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Abortion - Letters

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	H. Brandt Ayers to the President re: abortion [partial] (1 page)	03/11/1997	P6/b(6)
001b. letter	Young woman to the President re: abortion (3 pages)	03/04/1997	P6/b(6)

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Elena Kagan
 OA/Box Number: 14356

FOLDER TITLE:

Abortion - Letters

2009-1006-F

ke655

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.

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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]

As - H - - partial birth -
letters

THE WHITE HOUSE
WASHINGTON

July 22, 1998

The Honorable James C. Greenwood
House of Representatives
Washington, D.C. 20515

Dear Representative Greenwood:

I am writing to express my concern over Congress's intention to override my veto of H.R. 1122, the so-called partial birth bill, rather than to pass the legislation I have called for to prohibit this procedure except when necessary to save the life of the mother or prevent serious harm to her health. In taking this approach, Congress is jeopardizing the safety of women and using this painful issue as an opportunity to score political points, rather than to pass appropriate legislation.

The procedure addressed in H.R. 1122 poses a difficult and disturbing issue. I strongly believe that we generally should prohibit the use of this procedure. I have insisted, however, on exempting those few but tragic cases in which this procedure is necessary to save a woman's life or to protect her against serious injury. I again call upon Congress to add such a narrow, tightly drawn exception to this bill, so that I can sign the legislation and put an end to all other uses of this procedure.

As you know, I have long opposed late-term abortions regardless of the procedure used, and as Governor of Arkansas, I signed into law a bill that banned them, with an appropriate exception for the life or health of the mother. The legislation that you have sponsored with Representative Hoyer -- which prohibits all late-term abortions, except those necessary to save the life of a woman or prevent serious harm to her health -- is consistent with my principles. If Congress were to pass your bill, I would sign it immediately.

Congress's refusal to consider such constructive proposals -- proposals that would put an end to inappropriate abortions while protecting women from death or serious injury -- prevents us from resolving these issues and moving forward. Similarly, Congress's recent votes restricting safe medical choices and access to family planning information and services stand in the way of progress on these issues. I urge Congress once again to move beyond ideology and political maneuvering, to protect women's lives and health, and to reduce the need for abortions.

Sincerely,

Rin Clinton

Abortion - partial birth -
Letters

THE WHITE HOUSE
WASHINGTON

July 22; 1998

The Honorable Steny Hoyer
House of Representatives
Washington, D.C. 20515

Dear Steny:

I am writing to express my concern over Congress's intention to override my veto of H.R. 1122, the so-called partial birth bill, rather than to pass the legislation I have called for to prohibit this procedure except when necessary to save the life of the mother or prevent serious harm to her health. In taking this approach, Congress is jeopardizing the safety of women and using this painful issue as an opportunity to score political points, rather than to pass appropriate legislation.

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Sincerely,

Bill Clinton

Abortion - partial birth -
Letters

THE WHITE HOUSE
WASHINGTON

March 19, 1997

Dear Steny:

I am writing to express support for your bill to prohibit late-term abortions. I would sign this bill if Congress were to pass it in its current form.

As you know, I have long opposed late-term abortions, and I continue to do so except in those instances necessary to save the life of a woman or prevent serious harm to her health. When I was Governor of Arkansas, I signed a bill into law that barred third-trimester abortions, with an appropriate exception for life or health.

Your bill contains an exception that will adequately protect the lives and health of the small group of women in tragic circumstances who need an abortion performed at a late stage of pregnancy. At the same time, your bill prohibits any late-term abortions performed for reasons not related to the health or the life of the mother. This balance is an appropriate one which I -- and, I believe most Americans -- would gladly make the nation's law.

Sincerely,

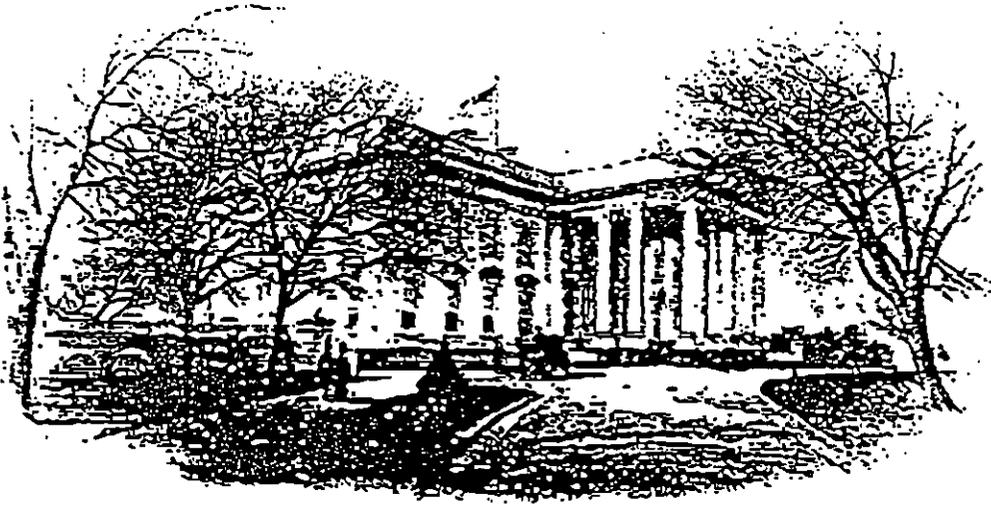


The Honorable Steny Hoyer
House of Representatives
Washington, D.C. 20515

Abortion - partial birth - letters

URGENT

EXECUTIVE OFFICE OF THE PRESIDENT



FACSIMILE TRANSMITTAL SHEET

Number of pages including cover 5

Date 5/23/97

To Elena

FAX Number 62878

Comments: Phil + Todd want to send this up today, as POTUS will be out next week. Does this work? Should we address Carter's concern re: "90% issue"? Thanks. Jim D.

(Please call me ASAP at 65420 or page me at 4491. (m.))

From Jim D.

OFFICE OF THE DIRECTOR
Presidential Correspondence
The White House
Washington, DC 20500
Phone: 202-456-7610
Fax: 202-456-2993

FROM : AIRD - CARTER

PHONE NO. :

May. 21 1997 12:33PM P2

5/22/97



Yale Law School
127 Wall Street
New Haven, Connecticut 06511

STEPHEN L. CARTER
William Nelson Cromwell
Professor of Law

(203) 432-4839
(203) 432-4871 (fax)

May 21, 1997

The President
The White House
Washington, D.C. 20500-2000

Dear Mr. President:

Some time ago, you asked me to feel free to get in touch with you if I had any ideas or suggestions. I have not presumed upon that privilege until now. But I believe we have reached a singular moral moment.

I am writing, Mr. President, to ask you -- to plead with you -- to sign the just-passed legislation banning what has come to be called "partial-birth abortion."

Mr. President, you have shown yourself admirably ready to act as a "New Democrat" across so many important areas of American life: race, religion, welfare, crime, and foreign affairs, to name a few. You have rejected the ready instinct of so many liberals (and conservatives) to do at once what powerful constituencies have demanded. You have reminded Democrats that the soul of the Party belongs not to liberal interest groups, but to the middle class that is the backbone of the nation. In consequence, you have managed to lead an often unwilling Democratic Party back to its roots and thus back to a near-majority status. Moreover, you have demonstrated to the nation that it is possible for us to have a politics that is driven by a mix of moral judgment and practical compromise, rather than by adherence to the narrow agendas of particular organizations.

But by refusing to compromise on the "partial-birth abortion" question, you risk this significant accomplishment. For abortion, too, is an issue on which the Democratic Party needs a leader who will help it to claim the center. A ban on this abortion method is both a very sensible and a very moral place to start.

FROM : AIRD - CARTER

PHONE NO. :

May. 21 1997 12:34PM P3

Letter to the President
May 21, 1997
Page 2

I know that you are aware of the lack of medical necessity for this gruesome procedure, and of the remarkable endorsement of the ban by the American Medical Association -- hardly a bastion of pro-life activism.

I know that you are aware of the moral arguments against the procedure, and I will not repeat them in detail here, other than to point out that it is difficult to explain how a fetus that is entirely born except for its head can be considered anything other than a human being. Pro-choice Democrats, I fear, did not cover themselves with glory during congressional debate on this issue when, pressed by pro-life members, they refused to say what would happen if (by accident) the fetus was born alive in the midst of the "partial-birth" procedure. A few of them implied (and some pro-choice advocates have echoed this view) that, even were the fetus inadvertently born alive, the abortion right would still allow the woman to have the doctor kill it.

The absurdity of the moral position in favor of the procedure becomes apparent from this example. If (as I suspect you would agree) it is wrong for the physician to kill the fetus if it has emerged alive from the womb, it is difficult to see why it is right to do so when a mere 80 or 90 percent of the body has emerged.

The pro-choice response, that the choice even of this particular abortion procedure must be left as a private matter between a woman and her doctor, is incoherent. It suggests that there *never* comes a point at which the fetus enjoys a right to life -- even once the fetus has emerged almost entirely from the womb. But it is both profoundly anti-democratic and profoundly amoral to propose that the status of being pregnant (or of facing a difficult decision within the pregnancy) frees one from the normal human requirement of possessing a moral justification for an action.

Like many Americans, I appreciate the compassion that leads you to insist on a broad exception to guard the health of the woman who is pregnant. Yet, as a Christian, I remain wary of state policies that choose the health of a woman over the life of what is, for every other purpose, a human being. Moreover, as I am sure you are aware, it is an unfortunate fact, but a fact nevertheless, that if an exception is granted for the health of the pregnant woman, many abortion providers will take the position that *all* abortions are necessary for the health of the pregnant woman. (Many obstetricians evidently share the view that one stated on a televised panel a few years ago: "Abortion is always safer for a woman than childbirth.")

The moral rule here should be simple and clear: no matter how pro-choice we as a society may be, the choice must be exercised before the fetus has placed a single foot out of the womb and into our world. We might argue long and hard about the point at

Letter to the President
May 21, 1997
Page 3

which life begins, but we should be able to agree that at the moment when it takes its first symbolic step into the material world, the fetus is no longer a fetus -- it is a human child, and thus inviolable.

With respect and gratitude for all that you have done and continue to do for the nation, I remain,

Sincerely yours,



Stephen L. Carter

THE WHITE HOUSE
WASHINGTON

May 23, 1997

Dr. Stephen L. Carter
Yale Law School
Post Office Box 208215
New Haven, Connecticut 06520-8215

Dear Stephen:

Thank you for your thoughtful and heartfelt letter.

As you know, I vetoed H.R. 1833 because Congress would not include a limited exception in the bill for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health.

I have never contended that this procedure, today, is always used in circumstances falling within this exception. To the contrary, the procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and, as I have stated repeatedly, I would sign appropriate legislation banning them.

I know that you believe that any health exception will be so broad as to eviscerate the ban. That is not the kind of exception I support; instead I am asking for an exception that takes effect only when a woman faces real, serious adverse health consequences. I remain confident that Congress and this Administration, working together, could craft such an exception, and I regret the failure of recent good faith efforts to reach a workable compromise.

I appreciate your counsel on this complex and important issue.

Sincerely,

Abortion - partial birth -
letters

C · R · L · P

THE CENTER FOR REPRODUCTIVE LAW AND POLICY

May 13, 1997

120 WALL STREET

NEW YORK

NEW YORK 10005 USA

212/514-5514

212/514-5538 fax

Dear Mr. President,

On behalf of the Center for Reproductive Law and Policy, we have previously written to express our strong opposition to H.R. 1122, the so-called "Partial-Birth Abortion Ban Act." Today, we write to express our serious concerns about Senator Daschle's proposed substitute to H.R. 1122. While we appreciate the Senator's efforts to create a compromise amendment that meets both constitutional standards and protects women's health, we regret that his proposal falls short of that mark.

1146 10TH STREET, NW

WASHINGTON, DC 20036

USA

202/330-2975

202/330-2976 fax

The Daschle substitute bans all post-viability abortions, "unless the physician certifies that the continuation of the pregnancy would threaten the mother's life or risk grievous injury to her physical health." It further defines grievous injury as "a severely debilitating disease or impairment specifically caused by pregnancy; or inability to provide necessary treatment for a life-threatening condition." The measure also specifies that grievous injury does not include "any condition that is not medically diagnosable or any condition for which termination of pregnancy is not medically indicated." Finally, the proposal provides for civil penalties, including substantial fines and license revocation for violation of its mandates.

We recognize that this language is a substantial improvement over the "Partial-Birth Abortion Ban Act." Nevertheless, it conflicts with one of the major tenants of *Roe v. Wade* and its progeny, specifically that "the abortion decision in all its aspects is inherently and primarily a medical decision".¹ As recently as 1992, the U.S. Supreme Court reiterated that, at all stages of pregnancy -- even after viability -- the physician must remain free to make the woman's health his or her paramount concern.

In light of your courageous veto last year, questions have been raised concerning whether Senator Daschle's proposal would protect the five women who stood with you when you delivered your veto message on H.R. 1833. Unfortunately, we cannot in good conscience assure you that all of these women would be protected by the exceptions in Senator Daschle's post-viability ban.

First, the determination of viability for a particular fetus, including one with severe or fatal anomalies, is a judgment that can only be made by the physician performing the abortion. And physicians' judgments frequently vary on that

¹ *Colautt v. Franklin*, 439 U.S. 379, 187 (1979)

determination. For example, under the standards adopted by the American College of Obstetricians and Gynecologists, anencephaly is the only anomaly that would render a fetus non-viable at any point in pregnancy. However, many physicians would consider a fetus that is suffering from other fatal or near-fatal anomalies and is likely to die at or near birth to be non-viable. Therefore, it is impossible to predict whether Senator Daschle's proposal would adequately protect women carrying fetuses suffering from those other anomalies.²

Second, the Daschle language limits to "grievous injury" the ability to provide necessary treatment for a life-threatening condition. The Senator was perhaps trying to protect a woman suffering from a systemic disease such as heart failure, renal or liver disease, or cancer, who is unable to begin or continue treatment due to her pregnancy. Although these conditions are ultimately life threatening, doctors will differ significantly as to whether the woman's condition is life threatening at the point the abortion is necessary. In many instances, physicians are only able to determine that a woman's health is deteriorating significantly and that, without intervention, her condition may become life threatening at some future point. Our reading of the Senator's proposal, however, is that it would not protect women in these circumstances.

Third, Senator Daschle's language attempts to protect those women who are suffering from pregnancy-induced diseases or impairments, such as pregnancy-related diabetes or eclampsia. But by limiting grievous injury to those debilitating diseases or impairments specifically caused by the pregnancy, this proposal seemingly excludes debilitating diseases or impairments that are exacerbated, but not caused, by the pregnancy. For example, a woman who is diabetic before becoming pregnant may find that her pregnancy exacerbates her underlying condition.

Fourth, by limiting the definition of grievous injury to problems with a woman's physical health, Senator Daschle's proposal prevents a doctor from being able to consider the psychological problems of his or her patient. As you know, mental illness affects a wide number of women in our society and can be a substantial impediment to seeking medical care earlier in the pregnancy. Pregnant women suffering from severe schizophrenia or bipolar disease are no less in need of a medically indicated abortion than those suffering from physical health problems.

² Currently, state laws that prohibit post-viability abortions while providing for exceptions to preserve a woman's life or health do not present the same problem because physicians are able to determine that the pregnancy termination is necessary to protect the woman's health in these circumstances.

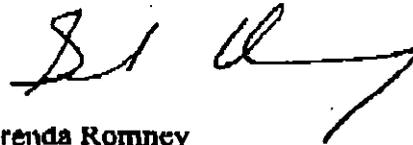
Lastly, the Daschle proposal penalizes physicians who are making difficult medical decisions in good faith and permits government to second-guess their judgments concerning the best care for their patients. If, for example, Congress passed a statute that required all women to give birth by vaginal delivery rather than cesarean section unless the cesarean section was necessary to prevent grievous injury, the public and/or members of Congress would have little difficulty understanding why physicians, not the government, ought to be determining the appropriate medical procedure for a particular woman.³

The vague language contained in Senator Daschle's proposal is troubling because it fails to adequately protect women with health problems that necessitate post-viability abortions and has serious ramifications for the constitutional protections for reproductive choices. For these reasons, we urge you to oppose its enactment.

Very Truly Yours,



Kathryn Kolbert
Vice President



Brenda Romney
Federal Program, Staff Attorney

³ Similarly, a bill banning the use of heart by pass surgery unless the physician certifies a "grievous injury" to the patient would be equally problematic.

Abortion - partial birth -
letters

Planned Parenthood®
of Maryland, Inc.

May 21, 1997

John Podesta
Assistant to the President/ Deputy Chief of Staff
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear John:

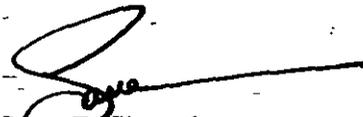
As you know, 36 Senators (including Senators Sarbanes and Mikulski), a number sufficient to sustain a veto, voted against the so called "Partial Birth Abortion Ban" yesterday afternoon. Now, we are counting on President Clinton to honor his commitment to veto this radical legislation that does not protect the rights and health of women.

I attach Planned Parenthood of Maryland's May 14th letter to President Clinton urging him to veto the bill. If there is anything PPM can do institutionally, or I can personally, do to assist this effort, please let me know (410-576-2152).

Thanks, as always, for your help.

Sincerely,

Planned Parenthood of Maryland


Sana F. Shtasel
President & CEO

talk to your son!

610
North
Howard
Street
Baltimor
Marylan
21201
410/576

Planned Parenthood®
of Maryland, Inc.

May 14, 1997

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

Dear President Clinton:

As providers of reproductive health and education services to more than 35,000 Maryland men and women, Planned Parenthood of Maryland is fundamentally concerned with women's health. We have been inspired and greatly reassured by your unwavering commitment to women's reproductive freedom. You have consistently demonstrated throughout your first and second term in office a sincere understanding and compassion for women, their families and their physicians' ability to decide what is medically best for them.

We do not take your commitment for granted, however, as we realize that efforts to restrict a physician's best medical judgment continue unabated. Those in Congress who do not trust women and their doctors wish to dictate appropriate medical practice. We trust that you will maintain your publicly stated intention to veto legislation, like H.R. 1122, that fails to protect women from serious threats to their health.

We do appreciate that many thoughtful elected officials are trying to find a responsible, constitutional resolution to this issue. But we remain secure in our belief that women who need abortions after fetal viability do so in compelling cases when there is a threat to their lives or health, including cases of severe fetal anomaly. While the "compromise" proposal developed by Senator Tom Daschle provides exceptions for a woman's life and health, the health exception is too narrow and significantly erodes the protections guaranteed to women by *Roe v. Wade*. It only protects women at risk of grievous physical harm, but provides no medical options for women with severe mental and emotional conditions. Without that essential provision, we cannot support the Daschle proposal.

Again, Mr. President, we appreciate your commitment to women's health and privacy. We hope we can continue to count on your leadership and courage.

Sincerely,

Planned Parenthood of Maryland


Sana F. Shtasel
President & CEO

610
North
Howard
Street
Baltimore,
Maryland
21201
410/576

Alexis -
partial birth -
letters

THE PRESIDENT HAS SEEN

617196

THE WHITE HOUSE

WASHINGTON

June 6, 1996

✓
MR. PRESIDENT:

Alexis and Flo McAfee received a letter today from Jim Henry and 10 former Presidents of the Southern Baptist Convention sharply criticizing your veto of the partial birth abortion bill. (A few past Presidents of the SBC, including Dr. Wayne Dehoney, declined to sign the letter. Dr. Dehoney fully supports your position.)

Alexis and Flo understand that the letter will be released at the Annual Conference, which begins Tuesday, June 11. (The SBC's Board Meeting will be held June 6-9 and a Preacher's Meeting will be held June 10.) In addition, Flo has learned that Henry's office released the letter to the press this afternoon.

I have prepared a response for you, slightly modifying the letters I originally drafted for Rev. Browning and David Matthews' friend Robert Brothers. A copy of the SBC letter and my draft response is attached.

If you approve the letter, we will send it to Henry and then release it early tomorrow. Moderates in the SBC are also prepared to distribute it at the Annual Conference. Alexis and Flo concur in this approach, as do Leon and George.

✓

Todd Stern

Abortion - partial birth -
letters

THE WHITE HOUSE
WASHINGTON

June 7, 1996

Dr. James Henry
President
The Southern Baptist Convention
First Baptist Church
3701 L.B. McLeod Road
Orlando, Florida 32805-6691

Dear Dr. Henry:

I have received the June 5 letter that you and a number of past Presidents of the Southern Baptist Convention sent me concerning H.R. 1833, legislation banning a certain abortion procedure, commonly referred to as partial birth abortion. I understand that you are distressed about my veto of that bill. Indeed, I realize that a great many people of good faith -- and of all faiths -- are sincerely perplexed.

Regrettably, my views on this legislation have been widely misrepresented and misunderstood. Therefore, I want to take this opportunity to set forth my position as clearly and directly as I can.

Let me say first that 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 poses a 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.

In April, 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. It 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. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

"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."

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 a woman's doctors should have the option 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 is convinced 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. The procedure may well be used in situations where a woman's serious health interests are not at risk. 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. Some may believe it morally superior to compel a woman to endure serious risks to her health -- including the possible 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, as you suggest, a "loophole...to include any reason the mother so desires," such as 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. Some have cited 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 should be allowed.

Further, I 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 crystal 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 in a bipartisan manner, to fashion such a bill.

That is why I implored Congress, by letter dated February 28 and in my veto message, 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 too many there prefer creating a political issue to solving a human problem. But I repeat my offer: if Congress will produce a bill that meets the concerns outlined in this letter, I will sign it promptly.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to 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. Thank you again for your letter. I hope that you now have a better understanding of my position.

Sincerely,



10. 555 682
Abortion - partial
Birth -
Letters

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 5, 1996

The President
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President,

It is with heavy hearts and profound disappointment that we express our united and unambiguous opposition to your veto of the Partial-birth Abortion Ban Act. This grisly procedure cannot be morally justified.

We appeal to you not only as religious leaders, but as many of the former presidents of the Christian denomination you claim as your own, the Southern Baptist Convention. You should know that our concern is felt very deeply, as evidenced by the fact that this is the only time in the 150-year history of our denomination that such a letter has been sent to a United States President.

Partial-birth abortion is, by any civilized moral measurement, inhumane and unconscionable. With ultrasound for guidance, a doctor uses forceps and hands to deliver an intact baby feet first until only the head remains in the birth canal. The doctor pierces the base of the baby's skull with surgical scissors. He or she then inserts a canula into the incision and suctions out the brain of the baby so the head can be collapsed. That you could countenance this procedure, and with one stroke of your pen, veto a ban on partial-birth abortions is unimaginable to us.

Your often-repeated rationale for an exception "for the mother's health" is a discredited, catch-all loophole which has been demonstrated to include any reason the mother so desires.

You stated that you had prayed about this issue before deciding to veto the Partial-birth Abortion Ban. It is difficult for us to understand that God somehow would condone this procedure in the light of what the Bible says about unborn human life, or perhaps, you were gravely misinformed about the barbaric nature of the procedure.

The Old Testament scriptures demonstrate that every human being is made in the image of God (Genesis 1:27). Furthermore, God told the prophet Jeremiah that he was known intimately from even before he was formed in the womb (Jeremiah 1:4-5). Every human life is sacred and possesses unique dignity. Jesus our Lord showed special love and regard for children during His earthly ministry and cursed those who would despise His little ones (Mark 10:14-16). Partial-birth abortion is not defensible in light of God's revelation. As our friends, the American Roman Catholic Cardinals, said in their April 16, 1996 letter to you, partial-birth abortion is "more akin to infanticide than abortion."



The Honorable Bill Clinton

June 5, 1996

Page 3



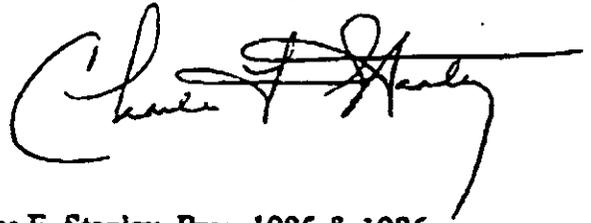
Dr. Adrian Rogers, Pres. 1980, 1987, 1988



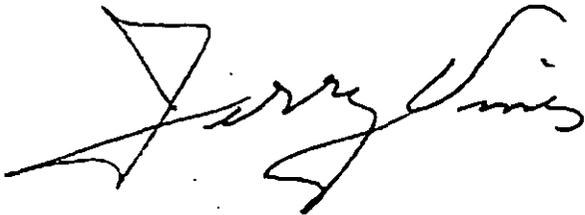
Dr. Bailey Smith, Pres. 1981 & 1982



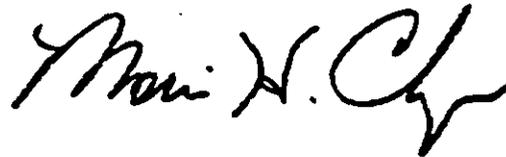
Dr. James T. Draper, Jr., Pres. 1983 & 1984



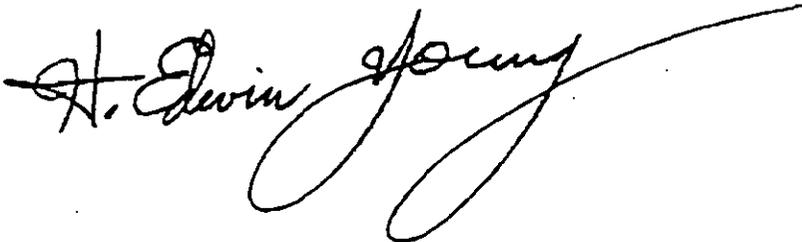
Dr. Charles F. Stanley, Pres. 1985 & 1986



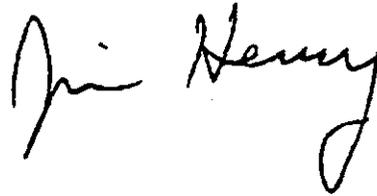
Dr. Jerry Vines, Pres. 1989 & 1990



Dr. Morris Chapman, Pres. 1991 & 1992



Dr. H. Edwin Young, Pres. 1993 & 1994



Dr. James Henry, Pres. 1995 and 1996

Abate - partial birth -
Letters

SENT TO RASKIN

Great Letter THE PRESIDENT HAS SEEN
5-22-96

cc David Matthews
This is what we should
send out - but I've seen
Bo

Can Betty Currie
have a copy?

THE WHITE HOUSE

WASHINGTON

May 16, 1996

Mr. Robert V. Brothers
13881 Harris Road
Rogers, Arkansas 72756

Dear Rob:

David Matthews recently forwarded your heartfelt letter to me. I want you to know that I deeply appreciate the support you have given me over the years. I understand that you are distressed about my veto of the bill banning the procedure commonly known as partial birth abortion. Inasmuch as my position on this bill has been widely misunderstood, I'd like to set it forth for you as clearly and directly as I can.

Let me say first that 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. You may recall that, as Governor, 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 difficult and disturbing issue, one which I studied and prayed about for many months. 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 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 to this question 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.

I do not, incidentally, contend that this procedure, today, is always used in circumstances that meet my standard. 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, and I would sign appropriate legislation banning them.

At the same time, I cannot accept 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 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 almost 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. Some have cited cases where fraudulent health reasons have been 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.

That is why I implored Congress, in a letter in February, to add a limited exception for the small number of compelling health consequences. Congress ignored my proposal, but I have continued to make it absolutely clear that if Congress will produce a bill that meets my concerns, I will sign it.

In short, I do not support the use of this procedure on demand, or on the strength of mild 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.

I continue to hope that a solution can be reached on this painful issue. Again, thank you for writing and letting me know where you stand. I hope you have a better understanding now of my own position.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Clinton". The signature is written in a cursive, slightly slanted style with a long horizontal stroke at the end.

Abortion - partial birth -
letters

April 30, 1997

The Most Reverend Anthony M. Pilla
and Colleagues
National Conference of Catholic Bishops
3211 Fourth Street, N.E.
Washington, D.C. 20017-1194

Dear Friends:

I want to thank you for your thoughtful letter of March 7.

As you know, I vetoed H.R. 1833 because Congress would not include a limited exception in the bill for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health.

I have never contended that this procedure, today, is always used in circumstances falling within this exception. To the contrary, the procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and, as I have stated repeatedly, I would sign appropriate legislation banning them.

I know that you believe that any health exception will be so broad as to eviscerate the ban. That is not the kind of exception I support; instead I am asking for an exception that takes effect only when a woman faces real, serious adverse health consequences. I remain confident that Congress and this Administration, working together, could craft such an exception.

I appreciate your continued counsel on this complex and important issue.

Sincerely,

BILL CLINTON

BC/KMB/RSM/JAD/JAD/JAD/efr-ws-efr-efr (Corres. #3424092)
(3.pilla.am)

~~cc: John Hart, 106 OEOB~~
cc: Elena Kagen, 125 OEOB
~~cc: Jim Dorskind/TDS, 94 OEOB~~
cc: Scott Michaud, 94 OEOB

Xeroxed copy of personally signed original to NH through Todd Stern

CLEAR THRU TODD STERN
PRESIDENT TO SIGN

Abolic partial birth -
letters

March 10, 1997

His Eminence Bernard Cardinal Law
Archbishop of Boston
2101 Commonwealth Avenue
Brighton, Massachusetts 02135

Dear Cardinal Law:

I want to thank you for your thoughtful letter of January 16. I share your belief that people from all sides of the debate must engage in a constructive dialogue on this most sensitive issue so that the realities of the discussion are not lost amid the shouting.

As you know, I vetoed H.R. 1833 because it did not contain an exception for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health. I implored Congress to add this limited exception to the bill, but Congress declined to do so.

Let me be clear, I do not contend that this procedure, today, is always used in circumstances falling within this exception. To the contrary, the procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them.

I understand that many who support this legislation believe, as you do, that any health exception will be so broad as to eviscerate the ban. That is not the kind of exception I support. I support an exception that takes effect only when a woman faces real, serious adverse health consequences. I am confident that Congress and this Administration, working together, could craft such an exception.

I welcome the opportunity to work with your offices on this issue, and I have directed John Hart, my liaison to the Catholic community, to follow up on your desire to discuss it further. I understand that he has been in contact with Gail Quinn of your staff, and I hope that it will be possible for them to arrange for a serious exchange of ideas.

I look forward to your continued counsel on this important issue during the coming weeks and months.

Sincerely,

Abortion - partial birth -
letters

THE WHITE HOUSE
WASHINGTON

May 13, 1996

The Most Reverend Edmond L. Browning
Presiding Bishop
The Episcopal Church
815 Second Avenue
New York, New York 10017

Dear Bishop Browning:

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 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. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

"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."

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 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,

Bin Clinton

Abortion - partial birth -
letters

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Bernard Cardinal Law
Archbishop of Boston
Cardinal's Residence
2101 Commonwealth Avenue
Brighton, Massachusetts 02135

Dear Cardinal Law:

I want to thank you for your letter on H.R. 1833. I appreciate and considered the strong moral convictions you expressed.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except 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 such a bill now if it were presented to me.

Indeed, when I first heard the procedure referred to in H.R. 1833 described, I thought I would support the bill. But as I studied the matter and learned more about it, I came to understand that this is a rarely used procedure, justifiable as a last resort when doctors judge it necessary to save a woman's life or to avert serious health consequences to her.

In the past months, I have learned of several cases of 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. This was not about having a headache or fitting into a prom dress, as some have regrettably suggested. This was not about choosing against having a child. These babies were certain to perish before, during or shortly after birth. The only question was how much grave damage was going to be done to the woman.

In short, I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent serious risks to her health.

That is why I implored Congress to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. The life exception in the current bill fails to cover cases where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I want to say again that if Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill.

Again, I thank you for your concern. These are painful and sobering issues. I understand your desire to eliminate the use of a procedure you see as inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be, in my judgment, even more inhumane.

Although I know you disagree with me on this matter, I hope we can continue our dialogue and continue to work together on the broad array of issues on which we do agree. I need your help and your insight.

Sincerely,

Ben Cline

File-Monti - partial birth - letter

THE WHITE HOUSE

WASHINGTON

March 10, 1997

His Eminence Bernard Cardinal Law
Archbishop of Boston
2101 Commonwealth Avenue
Brighton, Massachusetts 02135

Dear Cardinal Law:

I want to thank you for your thoughtful letter of January 16. I share your belief that people from all sides of the debate must engage in a constructive dialogue on this most sensitive issue so that the realities of the discussion are not lost amid the shouting.

As you know, I vetoed H.R. 1833 because it did not contain an exception for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health. I implored Congress to add this limited exception to the bill, but Congress declined to do so.

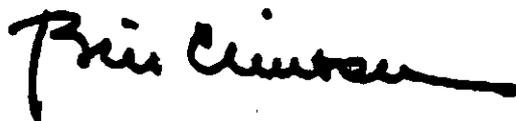
Let me be clear, I do not contend that this procedure, today, is always used in circumstances falling within this exception. To the contrary, the procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them.

I understand that many who support this legislation believe, as you do, that any health exception will be so broad as to eviscerate the ban. That is not the kind of exception I support. I support an exception that takes effect only when a woman faces real, serious adverse health consequences. I am confident that Congress and this Administration, working together, could craft such an exception.

I welcome the opportunity to work with your offices on this issue, and I have directed John Hart, my liaison to the Catholic community, to follow up on your desire to discuss it further. I understand that he has been in contact with Gail Quinn of your staff, and I hope that it will be possible for them to arrange for a serious exchange of ideas.

I look forward to your continued counsel on this important issue during the coming weeks and months.

Sincerely,



Withdrawal/Redaction Marker Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	H. Brandt Ayers to the President re: abortion [partial] (1 page)	03/11/1997	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Elena Kagan
OA/Box Number: 14356

FOLDER TITLE:

Abortion - Letters

2009-1006-F

ke655

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]

Abortion - partial birth - letters

Memo
cc
Filey
...

The Anniston Star

"Alabama's Largest Home-Owned Newspaper"

Office of the Editor and Publisher

March 11, 1997

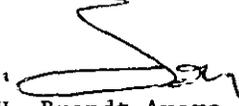
The President
The White House
Washington, DC 20500-2000

Dear Mr. President:

Knowing you face another excruciating decision about late-term abortion, I wanted you to have the enclosed story from a young woman, [P6/(b)(6)] [001a]

[P6/(b)(6)] is an extraordinarily bright and caring person. Bravely, she is willing for you to use her story in any way you find helpful to women facing similar dilemmas.

Cordially,


H. Brandt Ayers
HBA: bjh
Enclosure

Withdrawal/Redaction Marker Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Young woman to the President re: abortion (3 pages)	03/04/1997	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Elena Kagan
OA/Box Number: 14356

FOLDER TITLE:

Abortion - Letters

2009-1006-F
ke655

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.

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- 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]



Office of the President

3211 Fourth Street NE Washington DC 20017-1194 (202) 541-3100 FAX (202) 541-3166

Most Reverend Anthony M. Pilla, D.D., M.A.
Bishop of Cleveland
President

March 7, 1997

3413576

Abortion - partial birth -
letters

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

Dear Mr. President,

We write to you again about one of the most urgent moral issues of this day--partial-birth abortion. We do so in the wake of recent revelations corroborating the arguments of those who seek a ban on this practice and contradicting the arguments of its proponents. Fortunately, the public has learned a great deal through these disclosures.

The public has learned that partial-birth abortions are performed not a few hundred times a year, but thousands of times each year. It has learned that partial-birth abortion is used primarily in the fifth and sixth months of pregnancy, and that restrictions confined to the third trimester would therefore be inadequate. The public has also learned that the vast majority of these procedures are performed on the healthy babies of healthy women.

Disclosures have also made clear, as those who seek to ban this practice have testified, that there are no published data to support a claim that partial-birth abortions may ever be necessary to preserve a woman's life, health or future fertility. To the contrary, hundreds of doctors, most specialists in maternal and fetal medicine, have explained why partial-birth abortion itself poses, not avoids, significant risks to women's health and future fertility. Clearly, any claim that partial-birth abortion must be available to protect a woman's health has no basis in fact.

The American College of Obstetricians and Gynecologists (ACOG) recently reversed itself in this regard. ACOG had said that partial-birth abortion "may be" the safest procedure in a particular circumstance, but one of its spokespersons now says "it may not be." The College is clear in saying that partial-birth abortion is *never* the only procedure that will preserve a woman's health or fertility in *any* situation.

Mr. President, you are in a unique position to ensure respect for all human rights, including the right to life which is denied to infants who are brutally killed in partial-birth abortion.

March 7, 1997

Page Two

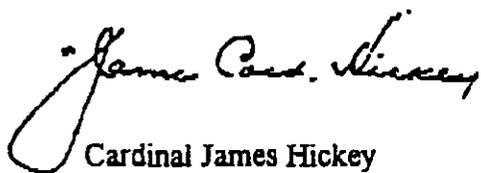
We urge you to seize the opportunity before you to explain that you were misled, as were most Americans. We urge you to ask Congress to pass a bill banning partial-birth abortions, and let it be known that you will sign it into law. For our part, we will continue to urge that such a bill is passed in both Houses of Congress with sufficient votes to ensure that it will become the law of the land.

Hoping we will be together on this issue, we are,

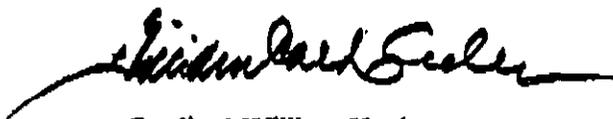
Sincerely yours,



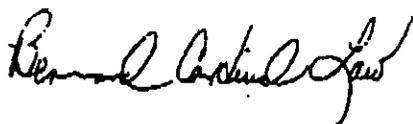
Cardinal Anthony Bevilacqua
Archbishop of Philadelphia



Cardinal James Hickey
Archbishop of Washington



Cardinal William Keeler
Archbishop of Baltimore



Cardinal Bernard Law
Archbishop of Boston



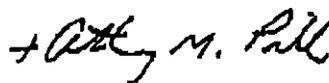
Adam Cardinal Maida
Archbishop of Detroit



Roger Cardinal Mahony
Archbishop of Los Angeles



John Cardinal O'Connor
Archbishop of New York



Most Reverend Anthony M. Pilla
Bishop of Cleveland
President, NCCB/USCC



Secretariat for Pro-Life Activities

3211 Fourth Street, N.E. Washington, DC 20017-1194 (202) 541-3070 FAX (202) 541-3054.

Abortion - part birth - letters
Theresa or
John

January 16, 1997

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

'97 JAN 17 AM 11:35

Dear Mr. President:

As you begin your second term, I wish to assure you of my prayers. Good counsel and wisdom will be needed to resolve the difficult issues facing our nation.

One such issue is partial-birth abortion. It is my understanding that Congress is likely to consider this matter again. It is my sincere hope that the forthcoming discussion will avoid the worst aspects of last year's debate. I pray that time will not be wasted debating claims that have been proven to be false.

It is reported that Senator Daschle, with your approval, is crafting a bill to ban third-trimester abortions with exceptions for "life or health." Such a bill would prevent neither partial-birth abortions, nor late-term abortions in general. The vast majority of partial-birth abortions are performed in the second trimester of pregnancy, a fact confirmed by independent investigations and by the doctor whose paper initiated this debate.

In regard to third-trimester abortions, an exception for "health" (or "serious adverse health" or any similar formulation) eviscerates the ban. The Supreme Court has interpreted "health" so broadly in the abortion context that it includes abortions for almost any social or emotional reason. Those who perform partial-birth abortions have admitted publicly that they have done so for reasons of the woman's "youth" or "depression" or even the child "cleft palate."

Furthermore, the evidence that partial-birth abortion is *never* necessary to preserve a woman's health or fertility is overwhelming. I urge you to consult with the Physicians' Ad-Hoc Coalition for Truth (PHACT), a group of nearly 400 physicians who have spoken out on this.

Mr. President, I believe it would be beneficial if you and I, perhaps with a doctor from PHACT, were to discuss this matter. I would welcome such an opportunity.

Sincerely yours in Christ,

Bernard Cardinal Law
Chairman

1/23 msg
Suzanne Dale
6-2896-
1/29
Called Harp
left msg noon

Abortion - part birth - letters

THE WHITE HOUSE

WASHINGTON

Congress and

65557

February 14, 1997

* That/This Administration, working to gether could
draft such an exception.

His Eminence Bernard Cardinal Law
Archbishop of Boston
2101 Commonwealth Avenue
Brighton, Massachusetts 02135

Dear Cardinal Law:

I want to thank you for your thoughtful letter of January 16.
I share your belief that people from all sides of the debate must
engage in a constructive dialogue on this most sensitive issue so
that the realities of the discussion are not lost amid the shouting.

I agree that definitions of the "health" of women seeking third-term
abortions can be too loosely interpreted. That is why I pleaded with
Congress to include highly restrictive language on this procedure.
I wanted Congress to make it clear that the risk to the woman had to
involve serious, adverse health consequences. But Congress failed to
do so. If Congress will work with me in good faith, I will certainly
sign such a bill.

I welcome the opportunity to work with your offices on this issue,
and I have directed John Hart, my liaison to the Catholic community,
to follow up on your desire to discuss it further. I understand that
he has been in contact with Gail Quinn of your staff, and I hope that
it will be possible for them to arrange for a serious exchange of
ideas.

I look forward to your continued counsel on this important issue
during the coming weeks and months.

Sincerely,

As you know, I vetoed H.R. 1833 because it did not
contain an exception ^{those few but tragic} for cases in which the procedure is
necessary to save the life of a woman or prevent serious harm
to her health. ~~As I have~~ I implored Congress to add this
limited exception to the bill, but Congress declined to do so.

as you do,

I understand that ^{OVER} many who support this legislation
believe that ~~any~~ health exception will be so broad as to
eviscerate the ban. That is not the kind of exception I support.
I support an exception that takes effect only when a woman
faces real, serious adverse health consequences. I am confident *

Let me be clear. I do not contend that this procedure, today, is always used in circumstances falling within this exception. To the contrary, the procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and I would sign appropriate legislation - banning them.