Congress chose not to adopt the sensible and constitutionally appropriate proposal I made, instead leaving women unprotected against serious health risks. As a result of this Congressional indifference to women's health, I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation.

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

QUESTIONS AND ANSWERS ON HR 1833
FOR INTERNAL USE ONLY

Why did President Clinton veto the "late-term" abortion bill?

The President vetoed HR1833 because it fails to protect women against serious threats to their health, as the Constitution and humane public policy require.

The procedure described in the bill troubles the President, and he does not support its use on an elective basis. Indeed, he has opposed all late-term abortions except where necessary to preserve the life or serious health interests of the woman.

But the President believes this procedure must be available in cases where it is necessary to save a woman's life or avert a serious threat to her health, including her ability to have children in the future. In considering whether he would sign this bill, the President heard from women, carrying babies with fatal conditions, who desperately needed this procedure to ensure that they themselves would not suffer serious injury. The President believes such women -- for whom the procedure is not a matter of "choice" but a matter of tragic necessity -- must be protected.

That is why the President implored Congress to add an exemption for the few tragic cases where selection of the procedure, in the medical judgment of the physician, is necessary to save the life of the mother or prevent serious injury to her health. He has made clear that he would sign a bill prohibiting this procedure if amended in this way.

He regrets that Congress, more interested in creating a political issue than solving a problem, has so far rejected this approach. But he will not agree to sign HR 1833 as enacted, because it demonstrates complete indifference to women's health.

Let's not mince words here -- this is virtually infanticide. These are cases where a baby is partially delivered and is still alive -- where it's feet may be kicking. It is then killed when a scissors is stuck into the back of its head and its brains are suctioned out. That's what we're talking about. How can you sit here and defend that?

Look, there is no question that this procedure is disturbing, although there is also no question that any procedure used in a tragic situation like this -- where a baby is fatally afflicted and can't be safely delivered by a woman -- is going to be disturbing.

The President has said the procedure troubles him deeply and that he would prohibit its use on an elective basis. He would allow use only where a doctor has deemed it necessary to prevent death or serious injury to a woman.

Why doesn't the life exception in the bill cover the cases the President is worried about?

The life exception currently in the bill covers only cases where the doctor believes the mother will die. It fails to cover cases where the doctor believes the mother will suffer

serious harm to health, including the loss of any ability to have children in the future. As a result, some women in desperate situations -- women who want their babies, but are advised by their doctors that this procedure is necessary to avert grave harm -- will not have access to the procedure. The President believes that denying access to the procedure in such cases would be the real inhumanity.

What does the President mean when he says, "serious, adverse health consequences?" Does that mean if she is too young, or too old, or emotionally upset by pregnancy, she would have access to this procedure?

The President has made clear that when he says serious, adverse health consequences, that is exactly what he means. He is not talking about cases where this procedure is used for reasons such as the woman's age, emotional stress, financial hardship, or inconvenience. He is talking about cases like those of the women who stood beside him when he announced his veto of this legislation.

The charge that the President's proposed exemption would create a huge loophole, allowing the widespread use of this procedure, is simply not true. The President's proposed exemption would apply only where there is real, serious harm to health. Surely Congress, working with this Administration, can draft legislation containing such a narrow exception.

If Congress drafted a limited exception, the courts would interpret that language as it is written. It is simply false to say that if Congress clearly drafts a narrow health exception, covering only select cases, that the courts will turn it into a broad one, covering everything. Moreover, physicians are not going to treat the language in a cavalier fashion; this is a *criminal statute* imposing jail sentences for its violation.

[NOTE: If asked specifically whether "serious harm" can include psychological harm:

It is conceivable to think of cases where psychological harm posed an immediate and grave threat to a woman -- such as where a woman is in a clinical depression and suicidal. But cases like this would be few and far between, and legislation could surely be written to apply to cases only like this.]

Why is this procedure ever necessary? Why can't doctors and women choose one of the other available options, like a Caesarean section?

Let me start by saying that I am not a physician and I do not have medical training. The best I can do -- which is what the President did -- is to listen hard to what the medical community is saying on this question. That community broadly supports the continued availability of this procedure in cases where a woman's serious health interests are at stake. The American College of Obstetricians and Gynecologists, for example, has urged that doctors be able to use this procedure in appropriate circumstances.

Both the President and the Congress have heard from doctors who believe that this procedure is the safest -- indeed, may be the only safe one -- in certain rare cases. They have also

heard from women who were so advised by their doctors. Indeed, one of the women who met with the President [Vicki Stella] is a diabetic and was advised that other procedures would be too dangerous.

[NOTE: If asked about specifics like C-Sections or induced delivery:

In particular cases, doctors may believe that it is inadvisable to do a Caesarean section because of the risk of hemorrhage or to induce delivery of the baby because of the position of the baby in the womb or the size of the baby's head.]

Some [e.g., Helen Alvarez, National Conference of Catholic Bishops] have made the claim that late-term abortionists who have used this procedure say that the majority of cases are purely elective. How would you respond to her claim?

I don't believe that there are accurate statistics on this point, but I want to make something very clear: the President is not defending all the situations in which this procedure may be used today. On the contrary, the President has laid down very strict guidelines on when he believes the procedure should be permitted -- namely, when a doctor believes it necessary to save a woman's life or to avoid *serious adverse consequences to her health*. To the extent that this procedure is used beyond that, he does not support it and would sign a bill banning it.

Isn't your resistance to this legislation just like the NRA resisting legislation banning cop killer bullets -- they do it because they don't want to give an inch and so do you. You're just trying to prevent any chip in the facade of Roe v. Wade.

No. The President *would* accept restrictions. He has said repeatedly that he would sign legislation banning this procedure in all cases except where necessary to protect a woman from death or *serious* harm. Don't forget, as Governor of Arkansas he signed a bill banning all late-term abortions except in these cases. He will accept reasonable restrictions, but not restrictions that pose a serious threat to the health of American women.

Why does the President believe this is an issue of women's health?

In the past few months, the President has heard from women who desperately wanted babies, who were devastated to learn late in the pregnancy that their babies had fatal conditions, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best hope of preventing death or grave harm, including the loss of reproductive ability. For these women and others, this was not about choice. The babies were certain to perish before, during, or shortly after birth, and the only question was how much grave harm was going to be done to the woman.

These families were advised by their doctors that they terminate the pregnancy because of the danger posed to the mother's health. They were further advised that a procedure covered under HR 1844 was the safest means to do so. Had access to this procedure been denied, these women could have incurred serious injury. Yet it is questionable whether any of them

would have fallen within the current "life" exception in the bill: the medical prognosis in each of their cases was probably not that clear cut.

The President does not contend that this procedure is, today, always used to prevent death or serious injury. Some cases in which the procedure is currently used do not meet the stringent standard he has proposed. But the President does not support such uses, does not defend them, and would support legislation banning them. He would allow this procedure only where necessary to prevent death or serious adverse health consequences.

What is a "partial birth" abortion? Are there different types of procedures that can be used?

NOTE: White House staff should not attempt to provide detailed medical information. This is a complex issue. Reporters and others should be referred to medical experts.

FURTHER NOTE: White House staff should avoid being in the position of providing a blanket defense for this procedure or for every case when it is used. The President has made clear that the procedure as described troubles him deeply, and that he only supports its selection in cases where it would avert serious adverse health consequences to the woman.

However, as **background**, the following can be said: "Partial birth abortion" is not a medical term. It is defined in the legislation as "an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery." It is not recognized by doctors as defining a particular medical procedure. It is a political term invented for use in this and similar state legislation. Doctors and lawyers advise us that the term, as defined in the legislation, is so broad that it could apply to a number of different procedures. The American College of Obstetricians and Gynecologists has written: "HR 1833 employs terminology that is not even recognized in the medical community -- demonstrating why Congressional opinion should never be substituted for professional medical judgment."

The debate around HR1833 has focused on a procedure called "intact dilation and evacuation" or "dilation and extraction," performed rarely, usually after the 20th week of pregnancy. There are several ways to terminate a pregnancy at this stage. Each has medical upsides and downsides in particular cases. Intact D and E was developed because the procedure itself may pose less risk to the mother than other options in some cases, and it may better ensure the future ability of the woman to have another child. The women the President spoke with, among others, all were advised by their physicians that the intact D&E would best preserve their lives and their health, including their future ability to have children.

POLITICS

Didn't the President just make a political decision that he couldn't alienate his core pro-choice supporters?

No. The President made this decision after a great deal of reflection and prayer. He did it because he simply could not accept a bill that would pose serious risks to the health of American women. He was not prepared to force women to endure real, serious risks to their health -- including the ability to have children in the future -- in order to deliver a baby who was already dead or about to die.

But he has made it absolutely clear that he would sign a bill with a tough health exception -- a bill that many in the pro-choice community would probably be up in arms about.

Moreover it is by no means clear that the President's decision "helps" him politically. You could make just as strong an argument -- or stronger -- that the politically easier decision would have been to sign the bill. This was a matter of principle for the President.

What is your response to Republican statements that they will make this an issue in the fall?

- These statements underscore the fact that too many people are trying to play politics with this painful issue, and that is very regrettable.
- The President made clear that he couldn't sign the bill because it failed to protect women against serious risks to their health. He told the Congress that he would sign a bill if an exception were added to protect women against such serious health risks. And he is *still* ready to work with Congress to fashion a reasonable bill that sharply restricts the use of this procedure, while still protecting women.
- But Congress has rejected his proposals because too many there are more interested in creating a political issue than in solving a human problem.

What is the American Medical Association's position on H.R. 1833?

The AMA's Board of Trustees has said that it will not take a position on H.R. 1833. However, a number of leading medical organizations have spoken out against the bill, including the American College of Obstetricians and Gynecologists, the American Medical Women's Association, and the American Nurses Association.

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**PARTICIPANTS IN MEETING WITH THE PRESIDENT BEFORE
VETO OF H.R. 1833**

April 10, 1996

Following are brief summaries of the stories that will be told to the President today by families who have made the difficult decision to terminate wanted pregnancies using the procedure banned in H.R. 1833.

THE COSTELLOS: COREEN, JIM, CARLYN AND CHAD; AGOURA, CALIFORNIA.

Coreen Costello had already gone through two easy deliveries of her children--Carlyn who is now six years old and Chad who is eight--when she became pregnant with her third. She and her husband Jim planned a home delivery for their expected daughter, Katherine Grace.

In Coreen's seventh month of pregnancy, a routine ultra-sound revealed that the fetus suffered from a rare and lethal combination of neuromuscular disorders. In addition, the fetus was wedged against Coreen's pelvis and amniotic fluid was pooling in Coreen's uterus, putting dangerous pressure on her lungs and other organs. The Costellos' doctors told them that Katherine Grace could not survive, and that the condition of the fetus made giving birth very dangerous for Coreen. Several specialists told her that it was impossible to deliver vaginally without causing uterine rupture, and that the medical risks of a caesarian section in her condition were also too great. After long and painful thought, Coreen and her husband Jim decided that she would have an abortion to protect her health and potentially save her life.

In her testimony to Congress, Coreen said; "There was no reason to risk leaving my children motherless if there was no hope of saving Katherine." She has said separately that: "I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies." Coreen is pregnant again and is due in June.

MARY-DOROTHY AND BILL LINE; SHERMAN OAKS, CALIFORNIA.

The Lines were expecting their first child. Then, late in Mary-Dorothy's second trimester of pregnancy, she and her husband Jim were told that their expected son had a fatal condition: an advanced case of hydrocephaly (excessive fluid in the brain), no stomach, and no ability to swallow. Their doctors told the Lines that he might die *in utero*. When fetal demise occurs *in utero*, poisons can be introduced into the woman's bloodstream, possibly causing a woman's blood clotting mechanisms to shut down, leading to uncontrollable bleeding. In addition, the abnormal size of the baby's head due to hydrocephaly made normal labor very dangerous because of the risk of rupture to her cervix and uterus. Several specialists recommended that they terminate the pregnancy.

Mary-Dorothy has said that; "...[m]any people do not understand the real issue -- it is women's health; not abortion and certainly not choice. We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with the families they affect. It is not the place for government." The Lines are again expecting a child in September.

VIKKI STELLA; NAPERVILLE, ILLINOIS.

At 32 weeks of pregnancy, Vikki and Archer Stella were excited about the expected birth of their first son. After a routine ultra-sound, the fetus was diagnosed with nine major anomalies, including a fluid-filled cranium with no brain tissue. According to her doctor, this fatal condition, in conjunction with Vikki's diabetes, made options that might have worked for other women, such as caesarian section or prolonged labor, extremely dangerous for Vikki. The Stellas, along with their doctor, made the difficult decision for her to undergo the procedure described in H.R. 1833 to protect Vikki's health and life.

Vikki has said that "[t]his wasn't a choice. There were no choices. My child was going to die, and there was nothing I could do to stop that. But my kids needed me and this was the safest procedure." The Stellas had two daughters at the time of this tragedy--Lindsay is eleven years old and Natalie is seven--who were excited to have a younger brother. Eventually, Vikki became pregnant again, and in December she gave birth to their son, Nicholas.

TAMMY AND MITCHELL WATTS; TEMPE, ARIZONA.

Tammy and Mitchell Watts were excited about the anticipated birth of their first child, a girl. At a routine ultra-sound in the seventh month of Tammy's pregnancy, the Watts were devastated to learn that the fetus suffered from trisomy-13, a severe chromosomal disorder which affected all her major organs and functions. Medical specialists told the Watts that the fetus would not survive, and that she would likely die *in utero*. This, as with Mary-Dorothy Line, could lead to release of poisons into her bloodstream or hemorrhaging. In addition, Tammy was also at risk for cervical rupture.

Tammy has said; "...after our experience, I know more than ever that there is no way to judge what someone else is going through. Until you've walked a mile in my shoes don't pretend to know what this is like for me." The Watts decided to protect Tammy's health and minimize their expected daughter's suffering.

CLAUDIA AND RICHARD ADES; LOS ANGELES, CALIFORNIA

Claudia and Richard were expecting the birth of their first child--they had sent out shower invitations and were picking out names for a little boy--when tests late in the second trimester revealed that their expected son suffered from trisomy-13. Like the Watts', they were told by many medical specialists that the condition of the fetus was fatal and that in utero demise was very likely, posing a serious risk to Claudia's health. After consulting with their doctors, family friends and clergy, Claudia and Richard made the difficult decision to terminate the pregnancy and protect Claudia's health.

They are now planning to adopt a child.

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TALKING POINTS ON H.R. 1833

- The President vetoed H.R. 1833 because the bill, which prohibits a certain kind of abortion procedure, fails to protect women from serious threats to their health, as both the Constitution and humane public policy require.
- The procedure described in the bill troubles the President deeply. He does not support use of that procedure on an elective basis. He would allow it only where necessary to save the life of the mother or prevent serious injury to her health.
- This bill went too far because it would ban use of the procedure even when it is the only or best hope of saving the woman's life or averting a serious threat to her health, including her ability to have children in the future.
- Before vetoing this bill, the President heard from women who desperately wanted babies, who were devastated to learn that their babies had fatal conditions, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best hope of preventing death or grave harm, including the loss of reproductive ability. For these women and others, this was not about choice. These babies were certain to perish before, during, or shortly after birth, and the only question was how much grave harm was going to be done to the woman.
- Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, poses a danger of grave harm to women. A ban of this kind, aside from violating the Constitution, would be the true inhumanity.
- That is why the President, by letter dated February 28, implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the physician, is necessary to preserve the life of the woman or avert serious adverse consequences to her health. A bill amended in this way would have struck a proper balance, remedying the constitutional and human defect of H.R. 1833.
- The charge that the President's proposed exemption would create a huge loophole, allowing the widespread use of this procedure, is simply not true. The President's exemption would apply only when there is serious harm to health. Surely Congress, working with this Administration, can write legislation making clear that serious harm to health means just that -- that it doesn't include, as some have suggested, youth, low income, or inconvenience. Attacks such as this trivialize profoundly tragic situations. All one needs to do is to listen to some of the women who have had this procedure to understand what kind of harm the President is talking about.
- The President will not sign a bill showing, as this one does, total indifference to the health of women. He will sign a bill amended to protect women from serious harm by allowing this procedure in rare cases. He regrets that Congress, more interested in creating a political issue than solving a problem, has so far rejected this approach.

FOR INTERNAL USE ONLY PRESIDENT CLINTON'S RECORD ON ABORTION

The President has always believed that decisions about abortion should be between a woman, her doctor and her faith, and that abortions--as protected by the decision in Roe v. Wade--should be safe and rare. That is why he has consistently protected women's health and safety and the right of American women to make their own reproductive choices, while he has worked to reduce the number of unwanted pregnancies. That is also why he has long opposed late-term abortions except when necessary to protect the life or health of the mother, consistent with Roe v. Wade.

KEEPING ABORTION SAFE AND LEGAL

As President:

Ended the Gag Rule: The Bush Administration instituted a "Gag Rule" that prevented women using federally funded clinics--primarily poor women--from getting the information they needed to make informed choices about unwanted or health-threatening pregnancies. President Clinton reversed the "Gag Rule" in his first week in office.

Ensuring Clinic Safety: Since 1992, five people have been murdered and seven others have been shot and wounded at family planning clinics where abortions are performed. President Clinton signed the Freedom of Access to Clinic Entrances Act to fight violence and intimidation by anti-choice extremists against women and their doctors, which is now being implemented by the Department of Justice.

Assured Access for Military Families Overseas: President Clinton reversed the Bush Administration ban on privately funded abortions at military medical facilities overseas for women in the military and in military families. *The ban has since been reinstated by the Republican Congress in the Fiscal Year 1996 Department of Defense Appropriations and Authorizations Bills despite strong opposition from the President.*

Repealed the "Mexico City Policy": President Clinton reversed 12 years of attacks on reproductive choice for women around the world when he repealed the "Mexico City" policy that banned distribution of family planning funding for overseas organizations if they perform abortions or speak out about reproductive choice, even with private money.

Established Services for Victims of Rape or Incest: President Clinton supported permitting Medicaid coverage for abortion services for poor women who are the victims of rape or incest, in addition to those whose life is endangered. These services had been banned during the Reagan and Bush Administrations by the "Hyde Amendment" to the appropriations bill that funds Medicaid. *The proposed 1996 Republican House Appropriations Bill for the Departments of Labor, Health and Human Services, Education and Related Agencies, allow states to deny Medicaid funding for victims of rape and incest.*

Ended the Ban on Fetal Tissue Research: The Bush Administration banned federal funding of fetal tissue transplantation research. President Clinton reversed the ban on this research, which could lead to advances in women's health and in treatment of diseases like leukemia and Parkinson's.

April 17, 1996

Ended the Mifepristone Import Ban for Testing: President Bush imposed an import ban on Mifepristone, a drug that terminates pregnancy without surgery. President Clinton instructed the Department of Health and Human Services to explore appropriateness of promoting testing in the U.S. As a result, importation of the drug was allowed for clinical testing. The nonprofit Population Council has recently completed clinical trials, and submitted an application to the Food and Drug Administration to sell the drug for personal use by women in the United States. If approved, Mifepristone would expand choices for American women--giving them options already available in France, the United Kingdom and Sweden.

Appointed Two Supreme Court Justices who support the constitutional right to privacy

Fought for Women's Health: President Clinton vetoed legislation passed by the Republican Congress that would prohibit doctors from performing a certain abortion procedure. He vetoed the bill because it failed to contain an exception allowing women to use this procedure when necessary to protect their health from serious injury, as the Constitution and sound public policy require. The President also made clear to Congress that he would support legislation that included an exception for cases where selection of the procedure is necessary to avoid serious health consequences.

MAKING ABORTION RARE

Preventing Teenage Pregnancy: The President has urged young people not to become parents before they are adults, have finished school and are ready to support their children. At the same time, he has fought hard for policies that give them the tools they need to build responsible and productive lives by providing them with positive alternatives to early sexual behavior and parenting. The Clinton Administration strategy for reducing teenage pregnancy is driven by two goals: instilling a sense of personal responsibility in young people, and providing them with increased opportunities by investing in their education, their health, their families and communities. We have supported policies and local programs consistent with these goals.

Recognizing that the government cannot solve this problem alone, the President has called upon leaders in the private sector to join together to take action in their own communities. The Administration has worked to support community-wide collaborations that teach responsibility and promote opportunity by providing information about what approaches work and grant funding for promising programs. In an effort to help local communities further develop effective prevention strategies, HHS plans to launch a \$30 million collaborative Teen Pregnancy Prevention Initiative in FY 1997. Demonstration grants to combat teen pregnancy will be made available to selected cities with disturbingly high teen pregnancy rates. Funds will be targeted to communities that have demonstrated a commitment to community problem solving in order to initiate efforts to reach at-risk teens.

President Clinton's challenge to the private sector to address the high rates of teen pregnancy has also prompted formation of a National Campaign to Reduce Teen Pregnancy. This effort aims to marshal the resources across the country to effectively reduce teen pregnancy rates by 1/3 in ten years.

Funding Family Planning: To help prevent unwanted pregnancies, the President has requested budget increases for the federal Family Planning Program for each year he has been in office. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

April 17, 1996

Facilitating Adoption: The Administration is working to encourage adoption and reduce the amount of time children spend in foster care. In October 1994, President Clinton signed the Multiethnic Placement Act, which removes barriers to adoption based on race or ethnic origin. The President has also stood firm throughout the budget debate to protect funds for adoption, foster care, child abuse and neglect, Medicaid, and SSI -- programs that are critical for many adoptive families and children. During this Administration, the number of children with special needs who have been adopted with Federal adoption assistance has increased by about 30%.

Signed Family and Medical Leave Act: President Clinton signed the Family Medical Leave Act into law, allowing workers to take up to 12 weeks of unpaid leave to care for an infant or ailing loved one without losing their jobs. American workers are no longer forced to choose between their jobs and their families in times of crisis.

Welfare Reform: President Clinton has fought hard for welfare reform that promotes work and responsible parenting, but that does not force states to cut people off welfare just because they're poor, young, and unmarried. Instead of punishing young mothers by simply cutting them off welfare -- a policy that the Catholic Church and others believe might lead to more abortions -- we should require minor mothers to live at home, stay at school, and turn their lives around.

As Governor

Late-Term Abortions: Signed a law prohibiting abortions after the 25th week of pregnancy, except for minors impregnated by rape or incest, or when the woman's life or health are endangered.

Parental Notification: Signed a parental notification law which requires minors to notify their parents with whom they are living unless they go through a judicial bypass provision and have a reason why they should not.

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April 19, 1996

Elena Kagan

January 22, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Document on Reproductive Rights

Attached, fyi, is the final document that was distributed to women's groups by the Women's Office today outlining our record on reproductive rights in honor of the 23rd anniversary of Roe v. Wade.

Please let me know if you have any questions. Thanks.

PRESIDENT CLINTON: ENSURING REPRODUCTIVE RIGHTS FOR WOMEN

The President believes that decisions about abortion should be between a woman, her doctor and her faith, and that abortions should be safe, legal and rare. That's why he has consistently protected women's health and safety, and the right of American women to make their own reproductive choices, while he has worked to reduce the number of unwanted pregnancies.

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Ended the Ban on Fetal Tissue Research: The Bush Administration banned federal funding of fetal tissue research. President Clinton reversed the ban on this research, which could lead to advances in women's health and in treatment of diseases like leukemia and Parkinson's. This research is currently in danger of being prohibited by the Republican Congress.

Ended the Mifepristone Import Ban: President Bush imposed an import ban on Mifepristone, a drug that terminates pregnancy without surgery. The President revoked the import ban, and now Mifepristone is being tested in the United States. Mifepristone would expand choices for American women--giving them options already available in France, the United Kingdom and Sweden.

Funding Family Planning: To help prevent unwanted pregnancies, the President has requested budget increases for the federal Family Planning Program for each year he has been in office. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

January 22, 1996

PRESIDENT CLINTON'S RESPONSE TO ATTACKS BY THE REPUBLICAN CONGRESS ON CHOICE: PROTECTING WOMEN'S HEALTH AND SAFETY

The Republican Congress is working hard to reverse the gains that women have achieved fighting for reproductive rights. A key component of the Republican strategy is to use the complicated budget process to launch a stealth campaign to undermine the reproductive health of American women.

The Republican Congress has passed the following bills into law, despite serious objections from President Clinton:

ACCESS FOR MILITARY FAMILIES

- **The Republican Budget bans privately funded abortion services at military hospitals overseas for women in the military or in military families overseas.**

The Clinton Administration Position:

"...I remain very concerned about provisions of the Act that restrict service women and female dependents of military personnel from obtaining privately funded abortions in military facilities overseas, except in cases in which the mother's life is endangered or the pregnancy is the result of rape or incest. In many countries, these U.S. facilities provide the only accessible, safe source for these medical services." Statement by President Clinton; November 30, 1995

ACCESS FOR FEDERAL EMPLOYEES

- **The Republican Budget prohibits federal employees from obtaining abortions through their health insurance plans, except in cases where the woman is a victim of rape or incest, or her life is in danger.**

The Clinton Administration Position:

"[These]... provisions are clearly designed to preclude Federal employees and their families from purchasing health insurance coverage that includes coverage for abortions. While the President believes that abortion should be safe, legal, and rare, the Administration strongly opposes provisions that are designed to restrict Federal employees and their dependents from choosing, and paying for, a health plan that includes coverage for abortion services." Letter from Alice M. Rivlin, Director of the Office of Management and Budget; September 12, 1995

The Republican Congress could pass the following into law soon:

ACCESS FOR POOR WOMEN

- **The House Republican Budget changes current practice to allow states to deny Medicaid funding for victims of rape and incest.**

The Clinton Administration Position:

"The Administration strongly opposes...allowing States to deny Medicaid funding for abortions for victims of rape and incest...[which] would prevent poor women from having access to abortion services even in situations where they are victims of rape or incest...and urges the House to delete this provision." Statement of Administration Policy; August 2, 1995

ACCESS FOR WOMEN IN THE DISTRICT OF COLUMBIA

- **The House Republican Budget changes current law by prohibiting the District of Columbia government from spending Federal or local funds on abortions, except in cases of rape, incest, or when the life of the woman is in danger. These federal restrictions do not apply to any other local government. The House bill also prohibits abortions, even when privately funded, at hospitals owned or operated by the District, except in cases of rape, incest, or when the life of the woman is in danger.**

The Clinton Administration Position:

"The Administration strongly opposes the abortion language of the bill...The Administration objects to the prohibition on the use of local funds as an unwarranted intrusion into the affairs of the District....The Administration [also] objects... because it would prevent women who need legal abortion services from exercising that choice at a hospital or clinic owned or operated by the District, even if they were using their own funds. Furthermore, the Administration objects to the language that purports to require women who are victims of rape to prove that the crime was "forcible" and the language adding reporting requirements both for rape and for children who are victims of incest. These provisions are all designed to preclude or discourage women who need legal abortions from obtaining them. For all of the reasons cited above, if the bill were presented to the President...the President's senior advisers would recommend that he veto the bill." Statement of Administration Policy; October 30, 1995

ACCESS TO FAMILY PLANNING SERVICES

- **The House Republican Budget reinstates "Mexico City Policy," denying all family planning funding for overseas organizations if they perform abortions or speak out about reproductive choice, even with private money. The bill would also prohibit funding for the United Nations Population Fund, unless it ends any activity in China.**

The Clinton Administration Position:

"[This]...would effectively end support for the U.N. Population Fund and for many non-governmental organizations providing voluntary family planning services. This would limit the availability of safe family planning services in many countries and increase the number of abortions...If...included in the...bill...the Secretary of State would recommend to the President that he veto the bill." Alice M. Rivlin, Director of the Office of Management and Budget; October 19, 1995

- **The Republican Budget restricts use of funding from the Department of Justice for abortion services for prisoners.**

The Clinton Administration Position:

"...the bill includes...additional provisions that I cannot accept....Section 103 of the bill would prohibit the use of funds for performing abortions, except in cases involving rape or danger to the life of the mother. The Justice Department has advised that there is a substantial risk that this provision would be held unconstitutional as applied to female prison inmates." Veto Statement by President Clinton; December 19, 1995

ADVANCES IN MEDICAL RESEARCH

- **The House Republican Budget bans federal funding of fetal tissue research, reversing current National Institutes of Health guidelines that permit such research.**

The Clinton Administration Position:

President Clinton issued a directive when he came into office permitting fetal tissue research, reversing a ban imposed by previous administrations.

MAINTAINING MEDICAL TRAINING STANDARDS

- **The House Republican Budget denies funding to any state or program that follows the accreditation standards established by the Accreditation Committee for Graduate Medical Education (ACGME). These standards, used by the medical profession, require programs for gynecologists and obstetricians to refer students for training in abortion procedures. ACGME rules exempt from the requirement any doctor or hospital morally opposed to abortion.**

The Clinton Administration Position:

"The Administration objects to this unwarranted intrusion into determinations made by private medical accreditation councils about appropriate standards for the training of doctors."

Statement of Administration Policy; August 2, 1995

Other legislation that could pass soon:

THE CRIMINALIZATION OF ABORTION

- **House and Senate Republicans have passed legislation which bans and criminalizes a rare abortion procedure for women in later stages of pregnancy. The bill defines this procedure with non-medical language, potentially causing prohibition of several more commonly used methods. This ban would endanger the health and safety of women who need these services to preserve their life and their health, and would make tragic decisions for women and their families even more difficult. The Senate bill includes an amendment with a narrow exception when the procedure is necessary to save the life of the woman, but not her health.**

The Clinton Administration Position:

"...the Administration cannot support H.R. 1833 because it fails to provide for consideration of the need to preserve the life and health of the mother, consistent with the Supreme Court's decision in Roe v. Wade. If the bill is not amended to rectify these constitutional defects, the Attorney General and White House Counsel will recommend that the President veto the bill."

Statement of Administration Policy; December 6, 1995

While the President opposes late term abortions and has supported state prohibitions of them consistent with Roe v. Wade, he believes these prohibitions must provide an exception for cases where the mother's life or health is endangered.

TALKING POINTS ON H.R. 1833 ("PARTIAL BIRTH")

- H.R. 1833 because the bill fails to protect women from serious health threats, as the Constitution and sound public policy require.
- The procedure described in the bill is very troubling. I do not support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.
- But this bill goes too far because it would prohibit use of the procedure even when it is necessary to protect her against serious injury to her health. Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, violates the requirements of the Constitution.
- I told Congress that I would support the bill if it included an appropriate exception designed to protect women against serious injury. Congress rejected this properly balanced proposal, which would have reserved this troubling procedure for those rare circumstances where it is necessary.

TALKING POINTS ON H.R. 1833 ("PARTIAL BIRTH")

- The President will veto H.R. 1833 because the bill fails to protect women from serious health threats, as the Constitution and sound public policy require.
- The procedure described in the bill troubles the President. He does not support use of that procedure on a purely elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.
- But this bill goes too far because it would prohibit use of the procedure even when it is medically necessary, as the only feasible way of saving the woman's life or protecting her against serious injury to her health. Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, violates (as it should) the requirements of the Constitution.
- The President told Congress that he would support the bill if it included an appropriate exception designed to protect women against serious injury. Congress rejected this properly balanced proposal, which would have reserved this troubling procedure for those rare circumstances where it is medically necessary.
- The criticism made by some members of Congress that the President's proposed exception would have swallowed the general ban is unfounded. The President made clear that his proposed exception would have applied only when there was serious harm to health. The President made clear that in any other case the prohibition would have applied.
- Serious harm means serious harm. It doesn't include, as a recent advertisement suggested, feeling alone, having an unhappy childhood, or not fitting into a prom dress. Ads such as this trivialize profoundly tragic situations, in which a woman will suffer real and serious harm to health in the absence of this procedure. All one needs to do is to listen to some of the women who have had this procedure to understand what kind of harm the President is talking about.
- Moreover, the President's proposed amendment would not have been subject to abuse by doctors, as some have claimed. The bill would have continued to be a criminal prohibition, imposing imprisonment and fines on any doctor who violated it. When a criminal law says that a doctor cannot perform a procedure unless there is risk of death or serious injury, few doctors will take the risk of performing the procedure in any other circumstances.

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THE WHITE HOUSE
WASHINGTON

March 26, 1996

NOTE TO GEORGE STEPHANOPOLOUS
JACK QUINN
ELENA KAGAN

From: Jeremy Ben-Ami

Subject: Materials on HR1833.

I understand that there was further discussion at 7:30 this morning about additional materials Leon wants to prepare for the final vote on HR1833 this week in the House.

Attached are current talking points and q and a, as well as the President's letter and some articles on the women whose stories are the best ammunition against the bill.

Please let me know what else you and Leon need.

cc: Carol Rasco
Martha Foley
Nancy Ann Min
Debbie Fine

GUIDANCE FOR TALKING ABOUT HR 1833
FOR INTERNAL USE ONLY
AS OF 3/25, 4 PM

The President made his views on HR1833 clear in a letter to Congress on February 28, 1996. In that letter, the President stated that he could not support HR1833 as amended by the Senate.

THE DECISION TO HAVE AN ABORTION SHOULD BE BETWEEN A WOMAN, HER CONSCIENCE, HER DOCTOR, AND HER GOD. The President further believes that legal abortions should be safe and rare.

THE PRESIDENT HAS LONG OPPOSED LATE TERM ABORTIONS except where necessary to protect the life or health of the mother. As governor, he signed a law barring third trimester abortions except where necessary to protect the life or health of the mother.

THE PRESIDENT FINDS THE PROCEDURE DESCRIBED IN HR 1833 DISTURBING. He cannot support its use on an elective basis.

HOWEVER, IN CASES WHERE, IN A DOCTOR'S MEDICAL JUDGMENT, THE PROCEDURE IS NECESSARY TO SAVE A WOMAN'S LIFE OR PRESERVE HER HEALTH, the Constitution requires that a woman's right to choose this procedure be protected.

HR 1833, as drafted, DOES NOT MEET THE CONSTITUTIONAL REQUIREMENTS of Roe and subsequent decisions, to protect the life and health of the mother in laws regulating abortion.

THE PRESIDENT IS PREPARED TO SUPPORT AMENDED LEGISLATION that makes clear that the prohibition of this procedure does not apply to situations in which the selection of the procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious health consequences to the woman.

Q and A on HR 1833 FOR INTERNAL USE ONLY
3/25/96 p.m.

Will the President veto HR 1833?

If the Senate-adopted version of HR 1833 is passed by the House, the President has made clear that he would veto it.

He has also made clear in his February 28 letter to Congress how HR 1833 could be changed so that he would support it.

The President has stated that HR 1833 as currently written does not adequately protect the life or health of the woman. How does it fail to protect life or health? What does he consider adequate protection of health?

The current bill, in both its House and Senate versions, prohibits the use of this procedure even when a doctor has determined that it is necessary to protect a woman from serious adverse health consequences.

In many cases where this procedure has been used, the physician has made the judgment that carrying the pregnancy to term could involve serious danger to the health of the mother or the potential loss of the woman's future reproductive capacity. These are extremely rare cases, where, for instance, there is the onset or worsening of a medical condition, such as diabetes or certain kinds of cancer or where carrying to term a fetus with a fatal anomaly could put the mother's life or health at risk.

The President believes a doctor must have the discretion in such cases to use whatever procedure best protects the woman -- including the procedure described in this bill.

Does the President's position on this bill indicate a change in his position on abortion?

No. The President's position on abortion is consistent. He supports the Constitutional guarantee for a woman's right to choose as defined in Roe v. Wade, and he would oppose any attempts to overturn that guarantee. He believes that the decision to have an abortion is very personal -- one that is between the woman, her doctor and her faith, and that abortions should be safe, legal and rare.

That's why he has consistently protected women's health and safety, and the right of American women to make their own reproductive choices, while he has worked to reduce the number of unwanted pregnancies.

However, he also believes that states have the right to pass certain restrictions, especially on late-term abortions, that are consistent with that Constitutional guarantee. For example, when he was Governor of Arkansas, he signed a bill that prohibited third-trimester abortions, except when necessary to protect the life or health of the woman. He also signed a parental notification law with a judicial bypass provision applying to pre-viability abortions.

The President's support for an amended HR 1833 that would adequately protect the life and health of the mother is consistent with his view that certain narrow regulations of abortions, which do not interfere with the woman's ultimate choice, are permissible.

Recently, a judge in Ohio ruled that legislation banning a procedure similar to this one was unconstitutional. Is the President's position consistent with this ruling?

Yes. Although the federal and state bills differ in detail, both fail to protect adequately the woman's health. This was one of the bases for the Ohio court's decision. The President finds HR 1833 unconstitutional for that same reason.

There are some in the provider community who would object to Congress taking a position on a medical procedure as a dangerous precedent. What's to say that this kind of position won't lead to Federal regulation of a variety of medical procedures?

The President respects the importance of the doctor-patient relationship, and of the medical community's unique ability to make these complicated judgments about what is best for the patient.

That is why he has stated that there must be exceptions to the prohibition in HR 1833 when the attending physician, in his or her medical judgment, determines that this procedure is necessary to avert serious health consequences for the woman. And that is why, for example, he has been so opposed to Congressional attempts to undermine the Accreditation Standards developed by the medical community.

Don't you think that this position will fuel current efforts at the state level to limit access to abortion?

The President has been clear that he supports the Constitutional guarantee for a woman's right to choose as defined in Roe v. Wade. He believes that the decision to have an abortion is very personal -- one that is between the woman, her doctor and her faith. However, he also believes that states have the right to pass certain restrictions, especially on late-term abortions, that are consistent with that Constitutional guarantee. For example, when he was Governor of Arkansas, he signed a bill that prohibited third-trimester abortions, except when necessary to protect the life or health of the woman. He also signed a parental notification law with a judicial bypass provision applying to pre-viability abortions.

But he opposes any efforts to violate a woman's reproductive rights, and he certainly is not aiming to fuel those efforts.

THE WHITE HOUSE
WASHINGTON
February 28, 1996

The Honorable Henry J. Hyde
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I understand that the House is preparing to consider H.R. 1833, as amended by the Senate, which would prohibit doctors from performing a certain type of abortion. I want to make the Congress aware of my position on this extremely complex issue.

I have always believed that the decision to have an abortion should be between a woman, her conscience, her doctor, and her God. I strongly believe that legal abortions -- those abortions that the Supreme Court ruled in Roe v. Wade must be protected -- should be safe and rare. I have long opposed late-term abortions except, as the law requires, where they are necessary to protect the life of the mother or where there is a threat to her health. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions except where they were necessary to protect the life or health of the woman, consistent with the Supreme Court's rulings.

The procedure described in H.R. 1833 is very disturbing, and I cannot support its use on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available. As I understand it, however, there are rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to preserve her health. In those situations, the Constitution requires that a woman's ability to choose this procedure be protected.

I have studied and prayed about this issue, and about the families who must face this awful choice, for many months. I believe that we have a duty to try to find common ground: a resolution to this issue that respects the views of those -- including myself -- who object to this particular procedure, but also upholds the Supreme Court's requirement that laws regulating abortion protect both the life and the health of American women.

I have concluded that H.R. 1833 as drafted does not meet the constitutional requirements that the Supreme Court has imposed upon us, in Roe and the decisions that have followed it, to provide protections for both the life and the health of the mother in any laws regulating abortions.

I am prepared to support H.R. 1833, however, if it is amended to make clear that the prohibition of this procedure does not apply to situations in which the selection of the procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious adverse health consequences to the woman.

I urge the Congress to amend H.R. 1833 to ensure that it protects the life and the health of the woman, as the law we have been elected to uphold requires.

Sincerely,

Bill Clinton

"I'm a Republican who always believed that abortion was wrong. Then I had one."

— Coreen Costello, *New York Times*, 11/29/95

Coreen Costello was seven months into her third pregnancy when ultrasound revealed that her fetus had a severe and fatal neurological disorder.

On the advice of her doctor, Coreen, once an opponent of choice who had participated in "Walks for Life," had an abortion to protect her health and future fertility.

But the medical procedure Coreen needed is on the verge of being outlawed by Congress— part of its far-reaching assault on the right to choose.

For the first time since *Roe v. Wade*, Congress has voted to criminalize certain abortion procedures — and jail the doctors who perform them.

Now, only a Presidential veto — which Congress must not override — can preserve the ability of women and families to make their own moral choices when facing tragic medical circumstances.



Thank you,
Mr. President, for
your commitment
to veto H.R. 1833
to protect women's
health and the
freedom to choose.

American Association of University Women
American Civil Liberties Union
Center for Reproductive Law and Policy
Coalition of Labor Union Women
National Abortion Federation
National Abortion and Reproductive Rights Action League
National Asian Women's Health Organization
National Black Women's Health Project
National Latina Institute for Reproductive Health
National Organization for Women (NOW) Foundation
National Women's Law Center
NOW Legal Defense and Education Fund
Latina Roundtable on Health and Reproductive Rights
People for the American Way Action Fund
Planned Parenthood® Federation of America
ProChoice Resource Center
Religious Coalition for Reproductive Choice
Voters for Choice
Women's Legal Defense Fund
Women of All Red Nations
YWCA of the USA

On March 24, 1995, Coreen Castello was seven months into her third pregnancy when ultrasound revealed her fetus had a severe and fatal neurological disorder. The fetus had been unable to move for two months. The head was swollen with fluid and the body was stiff. A conservative Republican,

Coreen participated in "Walks for Life" and never thought she'd be faced with such a decision. The Castelllos decided, with their doctor, that an abortion was the safest option for Coreen's health and future fertility. The procedure Coreen needed would be banned by this bill.

"We are the families who love and want our babies. We are the families who will forever have a hole in our hearts...It deeply saddens me that you [Senators] are making a decision having never walked in our shoes."

—Coreen Castello



At 32 weeks into her much-wanted pregnancy, Vikki Stella learned that her fetus had nine severe abnormalities — including a fluid-filled cranium with no brain tissue at all. Vikki, a mother of two, and her husband consulted a series of specialists, who offered no hope. For Vikki, a diabetic, the safest

procedure to protect her health and preserve her fertility was an abortion. Today, Vikki is again pregnant. She was outraged when the doctor who saved her "life, health and sanity," the doctor whose picture she still keeps on her refrigerator, called and told her the procedure that saved her life was in danger of being banned.

"[I] 've been told mothers like me all want perfect babies. . . [My son] wasn't imperfect—he was incompatible with life. The only thing keeping him alive was my body. He could never have survived outside my womb... We hope the Senate will listen to the voices of families and reject S. 939."

—Vikki Stella

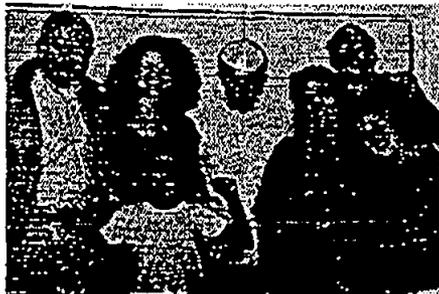


Richard and Claudia Ades were devastated. Their first child, due in three months, was diagnosed with a fatal chromosomal disorder, which, among other problems, caused extensive brain damage and serious heart complications. The fetus was also severely deformed and given no chance of living. The Ades decided for the sake of their family and future children to end the pregnancy. The procedure Claudia needed would be banned by this bill.

"Although I never imagined I'd have to make a decision like this, I can honestly tell you that for many reasons we feel very blessed. First, we were able to find out when we did. Second, that

we had access to the finest medical care in the world. Third, we live in a place where our right to make that choice has not been compromised...yet."

—Claudia Ades



Eighteen months ago, Viki Wilson, a nurse, and her physician—husband Bill were expecting their third child. Early tests showed the pregnancy to be normal. But, in the eighth month, ultrasound showed the fetus had a fatal condition — two-thirds of the brain had formed outside the skull. Carrying the pregnancy to term would imperil Viki's life and health. In consultation with their doctor, Viki and Bill made the heartbreaking decision to have an abortion. The procedure Viki needed would be banned by this bill.

"I strongly believe that this decision should be left within the intimacy of the family unit. We are the ones who have to live with our decision."

—Viki Wilson, R.N.



Last fall, Tommy Watts and her husband were elated by the news of her pregnancy. But after a routine ultrasound in the seventh month, the Watts learned their fetus was suffering from a devastating chromosomal disorder and would not live. Knowing the fetus was going to die, the Watts made the most difficult decision of their lives and had an abortion. The procedure Tommy needed would be banned by this bill.

"Until you've walked a mile in my shoes don't pretend to know what this is like for me.

Everybody has got a reason for what they have to do. Nobody should be forced into having to make the wrong decision. That's what would happen if this legislation is passed."

—Tammy Watts



Erica Fox was 22 weeks pregnant on October, 19, 1995, when doctors discovered her fetus had stopped growing, had suffered severe heart damage and was going to die in terrible pain. Erica and her husband took their doctor's advice and decided an abortion would be the option that would best protect Erica's ability to have children in the future.

"Did I just decide in my fifth month that I was tired of being pregnant? No! No! No! ... [This was] the most traumatic incident of my life...So, imagine my horror, when during my recuperation, I turn on C-SPAN and see the House of Representatives vote to make this very same procedure illegal."

—Erica Fox



'A Decision Based Entirely in Love'

The so-called "partial-birth abortion ban," which the National Right to Life Committee's Douglas Johnson supports [op-ed, July 16], would have destroyed my life and my family. I'm a registered nurse and practicing Catholic from Fresno, Calif., married to an emergency room physician. We have three beautiful children. John is 10, Kaitlyn is 8, and Abigail is in Heaven with God. She left this world of pain and suffering peacefully last year, thanks to the compassionate care of James McMahon—the Los Angeles physician who has been maligned by antiabortion politicians trying to ban the surgery I had.

Abigail was very much planned and wanted. I had the usual battery of tests, and everything came out clear. Then I had a final ultrasound at 36 weeks, just four weeks from my due date, and the world came crashing down around us. Our child was diagnosed with an encephalocele. Most of her brain had grown outside her head, and the brain tissue was largely abnormal. Abigail could never survive for long outside the womb, and she was already suffering. My husband and I made a decision based entirely in love to end this pregnancy.

Fortunately, we were referred to McMahon, who performs a procedure called the intact D&E, which has been documented as one of the safest surgeries for a woman in this situation because it prevents unnecessary bleeding or tearing. In addition, removing the fetus intact allows for better pathological analysis, helping geneticists determine what went wrong and helping us find out if we can someday have another healthy child. Finally, because the fetus is removed intact, families can see their babies, hold them and say goodbye. I can't tell you how important this is.

There are many misconceptions being promoted about this surgery, most of them given out by people who have neither witnessed the procedure nor spoken to the doctors who perform it.

For example, many antiabortion activists claim that McMahon performs many "elective" abortions this way. I'm not sure what they mean by elective, since I know that 95 percent of McMahon's patients are referred by at least one, and usually several, perinatologists and geneticists who have tried in vain to save a desperately wanted pregnancy. How "elective" is it to have an abortion when your child will live only a

week or a month after birth and will never experience anything but pain?

The backers of HR 1833, the bill that would ban this surgery, also claim that fetal demise doesn't occur until midway through the procedure. My husband and I were there, and we know that's not true. We are medical professionals, and we insisted on complete, accurate information about the surgery I would undergo.

Finally, we are told by antiabortion groups that we should simply have "let nature take its course" or have induced early labor. My husband and I were not about to let Abigail suffer one more minute. Furthermore, continuing the pregnancy could have put my health in jeopardy.

I wish the people who would judge me and my family could walk in our shoes for just five minutes. We were faced with the worst tragedy of our lives, and we coped with it in the best way we could. If it happened again, we'd do the same. That is, if Congress doesn't make my doctor a criminal.

—Viki Wilson

The writer is working with the National Abortion Federation to defeat HR 1833.

Giving Up My Baby

By Coreen Costello

THOSE who want Congress to ban a controversial late-term abortion technique might think I would be an ally. I was raised in a conservative, religious family. My parents are Rush Limbaugh fans. I'm a Republican who always believed that abortion was wrong.

Then I had one.

It wasn't supposed to be that way. My little girl, Katherine Grace, was supposed to have been born in the summer. The births of my two other children had been easy, and my husband and I planned a home delivery.

But disaster struck in my seventh month. Ultrasound testing showed that something was terribly wrong with my baby. Because of a lethal neuromuscular disease, her body had stiffened up inside my uterus. She hadn't been able to move any part of her tiny self for at least two months. Her lungs had been unable to stretch to prepare them for air.

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me — possibly even life-threatening. Because she could not

Coreen Costello testified at the Senate Judiciary Committee's hearing on late-term abortions on Nov. 17.



Jerelle Kraus

absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

I carried my daughter for two more agonizing weeks. If I couldn't save her life, how could I spare her pain? How could I make her passing peaceful and dignified? At first I wanted the doctors to induce labor, but they told me that Katherine was wedged so tightly in my pelvis that there was a good chance my uterus would rupture. We talked about a Caesarean section. But they said that this, too, would have been too dangerous for me.

Finally we confronted the painful reality: our only real option was to terminate the pregnancy. Geneticists at Cedars-Sinai Medical Center in Los Angeles referred us to a doc-

When a late-term abortion is the only option.

tor who specialized in cases like ours. He knew how much pain we were going through, and said he would help us end Katherine's pain in the way that would be safest for me and allow me to have more children.

That's just what happened. For two days, my cervix was dilated until the doctor could bring Katherine out without injuring me. Her heart was barely beating. As I was placed un-

der anesthesia, it stopped. She simply went to sleep and did not wake up. The doctor then used a needle to remove fluid from the baby's head so she could fit through the cervix.

When it was over, they brought Katherine in to us. She was wrapped in a blanket. My husband and I held her and sobbed. She was absolutely beautiful. Giving her back was the hardest thing I've ever done.

After Katherine, I didn't think I would have more children. I couldn't imagine living with the worry for nine months, imagining all the things that could go wrong. But my doctor changed that. "You're a great mother," he told me. "If you want more kids, you should have them." I'm pregnant again, due in June.

The New York Times
11/29/95
pg. 1 of 2

I still have mixed feelings about abortion. But I have no mixed feelings about the bill, already passed by the House and being considered in the Senate, that would ban the surgical procedure I had, called intact dilation and evacuation. As I watched the Senate debate on C-Span this month, I was sick at heart. Senator after senator talked about the procedure I underwent as if they had seen one, and senator after senator got it wrong. Katherine was not cavalierly pulled halfway out and stabbed with scissors, as some senators described the process.

I had one of the safest, gentlest, most compassionate ways of ending a pregnancy that had no hope. I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies. □

There's no way to judge what another is experiencing

AS I SIT in my baby's room looking at her hand and foot prints, her picture and memory card, I smile. These are good things, good memories...but she's gone. So for her now, I fight legislators in Congress who are attempting to ban the procedure I underwent this March that made all of those memories possible.

Looking back at the events that got me to this moment, it's hard to believe it's real. This is a story of heartbreak and tragedy, but also one of great compassion and love.

In the Fall of 1994, my husband and I were elated to find out I was pregnant. We told everyone! Almost as soon as the confirmation came so did the morning sickness. About the time those symptoms went away I started having contractions. Although several ultrasounds and the alphafeto protein test (which is supposed to detect fetal anomalies) were normal, my doctor felt I should stay out of work for the duration of my pregnancy. Even so, our excitement kept growing, and we made the normal plans, everything that prospective parents do. Nothing in my life ever prepared me for the situation we were about to face.

During a routine seven-month ultrasound, a problem was found. In the dizzying three days to follow, after seeing a number of specialists, our child would be diagnosed with a devastating disorder called Trisomy-13 where on the 13th gene there is an extra chromosome.

I will never forget what the doctor told us as I looked out the window of that San Francisco skyscraper building. "She has no



'Nobody should be forced into making the wrong decision.'

— Tammy Watts

eyes, six fingers and six toes and enlarged kidneys which are already failing. The mass on the outside of her stomach involves her bowel and bladder, her genitals are abnormal and her heart and other major organs are also affected.

I'm sorry, but your child will not live."

The genetic counselor immediately told us about Dr. McMahon in Los Angeles and the procedure he performs if we chose to end the pregnancy. Knowing our baby was going to die and would probably suffer a great deal in doing so, my husband and I made the choice and scheduled an appointment for the next day.

The procedure began Thursday morning and on Friday, March 17, it was over.

Thanks to this procedure that Dr. McMahon uses, we were able to hold her, love her and say goodbye. We named her Mackenzie Blaine.

Before going home the following day, I had a check up with Dr. McMahon and

physically, everything was fine. He said, "I'm going to tell you two things: First, I never want to see you again. I mean that in a good way. And second, my job isn't done with you until I get the news that you've had a healthy baby." He gave us hope that this tragedy wasn't the end, that we would have a child just as we'd planned.

I remember getting on the plane and as soon as it took off we were crying because we were leaving our child behind.

I don't know how to explain the heartache. There are no words. There's nothing I can tell you, express or show you that would allow you to feel what I feel. Think about the worst thing that has happened in your life and multiply it by a million. Maybe then you would be close.

I am a whole new person, a whole different person. Things that used to be important now seem silly. My family and friends are everything to me. My belief in God has strengthened.

Through a lot of prayer and talk with my pastor, I've come to realize that everything happens for a reason and Mackenzie's life had meaning. I knew it would come to pass someday that I would find out why this happened, and I think it's for this reason:

I was invited to Washington D.C. last week to testify before a house judiciary subcommittee in Congress about our experience with the hope of revealing the real human side to this issue that had yet to be heard. I was given the opportunity to speak for hundreds of other families and tell the tragic circumstances under which our decisions were made.

Basically, I forced the subcommittee to hear what they did not want to hear: The truth. Here are the facts:

The bill banning this procedure is being referred to as "Partial Birth Abortion." This term is intentionally inflammatory and, in fact, made up. Medically there are no "partial birth abortions" and this term is not based on medical fact and furthermore is not the issue.

Approximately 90 percent of abortions performed in the U.S. occur in the first trimester. Abortion is not available in the third trimester except in dire situations, i.e. severe fetal anomalies, or complications that pose a grave risk to the woman's life or health. Fewer than one percent are performed past the 20th week — of this tiny fraction fewer than one-tenth of one percent are performed after 24 weeks. At this stage, statistics and research suggest that the numbers are about 600 per year.

In closing, I can tell you one thing — after our experience, I know more than ever that there is no way to judge what someone else is going through. Until you've walked a mile in my shoes don't pretend to know what this is like for me. Everybody has got a reason for what they have to do. Nobody should be forced into having to make the wrong decision. That's what would happen if this legislation is passed.

So, the best thing that I can do, for Mackenzie, is to continue this fight. I know she would want me to.

■ Tammy Watts is a resident of Aptos.

Los Angeles Times

SUNDAY, NOVEMBER 26, 1995

Lifesaving Option or Criminal Conduct?

ROBIN ABCARIAN



To be perfectly honest, what Claudia Ades and her husband, Richard Ades, chose in 1993, 26 weeks into Claudia's pregnancy, was an elective abortion. Yes, they had already signed up for Lamaze classes. Yes, the shower invitations had already been mailed. Yes, the Santa Monica couple deeply wanted this baby. And yes, when it became clear—heartbreakingly clear—that the son Claudia carried was hopelessly malformed and destined to die, they elected to terminate the pregnancy.

Claudia and Richard could have waited. They could have waited for the baby to die in utero, possibly endangering Claudia's health, putting her ability to carry and deliver another child at risk. Or they could have waited for labor and delivery, and hold vigil over a child who, doctors assured them, would have died within hours, days or at the most weeks after birth. They could have opted for a Cesarean section, a surgical procedure that carries risks to the mother and is meant to save the life of a baby. But this baby, clearly, was doomed.

And Claudia and Richard desperately wanted another child.

So they elected to have the only procedure they felt would allow them their best shot at biological parenthood—"intact dilation and evacuation."

Over three days, Claudia's cervix was dilated. She was given enough anesthesia and analgesic that her baby was dead before he was delivered. To remove the fetus without irreparable harm to Claudia's womb, her doctor inserted a needle at the base of the baby's skull and drained fluid, allowing the head to be gently compressed in order to pass through the birth canal without damaging it.

What the Adeses experienced is the so-called partial birth abortion procedure that Congress may be on the verge of outlawing, the procedure that has been successfully and inflammatorily mischaracterized as the heartless slaying of the helpless with scissor jabs to the skull and a sucking out of the brains.

□

It's hard not to wince as you look at the illustrations that have been displayed on Capitol Hill and placed as ads by the National Right to Life Committee. A healthy-looking, Gerberesque and apparently full-term baby is being pulled from a womb, its head impaled with scissors.

What's even harder to look at, what you will never see on C-SPAN and what is far more instructive: photographs of the real fetuses that have been aborted using this technique—fetuses with brains outside nearly nonexistent skulls, with faces that are unrecognizable as human, and so on. These

Please see ABCARIAN, E2

E1

ABCARIAN

Continued from E1

are the kinds of third-trimester babies whose mothers' reproductive lives are being protected by "intact dilation and evacuation."

It was clear to the Adeses when they recently testified against the bill before the Senate Judiciary Committee that many legislators somehow believe that cases like theirs would be exempt from the proposed law, already approved by the House and up for a Senate vote as early as this week.

But there are no exceptions under the proposed law.

It criminalizes a rarely used medical procedure, period. It does not bend to protect maternal health, even though the Supreme Court ruled in *Roe vs. Wade* that the government may not limit abortions—even after fetal viability—if the life or health of the mother is at risk.

On this basis (and others, including gender discrimination and undue burden) opponents argue the bill is unconstitutional.

If senators insist, as the House has done, in imposing themselves between doctors and patients, then it will be up to the President to restore the sanctity of that relationship. If he fails, then it will,

once again, be up to the courts.

□

Claudia and Richard Ades tried to see Sen. Bob Smith, the New Hampshire Republican who introduced the Senate's version of the bill. He refused to see them, they said, but they did run into him in a hallway.

"I told him the procedure saved our lives," Richard said. "And he said, 'I disagree with you.'"

Coreen Costello of Agoura, who also testified against the bill, had a similar experience.

"I am a registered Republican," she told senators, "and very conservative. I don't believe in abor-

tion. Because of my deeply held Christian beliefs, I knew that I would never have an abortion."

But last March, Costello discovered when she was seven months pregnant with her third child that the baby had a lethal neurological disorder.

Her doctors persuaded her that an "intact D & E"—yes, an abortion—was the best way to ensure her health.

"Our darling little girl was going to die," she testified. "... [The procedure] left open the possibility of more children."

She and her husband, Jim, elected to have the very procedure that abortion foes would jail doctors for

performing. After telling her moving story to a Senate aide, she said he looked at her and said, "You had other options."

Any other option was replete with risks that the "intact D & E" avoids.

This couple's choice enabled them to hold their child, to sing to her lifeless body, to say goodbye. It enabled Coreen Costello to tell senators she is pregnant again and expecting her fourth child in June.

Which seems to mean nothing to legislators bent on dismantling legal abortion ... one "elective" procedure at a time.

Ellen Goodman



Congress crops anguished parents from the picture

BOSTON—In the drawings all you see of the woman is a womb.
The black and white sketches that have become truly graphic art for the debate over late-term abortions don't show the shock on Vikki Stella's face when a routine pregnancy became, "Oh, my God."

They don't show Tammy Watts' expression when the doctor reading her ultrasound said quietly, "There is something I did not expect to see."

Nor do they show Coreen Costello's pain when she discovered that there was something horribly wrong with the child she was expecting and that the amniotic fluid puddled in her uterus could rupture at any time.

The woman, her family and her humanity have been cropped out of the illustrations shown on the Senate floor as if they were irrelevant.

As for the fetus in this pro-life portfolio, the perfect, Gerber-baby outline of a fetus in the birth canal? It doesn't look much like the one in Viki Wilson's sonogram, with two-thirds of her brain lodged in a separate sack, looking "as if she had two heads." Nor does it look like the Watts' fetus, which had no eyes, six fingers and six toes and a mass of bowel and bladder outside of her stomach.

"Would full-color, real-life illustrations be too graphic for legislators? Would it have been too sensational to show torn cervixes on television, fetuses for whom the decision wasn't life or death, but what kind of death? Or are they too vivid a portrait of the real tragedies that force families and doctors into painful decisions.

Over the past months, we have watched the phrase "partial-birth abortion" forced into the political language by sheer repetition. It's been used over and over again to mislabel a rarely used medical technique called "intact dilation and evacuation."

A bill to criminalize this procedure—described with inflammatory inaccuracy as the scissor-stabbing murder of a conscious baby—sailed through the House. It barely lost momentum in the Senate and was temporarily detoured last Wednesday to the judiciary committee.

But when the hearings begin next Friday, the chamber will once again be turned into an anti-abortion art gallery.

What is clever about this new visual tack of the anti-abortion leaders is that any late-term abortion is gruesome. What is malicious about this attack is that it's aimed at families that wanted babies, at women whose pregnancies went terribly awry.

A reckless Maureen Malloy of the National Right to Life Committee, described "healthy women carrying healthy babies." An overheated Bob Smith, the Republican senator from New Hampshire, waxing on about the trip through the birth canal, called the doctor "an executioner."

They talked as if women carried their pregnancies for 36 weeks and then decided, "Oops, I changed my mind." As if doctors performed such treatments "on demand."

If you only saw these drawings on the board, you would not know that state laws already restrict late-term abortions except for the life or health of the woman. Nor would you know that this procedure is sometimes the best of the rotten options—the one that may best enable a woman to have another baby. You wouldn't even know that anesthesia ends the life of such a fetus before it comes down the birth canal.

But this artwork is just the most recent rendering of the anti-abortion strategy. For years, they have targeted doctors, the "weak link" of abortion rights, through harassment, death threats, violence. Now they are threatening them with jail.

For the first time, Congress has been asked to outlaw a medical procedure. If it works, right-to-life advocates hope to eliminate abortion, one procedure and one prosecution at a time.

Under the current bill, doctors who don't practice the congressionally approved protocol, risk two years in prison. Even if the Senate amends the law to permit this technique to save the life of a woman, it would not be allowed to "merely" save her health. What would that mean? A legislated ruptured uterus? A "mere" hemorrhage? Who would decide?

Sen. Barbara Boxer, a mother and grandmother, spoke to her colleagues last week and asked these senators to, yes, think about "babies." The California Democrat asked them to think of their own babies, growing and grown daughters, whose futures could be at risk.

Now the hearing room is set to become a "drawing room." Stark, black-and-white renderings of womb and fetus will carry all the easy appeal of propaganda into the judiciary committee.

But life doesn't always imitate art. And in this real world, only the women whose pregnancies turned into "Oh, my God" can paint the whole picture.

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The Chicago Tribune
11/14/95

EXECUTIVE OFFICE OF THE PRESIDENT

25-Mar-1996 06:39pm

TO: PolWoman

FROM: PolWoman

SUBJECT: Fwd: Abortion Hearings & Congressional Abuse

We're *steaming* over this one...
This rises to the level of legislative violence against women.
Maybe we should hold *citizen* hearings on Canady's committee?
E-mail Canady at canady@hr.house.gov
Regards,
Bob & Antonia

Forwarded message:
From: ATNFR@ASUVM.INRE.ASU.EDU (NANCY FELIPE RUSSO)
Sender: owner-abigails-l@netcom.com
Reply-to: abigails-l@netcom.com
To: abigails-l@netcom.com
Date: 96-03-24 23:56:15 EST

Crossposted From: POWR-L <POWR-L@URIACC.URI.EDU>
Crossposted By: jberman@unm.edu
Reply To: naf@prochoice.org, NANCY FELIPE RUSSO <ATNFR@ASUVM.INRE.ASU.EDU>

Joan R. Saks Berman, Ph.D. jberman@unm.edu
PHS Indian Hospital (505) 256-4012
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Albuquerque, NM 87106

----- Forwarded message -----
Date: Sat, 23 Mar 1996 12:27:30 -0700
From: NANCY FELIPE RUSSO <ATNFR@ASUVM.INRE.ASU.EDU>
To: Multiple recipients of list POWR-L <POWR-L@URIACC.URI.EDU>
Subject: CONGRESS

When we start to get complacent about getting involved in politics,
remember this, and WRITE CONGRESS, RAISE MONEY, WORK IN CAMPAIGNS, AND
VOTE THESE VICIOUS IDIOTS OUT OF OFFICE.

This week, there was a special hearing held to entertain anti-abortion
anesthesiologists who claim those who oppose the D&X ban have lied about
the fact that anesthetic causes fetal demise prior to D&X. (Note that
physicians who use this procedure in fact often use digoxin, injected into
the fetus itself, causing fetal demise before D&X.)

A member of NAF observed the hearing, and wrote the following account of
what she observed. I think this should motivate us all to contact our

reps. and let them know what we think.

From: naf@prochoice.org (National Abortion Federation)

Today's hearing in the House Judiciary Committee's subcommittee on the Constitution on H.R. 1833 and the ridiculous smokescreen anesthesia issue was a true travesty. Two patients had flown thousands of miles (Mary-Dorothy Line from Chicago and Coreen Costello, who is seven months pregnant and scared to death of flying, from California) to testify. The hearing dragged on with the first two panels. When it came time for the patients to testify, Congressman Charles Canady (R-FL), the bill's sponsor and subcommittee chair, said that they would adjourn for two hours because they had to go vote. Congresswoman Pat Schroeder (D-CO) was appalled and pointed out that there was no vote. Canady insisted on adjourning -- for the obvious reason that he wanted the press to go home without hearing the women testify.

When they returned and the women were allowed to testify, Canady broke the testimony up by insisting on taking another break for yet another nonexistent vote. (You can always tell if there is a vote in Congress; there is a bell and buzzer system.) He cut Coreen Costello off and told her her time was up; Pat Schroeder yielded her time to Coreen but Canady still kept trying to cut her off. Both Coreen and Mary-Dorothy were wonderful, providing moving testimony and not giving any ground to the antis. They fought back, taking on the anti-choice members' falsehoods and deception during the question-and-answer period. Coreen, when cut off by Canady, said fiercely that she had flown all the way from California even at seven months pregnant, scared to death of flying, because she wanted to tell the truth and she couldn't believe they didn't want to hear the truth. Coreen, by the way, is from a staunch Republican family and was always very anti-abortion. She has been horrified at the behavior of the Republicans in these hearings.

Particularly hateful was Congressman Bob Inglis (D-SC), who, as he had in the original markup of the bill, accused the women of being "exterminators" who hate children. (Coreen has two kids already and will have her third in June; Mary-Dorothy is expecting her first child in September.)

Congresswoman Schroeder was so upset by the outrageous behavior and manipulation of Canady and his cohorts that she literally had to move the microphone away as she was brought to tears. She said that she was happy to be leaving Congress if this was what the House of Representatives had deteriorated into, and that she was ashamed to be a Member of Congress if this was the way women were treated. "A witch hunt," she called it. Even Canady and Hyde were stunned into silence by Schroeder's condemnation, but Inglis didn't shut up even then.

It's ugly up here, folks. The House will vote on the Senate-passed version of H.R. 1833 next week. We know it will pass, of course, and then go to the President, but we would like to win back some of the usually pro-choice or squishy Members who were swayed by the propaganda to vote against the bill the second time. They had a veto-proof majority in the House the first time (though not in the Senate); let's give Clinton a little more reinforcement so that his spine doesn't give way on this one. Members who need calls:

Charlie Rose (D-NC)

Blanche Lambert Lincoln (D-AR)
Jim Moran (D-VA)
Patrick Kennedy (D-RI)
Jim Traficant (D-OH)
Rick Lazio (R-NY)
Marcy Kaptur (D-OH)
Susan Molinari (R-NY)
Bill Zeliff (R-NH)

Obviously, you should call your members regardless of whether they're on this list or not and tell them to vote against the bill.

By the way, does anyone know who, if anyone, is running against Canady and against Inglis this year?

Sorry for the long post but I thought everyone should know about the unbelievable behavior that just went on. People at the hearing were saying they had never seen things get quite this bad in terms of abuse of power.

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ADDENDUM TO Q AND A ON HR 1833 FOR INTERNAL USE ONLY

As of 1:30pm; 2/27/96

The President has stated that HR 1833 as currently written does not adequately protect the life or health of the woman. How does it fail to protect life or health? What does he consider adequate protection of health?

The current bill, in both its House and Senate versions, prohibits the use of this procedure even when a doctor has determined that it is necessary to protect a woman from serious adverse health consequences.

There are rare cases in which selection of this procedure may be necessary to avert serious adverse health consequences: for example, the onset or worsening of a medical condition, such as diabetes or certain kinds of cancer; or the danger sometimes involved in carrying to term a fetus with a fatal anomaly; or the potential loss of a woman's future reproductive capacity.

The President believes a doctor must have the discretion in such cases to use whatever procedure best protects the woman -- including the procedure described in this bill.

**Abortion Update of Budget and Non-Budget Related Legislation
For Internal Use Only
SIGNED BILLS**

1. Treasury Postal Appropriations: Forbids the FEHB from providing federal employees the option of purchasing health insurance plans that include abortion coverage, with an exception for coverage where the life of the mother is at stake, and for cases of rape and incest.

The President signed the bill on November 19, 1995, though Statements of Administration Policy (SAP) had indicated our opposition to this provision. The signing statement by the President did not mention the issue.

2. Department of Defense Appropriations: Became law on November 30, 1995, without the President's signature. This overturns the President's January 1993 Executive Order allowing abortions to be performed at overseas medical facilities using private funds; Life, rape and incest exceptions are included. SAPs and the President's signing statement indicated the Administration's opposition to this provision.
3. Department of Defense Authorization: The President signed this into law on February 10. It enacts into law the policy described above in the DOD appropriations bill. The Administration's opposition to this provision was stated in a number of SAPs, in the President's statement vetoing the original bill, and in the signing statement.
4. Foreign Operations Appropriations: After several SAPs conveying the Administration's opposition, this bill was signed by the President as a part of the most recent Continuing Resolution (the 9th CR) on January 26 and separately on February 12, 1996. It had been stalled for months between the House and Senate primarily because of differences over family planning funding for overseas organizations. The House language reinstated "Mexico City" policy, which denies all family planning funding for overseas organizations if they perform abortions or speak out about reproductive choice, even with private money. (The President had signed an executive order when he came into office reversing "Mexico City".) The Senate language maintained the President's policy.

Unable to resolve differences over "Mexico City" policy, the Appropriations Committee maintained the President's policy, but reduced funding and complicated its administration: without an authorization bill, no international family planning funds will be released until July 1st. Starting July 1st, international family planning funds can be distributed -- but at 65% of the FY95 appropriation. This amounts to approximately \$80 million less funding than would otherwise likely have been appropriated for FY96 (based on a rough estimate from AID). Furthermore, the money must be spent in 15 equal installments -- increasing the difficulty of administering the funds. In addition, the UNFPA will be funded by the same guidelines: starting July 1st at 65% of FY95 spending in month-by-month installments.

February 27, 1996

The "Mexico City" policy, or some variant of it, may appear again in the international affairs authorization bill, which has passed the House and the Senate but has not been conferenced. The House and Senate bills are very different from each other in many ways, however, and it is possible that they will not successfully conference the two.

5. 9th Continuing Resolution -- Human Embryo Research: A provision in the 9th Continuing Resolution prohibits the use of Federal funding for: (1) the creation of human embryos for research purposes, and (2) research in which embryos are "destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero" under Federal law. The latter provision has the effect of applying the same standards to human embryo research funded by the Federal government as applied to research using fetuses. It is important to note here that this provision does not refer at all to fetal tissue research, which is conducted on tissue that is the product of a fetus that has been aborted or miscarried.

Impact on Administration Policy:

- In January 1993, the President issued an Executive Order lifting the Bush Administration ban on Federal funding of research involving transplantation of human fetal tissue from elective, induced abortions. Such research, which is subject to strict requirements and safeguards, could lead to advances in women's health and in treatment of diseases like leukemia and Parkinson's. **The provision in the 9th CR on human embryo research does not have any effect on the President's Executive Order.**
 - On December 2, 1994, the President stated that funding of research on human embryos, "... raises profound ethical and moral questions as well as issues concerning the appropriate allocation of federal funds... I do not believe that federal funds should be used to support the creation of human embryos for research purposes, and I have directed that NIH not allocate any resources for such research." Although the provision in the 9th CR goes further than the President's policy -- restricting some research that could have been allowed under his policy -- it does adopt part of his position. (Note: Some of the areas of research restricted by the CR that could have been allowed under the President's directive hold promise for improving human health; such as treating infertility and preventing birth defects.)
 - The provision in the 9th CR has no effect on research currently funded by NIH, which has not yet allocated any funds for human embryo research.
6. Commerce, Justice, State: The prohibition of use of Justice Department funds for abortions for female prisoners, with exceptions in cases involving rape or danger to the life of the woman, became law as part of the 9th CR on January 26th. This is effective through 9/30/96. The President has expressed opposition to this provision in his veto statement of the Commerce, Justice, State Appropriations Bill on December 19. The Justice Department thinks there is a strong likelihood that this provision will be held unconstitutional.

February 27, 1996

7. Telecommunications Act: The Telecommunications Act, signed by the President on February 8, 1996, includes a provision that prohibits transmittal of abortion-related speech and information by interactive computer services. The Justice Department has stated that it will not enforce this provision, consistent with its long-standing policy of not enforcing a similar provision in the Comstock Act that prohibits transmittal of the same information by other means, on the ground that the provision violates the First Amendment. The President's signing statement includes an objection to the provision.

AWAITING ACTION

1. District of Columbia: This bill is now out of Conference and has passed the House; it has not yet been voted on in the Senate. It contains similar language on abortion as the 6th CR, signed by the President earlier this year.

The 6th CR, which funds D.C. through the end of the fiscal year, prohibits the D.C. government from spending local funds to pay for abortions, with life, rape and incest exceptions. The D.C. Appropriations bill prohibits the DC government from spending Federal or local funds on abortions, with life, rape and incest exceptions. The main issue here is that the restrictions on the use of local funds -- both in the CR and the appropriations bill -- do not apply to any other state or local government.

2. Labor/HHS: Has passed the House; awaiting floor action in the Senate.

House bill (1) allows states to deny Medicaid funding for victims of rape and incest; (2) denies funds in the Act to any state or program requiring health care entities to conform to the standards set by the American Council on Graduate Medical Education respecting training in abortion procedures; (3) contains the same restrictions as were passed in the 9th CR on human embryo research. The Senate committee bill did not contain these provisions. We have expressed strong opposition to 1 and 2 in SAPs.

3. H.R. 1833: This legislation which criminalizes use of a certain abortion procedure, the so-called "Partial Birth Abortion Ban Act", has passed in the House without life or health exceptions and has passed in the Senate without a health exception. We have expressed opposition to the legislation because it violates the Constitution and does not protect the health of the woman. We have also stated, in a letter to Congress dated February 27, that we would support this legislation if it were amended to exempt cases in which the procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious adverse health consequences to the woman.

February 27, 1996