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001. paper	re: Third-Trimester Abortion: The Myth of "Abortion on Demand" [partial] (1 page)	n.d.	b(6)

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FOLDER TITLE:
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2013-0534-S
rc1466

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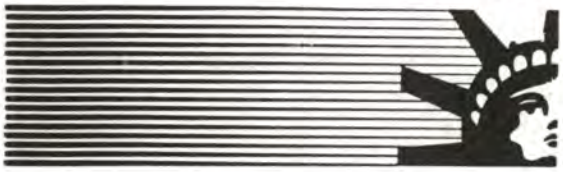
NARAL *Promoting Reproductive Choices*



THIRD-TRIMESTER ABORTION: THE MYTH OF "ABORTION ON DEMAND"

Opponents of choice, by focusing political debate on third-trimester abortion, are exploiting a rare and tragic occurrence to further their goal of making all abortion illegal. Their false claims that women routinely have abortions after fetal viability and that the procedure commonly results in a live birth misinforms the public, traumatizes women facing a particularly difficult decision, and moves us further from the goal of reducing the need for abortion at any stage. Currently, anti-choice Members of Congress, following the dictates of the Christian Coalition's "Contract with the American Family," are seeking to severely restrict all third-trimester abortions and to outlaw the D&X procedure, the method which is often safest for women in the late stages of pregnancy.

Abortion Late in Pregnancy is Rare

- Ninety-nine percent of all abortions are performed in the first half of pregnancy and only one one-hundredth of one percent (.01%) of abortions are performed after 24 weeks.[1]

- Only three doctors in the entire United States, located in California, Colorado and Kansas, are known to offer abortion services during the last three months of pregnancy.[2]

Roe v. Wade Did Not Authorize "Abortion on Demand"

- The Supreme Court declared in Roe v. Wade that, although women have a constitutional right to choose abortion, states may restrict that right after the point of fetal viability, which usually occurs between 24 and 28 weeks gestational age.

- In Roe v. Wade, the Court ruled that states may ban abortion after viability except when the procedure is necessary to preserve the woman's life or health.

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Abortion Late in Pregnancy is Needed When A Woman's Life or Health is Endangered, and in Cases of Severe Fetal Abnormality

Abortion late in pregnancy occurs under the most dire circumstances -- when a woman's life or health is in danger or there is severe fetal abnormality. When an abortion is needed, the physician's decision about which procedure to use should be based on the health needs of the woman. The D&X procedure that opponents of choice want to ban is often the safest available for late abortions. Which abortion method to use is a medical decision that should be made by a physician, not the government.

- Abortion late in pregnancy occurs under tragic circumstances, including when a woman is carrying a fetus with no spinal cord and therefore no chance of survival, and in cases of Tay-Sachs disease or anencephaly.

- The onset or worsening of a disease or medical condition may create the need for an abortion that did not exist at the beginning of pregnancy. Among the medical conditions that present increased risks to women's health are diabetes, cardiovascular disease, cancer (including cervical, ovarian and breast cancer), high blood pressure, kidney disease and immunity disorders.[3]

Women Who Need Abortion Late in Pregnancy Face Tragic Circumstances

- Karen Ham became critically ill with diabetes during her second-trimester and had to be flown 450 miles to a clinic in Colorado for an abortion. When she arrived, she was in shock and about to go into cardiac failure.[4]

- A 29-year-old New York woman who was six months pregnant discovered after a sonogram that she was carrying a fetus with a large tumor on its tailbone. The tumor would either make the fetus unlikely to survive or leave it without legs or buttocks. The woman and her husband, a physician, called approximately 25 doctors for help in finding someone to provide an abortion. They were finally referred to a doctor in Colorado, one of only three in the country known to provide abortions in the third-trimester.[5]

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[001]

- (b)(6) learned when she was seven months pregnant that her fetus had extreme deformities in the heart and esophagus. Her doctors told her that it was unclear whether the fetus would live after it was born, but to hope that it would die in her womb. Considering a number of factors, including the effects on her, her husband and four-year-old son, she decided to terminate the pregnancy. She called doctors and lawyers desperately trying to find someone to provide the abortion. She spent weeks trying to induce abortion through jogging and smoking. In her eighth month of pregnancy, she finally flew to Colorado for the abortion.[6]

Defining Fetal Viability

Viability is a medical term used to refer to the point at which a fetus would have a "reasonable potential" for survival if it were removed from the womb.[7] The point of viability varies with each pregnancy and usually occurs at approximately 24 to 28 weeks of gestation.[8] A point exists before which fetal organs are insufficiently developed to function, even with the assistance of sophisticated medical technology. Contrary to anti-choice claims, that point has not changed significantly since Roe v. Wade was decided in 1973.

- A fetus is viable when it reaches an "anatomical threshold when critical organs, such as the lungs and kidneys, can sustain independent life." Medical authorities conclude that the extreme immaturity of the lungs and other vital organs before 22 weeks gestation make survival outside the womb impossible. In the lungs, capillary and air sac development sufficient for oxygen exchange into the bloodstream does not occur until 23 weeks gestation and often later.[9]

- Although technological advances have increased the survival of infants born between 24 and 28 weeks of gestation, the point of viability has moved little over the past decade; at the earliest, it remains at approximately 24 weeks -- a fact acknowledged by the court in its recent decision in Planned Parenthood of Southeastern Pennsylvania v. Casey.[10]

- Very few premature infants born at 24 weeks gestation actually survive. The chance for survival at 25 weeks' gestation is 10-15%; one week later -- at 26 weeks -- the chances of survival double to 24-45%. A survival rate of 50% is achieved only in live births at 27 or more weeks gestation.[11]

PHOTOCOPY
PRESERVATION

Determining Fetal Viability

The point of fetal viability is different for each pregnancy. Determining that point requires consideration of several factors, including date of conception, fetal weight and lung development, and the woman's health. The Supreme Court stated in Planned Parenthood of Central Missouri v. Danforth, that viability is "a matter of medical judgment, skill, and technical ability" and must be left to the discretion of the attending physician to determine on a case-by-case basis. States may not interfere with this discretion by designating any factor as determinative of when viability occurs or by declaring that viability occurs at a specified number of weeks.[12]

- In Planned Parenthood of Missouri v. Danforth, the Supreme Court said "[I]t is not the proper function of the legislature or the courts to place viability, which essentially is a medical concept, at a specific point in the gestation period....and the determination of whether a particular fetus is viable is, and must be, a matter for the judgement of the responsible attending physician."[13]

- In Colautti v. Franklin, the Supreme Court defined viability a occurring "when, in the judgement of the attending physician on the particular facts of the case before him, there is a reasonable likelihood of the fetus' sustained survival outside the womb, with or without artificial support."

- According to a brief filed with the Supreme Court in Webster v. Reproductive Health Services by the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and several other national medical organizations, viability, "is dependent upon a large number of factors.... The importance of each of these factors and the medically appropriate method of measuring them will vary with the circumstances of the individual pregnancy."[14]

ENDNOTES

1. Rachel Benson Gold, *Abortion and Women's Health: A Turning Point For America?* (New York: Alan Guttmacher Institute, 1990), 23.

2. Gina Kolata, "In Late Abortions, Decisions are Painful and Options Few," *New York Times*, Jan. 5, 1992, A1.

3. F. Gary Cunningham, M.D., Paul C. MacDonald, M.D., Norman F. Gant, M.D., Kenneth J. Leveno, M.D. and Larry C. Gilstrap III, M.D., Williams Obstetrics, 19th ed. (Norwalk, Connecticut: Appleton & Lange, 1993), 656-857; Nan D. Hunter, "Position Paper/Time Limits on Abortion," Reproductive Laws for the 1990's eds. Nadine Taub and Sherrill Cohen (Newark: Rutgers, 1988), 110.

4. CBS, "60 Minutes," Feb. 2, 1992, 9 (transcript on file with NARAL).

5. Gina Kolata, "In Late Abortion, Decisions are Painful and Options Few," *New York Times*, Jan. 5, 1992.

6. *Ibid.*

7. F. Gary Cunningham, M.D., Paul C. MacDonald, M.D. and Norman F. Gant, M.D., Williams Obstetrics, 18th ed. (Norwalk, Connecticut: Appleton & Lange, 1989), 501.

8. Roe v. Wade, 410 U.S. 113 (1979).

9. *Amicus* Brief of the American Medical Association, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American College of Obstetricians and Gynecologist, American Fertility Society, American Medical Women's Association, American Psychiatric Association and American Society of Human Genetics, for Webster v. Reproductive Health Services, 492 U.S. 490 (1989).

10. Planned Parenthood of Southeastern Pennsylvania v. Casey, 112 S. Ct. 2791 (1992).

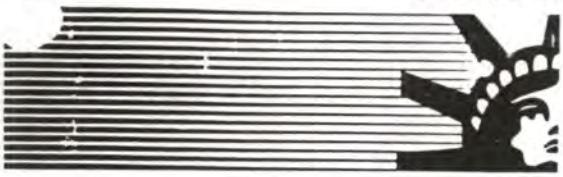
11. Report of the Committee on Fetal Extrauterine Survivability to The New York State Task Force on Life and the Law, 1988, Fetal Extrauterine Survivability, 9.

12. Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52, 64 (1976).

13. *Ibid.*

14. *Amicus* Brief of the American Medical Association, et al., p.41.

NARAL *Promoting Reproductive Choices*



THE CHRISTIAN COALITION'S CONTRACT: AN ASSAULT ON WOMEN'S REPRODUCTIVE HEALTH

The Christian Coalition's "Contract with the American Family" is a significant first step in a broader campaign by the radical right to enact a political agenda that will infringe on the liberties of millions of Americans. The Contract is a dangerous document cleverly designed to hide the radical right's goal of criminalizing abortion in the United States. The carefully scripted Contract uses code words to describe an abortion ban when it states:

> We support constitutional and statutory protection for the unborn child. . . .
> We urge Congress to take the following action as a beginning toward that end.

This statement is a call for a very extreme and unpopular goal -- to make abortion illegal. Legal protection for "the unborn child" would criminalize abortion in every state in this country. The "Contract with the American Family" attempts to disguise this reality by supporting an abortion ban, and then calling for three preliminary measures that would have serious consequences for women's health: (1) permit states to deny rape and incest victims Medicaid funding for abortions; (2) severely restrict all third trimester abortions and outlaw the D&X procedure; (3) eliminate funding for family planning programs.

1. Permit States to Deny Rape and Incest Victims Medicaid Funding for Abortion

The Christian Coalition's call to eliminate abortion from the Medicaid program is particularly callous and cruel because it is directed at low income women who are victims of rape or incest.

- It is important for victims of rape and incest have some control over a resulting pregnancy. The failure to provide abortion coverage could force a woman to bear the child of her rapist against her will.

- Once a state elects to participate in the Medicaid program, it must comply with federal standards. In 1993, Congress authorized federal reimbursement for the termination of pregnancies resulting from rape or incest. The Medicaid program has always required states to fund pregnancy terminations for which federal reimbursement is available.

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2. Severely Restrict All Third Trimester Abortions and Outlaw the D&X Procedure

Abortion late in pregnancy occurs under the most dire circumstances -- when a woman's life or health is in danger or there is severe fetal abnormality. When an abortion is needed, the physician's decision about which procedure to use should be based on the health needs of the woman. The D&X procedure that opponents of choice want to ban is often the safest available for late abortions. Which abortion method to use is a medical decision that should be made by a physician, not the government.

- Abortion late in pregnancy occurs under tragic circumstances including when a woman is carrying a fetus with no spinal cord and therefore no chance of survival, and in cases of Tay-Sachs disease or anencephaly.

- The onset or worsening of a disease or medical condition may create the need for an abortion which did not exist at the beginning of pregnancy. Among the medical conditions that present increased risks to women's health are diabetes, cardiovascular disease, cancer (including cervical, ovarian and breast cancer), high blood pressure, kidney disease and immunity disorders.[1]

- Late abortions are rare: four one-hundredths of one percent of abortions are performed after 26 weeks.[2] Only three doctors in the United States, located in California, Colorado and Kansas, are known to offer abortion services during the last three months of pregnancy.[3]

- In *Roe v. Wade*, the Supreme Court held that, prior to viability -- the point at which a fetus is potentially able to live outside the womb -- states may not interfere with a woman's right to make her own decision regarding abortion. After viability, which usually occurs at approximately 24 to 28 weeks of pregnancy, states may prohibit abortions unless the procedure is necessary to protect a woman's life or health.[4]

3. Eliminate Funding for Family Planning Programs

The Christian Coalition suggests that Congress should eliminate the cornerstones of federal family planning efforts: the Title X Program and expenditures for family planning under Medicaid and international programs. Title X of the Public Health Services Act is dedicated primarily to funding family planning and other services including contraceptive care, pregnancy and STD/HIV testing, sterilization services and diabetes and anemia screening for low-income women. The Medicaid program is the largest source of federal funds for family planning services. If funding for these programs were to continue, the Contract signals that a gag rule should be imposed.

- One of every five women receiving family planning services depends on a clinic funded at least in part by Title X. Eighty-three percent of these women rely on clinics funded by Title X as their only source of family planning services. In 1987-1988, eighty-four percent of the women who received family planning services at Title X clinics received medical contraceptive services.[5]

- Eliminating funding for family planning programs would endanger the health and lives of women, men and children by denying many people access to necessary reproductive health care.

- A gag rule would prohibit medical professionals at clinics that receive federal funds from counseling or referring for abortion. The rule would endanger women's lives and health by denying them complete and accurate information about their reproductive choices. It would also interfere with the doctor-patient relationship by requiring physicians to compromise their best medical judgment as to what information or treatment is in the best interests of their patients.

In a veiled attempt to begin the process of eliminating a woman's right to choose, the "Contract with the American Family" calls for punitive policies that would endanger women's lives and health. If they are successful there is no doubt that the radical right will seek to move Congress further down this road until they reach their desired end -- to make abortion illegal. The policies promoted by the "Contract with the American Family" are inherently dangerous and are designed to lull policy makers into endangering women's health while chipping away at a woman's right to choose. Instead, America should pursue policies that improve women's health and reduce the need for abortion, including improved access to family planning services, prenatal care and reproductive health services and programs to reduce teen pregnancy.

June 20, 1995

ENDNOTES

1. F. Gary Cunningham, M.D., Paul C. MacDonald, M.D. and Norman F. Gant, M.D., Williams Obstetrics, 18th ed. (Norwalk, Connecticut: Appleton & Lange, 1989), 653-861; Nan D. Hunter, "Position Paper/Time Limits on Abortion," Reproductive Laws for the 1990's eds. Nadine Taub and Sherrill Cohen (Newark: Rutgers, 1988), 110.

2. National Abortion Federation, Statistics and Research, (unpublished data), 1995.

3. Gina Kolata, "In Late Abortions, Decisions are Painful and Options Few," *New York Times*, Jan. 5, 1992, A1.

4. *Roe v. Wade*, 410 U.S. 113 (1973).

5. *Title X Family Planning Clinic Network: Final Analysis*, Sept. 16, 1992 (New York: Alan Guttmacher Institute).

NARAL *Promoting Reproductive Choices*

EXECUTIVE ORDERS

On January 22, 1993 President Clinton issued five Executive Orders overturning anti-choice initiatives of the two previous administrations. Several anti-choice members of the new Congressional leadership have stated their intent to pass legislation nullifying these Executive Orders as soon as possible.[1] Reversal of these policies in the 104th Congress would be a serious setback for women's reproductive health, and would inhibit important scientific research that has the potential to save lives.

The "Gag Rule"

Title X of the Public Health Service Act is the centerpiece of federal family planning efforts and since its inception in 1970 has specified that no federal funds appropriated for the program could be used for the performance of abortions. The act placed no restrictions on the ability of Title X clinics to provide abortion counseling or referrals. In 1988, President Reagan's Department of Health and Human Services (HHS) issued the "gag rule" prohibiting health care professionals at Title X clinics from counseling, advising or providing information about abortion. The regulations prohibited Title X service providers from referring women for abortion services, even when such information was specifically requested.

The "gag rule" was never fully implemented due to a series of legal challenges. President Bush vetoed congressional attempts to overturn the "gag rule" in 1991 and 1992. His 1992 veto was overridden in the Senate, but was sustained by a small margin in the House. President Clinton overturned the "gag rule" by executive order during his first month in office.

The "gag rule" resurfaced in the Republican "Contract With America." The Personal Responsibility Act would create state block grants to be used for pregnancy prevention programs and would prevent women participating in such programs from obtaining medical advice, counseling and information about abortion. Like its predecessor, this "gag rule" is dangerous for women, and also met with tremendous public opposition.

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- Enforcement of the "gag rule" would endanger women's health by denying them complete and accurate medical information from their health care providers.

- The "gag rule" would interfere with the doctor/patient relationship, and is opposed by mainstream medical groups including the American Medical Association and the American College of Obstetricians and Gynecologists.

RU 486 - Mifepristone

RU 486 (also known as mifepristone) is an effective non-surgical method of early abortion. The drug was approved for use in France, England and Sweden following clinical trials documenting its safety and effectiveness, and has been used by approximately 150,000 women in Europe. RU 486 also has potential value in the treatment of breast cancer, AIDS, brain tumors, Cushing's disease, diabetes and others.

Recognizing that mifepristone would expand women's choices and make it more difficult to target abortion clinics for violence and harassment, anti-choice forces have worked to deny American women access to RU 486. In 1989, the Bush Administration's FDA issued an "import alert" which helped ensure the drug would be unavailable in the U.S. for research or any other purposes. A United States District Court that examined a challenge to this import alert concluded that, "the decision to ban the drug was based not from any bona fide concern for the safety of users of the drug, but on political considerations having no place in FDA decisions on health and safety.[2]

In January of 1993, President Clinton signed an Executive Order directing the Department of Health and Human Services to assess initiatives to promote the testing and licensing of mifepristone. In May of 1994, the French pharmaceutical company, Roussel Uclaff donated the patent for mifepristone to the Population Council and cleared the way for clinical testing in the U.S. Clinical trials began in mid-October as part of the process to obtain FDA approval. These trials are expected to reinforce French data documenting the drug's safety, effectiveness, and acceptability.

Fetal Tissue Research

In March of 1988, the Reagan Administration imposed a temporary moratorium on federal funding of fetal tissue transplantation research, pending the outcome of an exhaustive study by the Human Fetal Tissue Transplantation Research Panel on ethical, legal and scientific research. After reviewing this report, the Advisory Committee to the Director of the National Institute of Health recommended that the moratorium be lifted. Despite the panel's recommendation that the government resume funding, in November, 1989 the Secretary of the Department of Health and Human Services extended the moratorium indefinitely.

The ban on federal funding for fetal tissue transplantation research severely restricted research that showed enormous promise for developing treatments for men and women suffering from a wide variety of medical conditions. Millions who suffer life-threatening diseases including: Parkinson's disease;[3] Alzheimer's disease;[4] Huntington's disease;[5] AIDS;[6] strokes and;[7] spinal cord injuries[8] may benefit directly from research involving fetal tissue transplantation.

President Clinton overturned the funding ban on fetal tissue research by Executive Order in January of 1993.

Ban on the Performance of Privately Funded Abortions at Military Hospitals

In 1988, the Reagan Administration's Department of Defense (DOD) announced a new policy prohibiting the performance of abortions at military facilities, even if paid for by the patient and even if abortion services were not otherwise available where a woman or her husband were stationed. Abortion would be permitted only when the life of the woman would be endangered by carrying the pregnancy to term. Prior to the new policy, a woman in the military or a military dependent could obtain an abortion at a military facility if she paid the costs of the procedure.

The Military Health Care Initiatives Act of 1992 which would have entitled military personnel stationed outside the United States to obtain reproductive health services including abortion in military hospitals provided they paid the full cost reached final passage in the House in October of 1992. It was pocket vetoed by President Bush on October 31, 1992.

President Clinton lifted the ban in January of 1993, permitting abortion services to be provided at U.S. military hospitals if paid for with non-DOD funds.

AID Family Planning Grants/Mexico City Policy

The "Mexico City" policy developed in 1984 at a United Nations Conference on Population held in Mexico City prohibited the use of United States funds to support "non-governmental organizations which perform or actively promote abortion as a method of family planning in other nations."[9] The policy also specified that the United States "will insist that no part of its contribution be used for abortion."[10] These prohibitions were imposed on funds appropriated through the Agency for International Development (AID).

This "international gag rule" seriously undermined efforts to promote safe and effective family planning programs in foreign nations and greatly limited the extent to which the U.S. could support international family planning programs. President Clinton overturned the Mexico City Policy by Executive Order in January of 1993.

January 18, 1995

Notes:

1. Spencer Rich, "Congress's Antiabortion Blocs Gain: Interest Groups Count at Least 39 More House Votes, 5 in Senate," *Washington Post*, Dec. 5, 1994, A1.

2. *Benten v. Kessler*, slip op. at 11-12, No. CV-92-3161 (E.D.N.Y. July 14, 1992).

3. Statement of Parkinson's Disease Foundation, *Fetal Tissue Transplantation Research: Hearing before the House Subcommittee on Health and the Environment*, 101st Cong., 2nd Sess., Apr. 2, 1990.

4. Emanuel Thorne, "Trade in Human Tissue Needs Regulation," *Wall Street Journal*, Aug. 19, 1987.

5. *Ibid.*

6. Larry Thompson, "The AIDS Statistics: Despite Prevention Efforts, HIV Continues to Spread," *Washington Post*, Apr. 3, 1990.

7. Thorne, "Trade in Human Tissue."

8. Thorne, "Trade in Human Tissue."; Dorothy Lehrman, "Fetal Research and Fetal Tissue Research," (Washington, DC: Association of American Medical Colleges, June 1988): 11.

9. Policy Statement of the United States at the United Nations International Conference on Population (Second Session) Mexico City, Mexico, August 6-13, 1984, 5.

10. *Ibid.*

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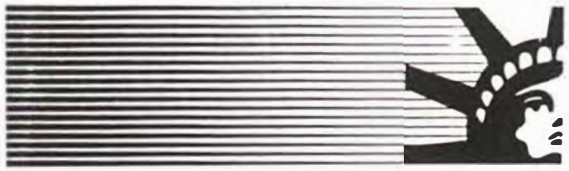

TALKING POINTS
THE CANADY/SMITH BILL TO OUTLAW SOME ABORTIONS

- HR 1833/S 939 is an extreme piece of legislation that would in many cases prohibit physicians from using the abortion method safest for the woman.

- HR 1833/S 939 uses ambiguous, non-medical language to describe a technical surgical procedure and as a result does not clearly state exactly which abortion procedures would be prohibited. HR 1833 may ban a range of methods, including those that are most likely to preserve a woman's health.

- HR 1833/S 939 would have a significant chilling effect on doctors. The bill provides no exceptions to the ban, although after a doctor is prosecuted, he or she may escape conviction or liability by proving that the prohibited method was the only one that would have saved the woman's life. If the physician fails to prove that no other procedure would have preserved the woman's life, he or she would be subject to imprisonment, monetary fines and/or civil liability.

- HR 1833/S 939 would permit "the mother, father, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents" to bring a civil cause of action against the doctor.

- Congress should not interfere with the judgement of trained physicians who have a responsibility to protect the lives and health of their patients.

- Abortion late in pregnancy is rare; only four one-hundredths of one percent (.04%) of abortions are performed after 26 weeks. Moreover, such abortions occur under tragic circumstances, including when a woman is carrying a fetus with no spinal cord and therefore no chance of survival, and in cases of Tay-Sachs disease or anencephaly.

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NARAL *Promoting Reproductive Choices*

NATIONAL STANDARDS TO PROTECT WOMEN'S HEALTH
The Restriction of Abortion Funding for Rape and Incest Victims

- Once a state elects to participate in the Medicaid program (Title XIX), it must comply with federal standards. The program requires participating states to cover "medically necessary" services, including abortion, unless they are specifically excluded or deemed optional. Title XIX has always mandated coverage of those abortions for which federal reimbursement is available.

- Pursuant to the Supremacy Clause of the U.S. Constitution, federal law requirements governs over conflicting state law. Effective October 1, 1993, Congress revised the Hyde amendment to restore Medicaid coverage for abortion in cases of rape and incest in addition to cases in which the woman's life is endangered. Federal courts in at least eight states (AR, CO, IL, LA, MI, MO, MT, NE) have ordered state officials to comply with the federal law.

- The amendment added in the Appropriations Committee to the FY 95 rescission package by Rep. Ernest Istook (R-OK) allowing states to refuse to provide Medicaid funding for abortions for rape and incest survivors contravenes the well-established federal law which requires states participating in the Medicaid program to cover services designated by Congress as "medically necessary." His amendment is not a clarification, it would significantly change current federal law.

- Prior to the 1993 expansion of the Hyde Amendment, 30 states chose not to use their funds to provide Medicaid coverage of abortion for rape and incest survivors. After the expansion, 19 states initially resisted providing coverage. Seven states are complying pursuant to federal court orders, and eight states are still not in compliance. After initial resistance, four states began complying voluntarily. If states are given the option of covering Medicaid abortion services in these circumstances, many may stop covering the procedure.

- States should not be given the option of providing coverage of these services under the guise of states rights. When the Medicaid statute was written, Congress made their intention clear that it should cover all "medically necessary services." It is hard to imagine a service more necessary than an abortion for a survivor of rape or incest.

National Abortion and Reproductive Rights Action League

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- It is estimated that between 15 and 40 percent of women are victims of rape or attempted rape during their lifetime. A rape is reported every six minutes. The actual number of rapes occurring annually are estimated to be between 200,000 and 900,000.

- Policies that force rape and incest survivors to continue a resulting pregnancy to term threaten the health of the most vulnerable women. The severe physical and mental health problems caused by rape and incest can be greatly exacerbated when a pregnancy has been caused by the assault. A Medicaid-eligible woman facing a pregnancy caused by rape or incest must be permitted to protect her health and to exercise her fundamental right to choose in whatever state she calls home.

- In states that have provided coverage for abortion under extreme circumstances such as rape or incest, very few abortions have been funded. For example, in 1992, prior to the federal expansion of funding for these services, Minnesota funded 7 rape and incest abortions, Wisconsin funded 6, and Pennsylvania and Wyoming each funded 0.

- Women who have been raped often face additional victimization caused by the insensitivity of police, medical personnel and the criminal justice system. Now the sponsors of this amendment want to allow states to force this same woman to continue a resulting pregnancy and to bear a child against her will.

- This callous and discriminatory amendment will cause additional suffering for women who must already overcome poverty and sexual violence.

NARAL
3/7/95

NARAL *Promoting Reproductive Choices*

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

Currently, federal employees, like workers in the private sector, are permitted to choose a health care plan that covers a full range of reproductive health services -- including abortion. Approximately two-thirds of private fee-for-service plans and 70% of health maintenance organizations (HMOs) provide abortion coverage.

In 1993 and 1994, Congress voted to permit federal employees to choose a health care plan which covers abortion. From 1983 until that time, Congress had prohibited the FEHBP from covering abortion services except in cases where a woman's life was endangered.

The Treasury, Postal Service and General Government Appropriations bill provides funding for FEHBP, the network of insurance plans that cover approximately nine million federal employees and their dependents. There are approximately 1.2 million women of reproductive age who rely on the FEHBP for their medical care.

As is common in private industry, costs for insurance coverage are shared by the employer and employee. Many of the plans are also negotiated by labor unions.

Failing to make abortion illegal, anti-choice members of Congress are trying to make it more difficult and more dangerous. Singling out abortion for exclusion from health care plans that cover other reproductive health care is harmful to women's health and discriminates against women in public service.

According the American Medical Association, funding restrictions that deter or delay women from seeking early abortions make it more likely that women will bear unwanted children, continue a potentially health-threatening pregnancy to term or undergo abortion procedures that would endanger their health.

NARAL
6/26/95

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James - Galloway

Const'l obj'ns

pre viability - undue burden

or - live or health threatened

post viability

MEMORANDUM TO THE PRESIDENT **DRAFT - 7/18/95**

FROM: ABNER MIKVA, PAT GRIFFIN, CAROL RASCO, GEORGE STEPHANOPOULOS

THROUGH: LEON PANETTA

CC: ALICE RIVLIN, ALEXIS HERMAN, MELANNE VERVEER

The House Judiciary Committee is now marking up a controversial bill introduced by Congressman Canady (R-Fla.) known as the "Partial Birth Abortion Ban Act." The bill was voted out of Canady's subcommittee last month on a straight party-line vote [check]. The Office of Legal Counsel at DOJ believes the bill is "constitutionally flawed." Given your own opposition to most post-viability abortions and the intense emotions the bill has aroused on both sides of the choice issue, we thought you should decide how to respond to this bill.

Background

As you know, Roe v. Wade and its progeny forbid most restrictions upon abortion access prior to viability but permit the government to ban post-viability abortions except when needed to protect the life or health of the mother. As governor, you signed an Arkansas law that made abortion illegal after the 25th week of pregnancy, with an exception for life and health (as well as one for rape or incest, in the case of minors).

The Canady bill criminalizes the conduct of any doctor who performs (but not of the mother who obtains) what the medical community refers to as a "dilation and extraction" abortion. D & X abortions are usually performed only after 20 weeks of pregnancy. At least some doctors regard it as the safest method of late-term abortion under certain circumstances. The procedure involves bringing the lower part of the fetus out of the uterus before the abortion is completed. We are not aware that the medical community regards this method of abortion as morally distinct (or medically different in any meaningful way) from other late-term methods. Nevertheless, abortion foes have given the procedure a new, emotionally charged name of "partial birth abortions" in order to suggest otherwise. Pro-choice activists warn that the bill interferes with a doctor's choice of medical procedure, and they accuse the right-to life movement of targeting this method of abortion in order to display disturbing diagrams and pictures that will arouse general opposition to abortion.

Only three or four doctors in the United States perform this specialized procedure, and the total number of D & X abortions annually is probably under 500. By contrast, about 1.5 million abortions are performed each year in the U.S., of which about 13,000 are performed after 20 weeks. We do not know what proportion of D & X abortions are pre- rather than post-viability, but it seems clear that D & X abortions comprise a higher percentage of the latter category. The more traditional method of performing late-term abortions is known as the D & E procedure, in which the fetus is dismembered within the uterus and then removed.

Although the D & X procedure is sometimes used in pregnancies with health-threatening complications such as for a mother who has severe diabetes, it is also used for purely elective abortions as well as for abortions when a severely deformed fetus is discovered late in the pregnancy. During a subcommittee hearing on the Canady bill, the most emotional testimony was given by a mother whose severely deformed fetus was detected late in pregnancy. She decided to have a D & X abortion because the trauma of watching a young child die a certain and painful death after birth was more excruciating.

Discussion

Mother's Health: The most significant constitutional objection to the Canady bill is that it permits D & X procedures only if the *life* of the mother is threatened. Extending the exception to include the *health* of the mother would be consistent with the bill that you signed in Arkansas and would probably be required by the Supreme Court, which has affirmed that "*Roe* forbids a State from interfering with a woman's choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her health." The Court indicated that such health threats would have to be "substantial," which might include threats to mental health but only of a particularly serious nature. To the extent that barring D & X abortions would force women who needed abortions for health reasons to forgo what may be the safest abortion method, OLC believes the ban is constitutionally invalid.

Pre-Viability Abortions: A second constitutional problem is that the Canady bill bars D & X procedures even in the pre-viability period. The Court has held that states may not place an "undue burden" on a pre-viability abortion decision, including any regulation that "has the purpose or effect of placing a substantial obstacle in the [woman's] path." OLC expresses its "concern" that barring access to a particular method of safe abortion would constitute an "undue burden." It is difficult to predict whether a court would find this to be an "undue burden," both because the contours of this recently announced legal standard are not fully known and because the risks of using other abortion methods instead of the D & X procedure are unclear. However, excluding pre-viability abortions from the scope of the Canady bill would be consistent with the abortion views you expressed as governor. In 1990, for example, you stated: "While I have ... supported restrictions on public funding and a parental notification requirement for minors, I think the government should impose no further restrictions. Until the fetus can live outside the mother's womb, I believe the decision on abortion should be the woman's not the government's."

Post-Viability Fetal Deformity: Even if the Canady bill were amended so as not to ban abortions for the health of the mother or pre-viability, the bill would still bar D & X abortions in certain cases of severe fetal deformity, which is sometimes not detected until the third trimester and which may not substantially threaten the mother's health. Although OLC has outlined a possible constitutional argument against the Canady bill even if it were limited to barring post-viability non-therapeutic abortions, that argument is weak. We believe, therefore, that if you wanted to oppose the Canady bill on the additional ground that it could prevent a woman from aborting a severely deformed fetus, you would have to base your opposition on policy grounds --that is, a policy of not requiring a mother to carry such a fetus

to term. It is unclear whether such an exception would be consistent with your prior positions. The Arkansas law that you signed contained no exception for fetal deformity. On the other hand, you framed your view on viability in terms of the ability of the fetus to survive outside the womb.

Recommendation

(1) We believe you should take a position on the Canady bill. Many members of the Judiciary Committee -- including a number of pro-choice members supportive of the Administration -- have now asked for such a statement, and it is likely that the bill in some form will progress through the House and may well succeed in the Senate.

(2) We also believe you should oppose the bill as drafted but should at this point emphasize the strongest and narrowest constitutional objection: the bill's failure to permit D & X abortions for the health of the mother. Probably, the statement should also include a reference to the constitutional problem posed by the bill's application to pre-viability abortions. One way of combining both concepts would be to write the "health of the mother" exception so that it also permitted pre-viability D & X abortions when the doctor believed this method was safer for the mother. By framing the issue as one of health and safety for the mother, you should be able to keep the debate at the appropriate level of principle. On the other hand, by adopting this focus you will be relying heavily on a factual predicate -- the medical superiority of the D & X method -- for which we do not have much evidence.

(3) It is possible that, in defending D & X abortions in the pre-viability period (when most such abortions are by other methods), you may be placed in the position of defending a particular *procedure* that is publicly controversial. If, however, you decided not to defend pre-viability D & X abortions at the outset, you could encounter greater difficulties later on. The bill might well be amended to protect the woman's health. You would then face the question whether to object to the pre-viability bar and, if you did not object, whether to sign a bill that might well be unconstitutional. It would be more difficult to raise the pre-viability objection at this later point if you have not even mentioned it in an initial statement.

Given all of these considerations, we recommend issuing a statement along the lines outlined in the second paragraph immediately above (option #3, below). Because a defense of post-viability fetal deformity abortions would cloud your position with a separate and substantial controversy, we do not recommend addressing that issue.

1. ___ Take no position on the bill
2. ___ Oppose bill solely on grounds of mother's health
3. ___ Oppose bill on grounds of the mother's health and of the need for safety, pre-viability
4. ___ Let's discuss

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REPRODUCTIVE RIGHTS

"[C]ertain choices are too personal for politics."
President Clinton/Vice President Gore
Putting People First

The President is committed to making abortion safe, legal and rare. That is why the President has consistently protected the right of American women to make their own reproductive choices. And that is why, at the same time, he has worked to reduce the number of unwanted pregnancies.

Making Abortion Rare

Fighting Teen Pregnancy. Teen pregnancy is a national epidemic. This year, more than 1 million women aged 19 and younger -- 10% of all teenaged girls -- will become pregnant. To confront this problem:

- President Clinton called for aa National Campaign Against Teen Pregnancy, asking leaders in all areas of national life to join in promoting individual responsibility and economic opportunity for America's young people.

- The President's welfare reform plan, introduced last year, provided funding for community-based initiatives to end teen preganancy, as well as a National Clearinghouse to provide communities with information on strategies that work.

Funding Family Planning. The ten percent of women of childbearing age who use no contraception account for more than half of the unintended pregnancies in this country. Most of the remaining unintended pregancies are caused by inconsistent or incorrect use of contraceptives. To help prevent unwanted pregnancies, the President has requested budget increases for the federal Family Planning Program each year he has been in office. Among other health services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

Making Adoption Easier. The President signed a law to improve the adoption process by preventing discrimination against interracial adoptions and reducing the time children have to wait in foster care.

Keeping Abortion Safe and Legal

Ending the Gag Rule Women faced with unwanted pregnancies must make difficult decisions, but they shouldn't have to make them alone. President Bush instituted a "Gag Rule" that prevented women who go to federally funded clinics -- primarily poor women -- from getting the information they needed to make informed choices. President Clinton put an end to the "Gag Rule" in his first week as President so that women can get appropriate information and counselling.

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. The President signed the Freedom of Access to Clinic Entrances Act to fight violence and intimidation targeted by anti-choice extremists against women and their doctors.

Ending the RU-486 Import Ban RU-486 is a drug that terminates pregnancy without surgery. If available to American women, RU-486 would expand their choices -- giving them options already available in France, the United Kingdom and Sweden -- and make it more difficult to target abortion clinics for violence and harassment. The President revoked the import ban imposed on RU-486 by the Bush Administration. Now RU-486 is being tested at several family planning facilities around the country.

Serving Military Families Women in the military and in military families deserve the finest health care available. The President assured that comprehensive family planning services are available to these women by reversing the ban on abortion services paid for by the patient at military hospitals.

Repealing the Mexico City Policy The President reversed 12 years of attacks on reproductive choice for women around the world when he repealed the Mexico City policy banning funding to international organizations that promoted comprehensive family planning. And at the International Conference on Population and Development in Cairo, the United States forged a partnership with more than 150 nations around a platform of action to promote gender equality and reproductive health. The platform also recognizes the importance of addressing the threat posed to women's health by unsafe abortions.

Implementing the Hyde Amendment The Department of Health and Human Services implemented a Congressionally ordered change to the Medicaid program to include abortion services for poor women whose pregnancies result from rape or incest as well as to save the life of the women.

Republican Attack on Reproductive Rights

Republicans have begun a campaign to turn back the clock on women's reproductive health.

- The House of Representatives approved an amendment to the Labor/HHS/Education Appropriations bill that allows states to deny poor women access to abortions under Medicaid even if they are victims of rape and incest -- causing additional suffering for victims of sexual violence.

- In addition, the Labor/HHS/Education Appropriations bill effectively ends the federal Family Planning Program that Republicans and Democrats have long agreed is needed to help prevent the need for abortion -- jeopardizing the provision of family planning services to millions of women.

- The House Treasury/Postal Appropriations bill restricts federal employees from choosing a health plan that includes coverage for abortion services by prohibiting all health plans that participate in the Federal Employees' Health Benefits Program from offering such coverage.

- The House also voted to restore the ban on abortion services in military hospitals, threatening the quality of the medical care available to servicewomen or women in military families -- especially those stationed in countries where abortion is illegal, the blood supply unsafe, and sterile conditions and reliable physicians are diificult to come by.

- The House passed a foriegn aid bill that denies all funding to any family planning organization that provides abortion services overseas or attempts to influence governmental policy on abortion.

- Republicans have embraced the Christian Coalition's "Contract with the American Family," which contains provisions attacking reproductive rights, including funding for family planning programs. The Contract also proposes "constitutional and statutory protection for the unborn child" -- a thinly disguised call for a total ban on abortion.

Latest Update: July 25, 1995

THE WHITE HOUSE

WASHINGTON

December 21, 1995

MEMORANDUM TO HAROLD ICKES

From: Jeremy Ben-Ami
Betsy Myers

Subject: Abortion Issues Status

Attached is a two page summary of abortion issues in the appropriations bills. As you know, the President has already signed two bills with provisions relating to a woman's right to choose to which the Administration had objected: Treasury/Postal and Defense. The DC bill is likely to be next.

The appropriations bills, if all signed into law, would amount to an unprecedented attack on women's reproductive rights, reversing many of the gains made in the early days of the Clinton administration. The defense bill, for instance, reverses a January 1993 Presidential executive order, as would the Foreign Operations bill. By chipping away in piecemeal fashion at the right to choose, Republicans are making it hard to veto any one measure and hard to raise public awareness of the breadth of their attack.

In addition to the appropriations bill, freestanding HR1833 (which criminalizes a rarely used abortion procedure) has passed both the House and Senate. It is unclear when the House will act to resolve differences between the two versions, but the bill could move at any time. The President has indicated he will veto the bill, but our public statements have thus far only indicated that senior officials would recommend a veto.

These two pages are thorough, but necessarily brief. Some fine points or nuances of the bills may require further explanation. Please call us if you have any questions. Also attached is a one pager with talking points on choice issues generally.

cc: Carol Rasco
Alexis Herman
Martha Foley
Nancy Ann Min
Melanne Verveer

SIGNED APPROPRIATIONS BILLS

1. Treasury Postal - 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, though Statements of Administration Policy had indicated our opposition to this provision. The signing statement by the President did not mention the issue.

2. Department of Defense - 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. The SAPs had indicated the administration's concern with this provision.

   Signing Statement by the President: *"...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."* -- November 30, 1995.

AWAITING ACTION

1. District of Columbia - Conference has not yet reached agreeement but is likely to adopt prohibition on federal and local funds for abortion with life, rape, incest exceptions. Note: The House bill contained restrictive rape and incest provisions and a ban on any funding to any facility owned or operated by the District in which any abortions are performed, including privately financed abortions. We understand that the Conference agreement will not include these last two provisions.

   While the abortion provisions are objectionable to the administration and to women's groups, conversations among Rep. Norton, the women's community, and the administration indicate that women's groups understand this bill may have to be signed to keep the District running. How they react to our signing this bill will ultimately depend on the ultimate language and our actions on other bills.

   Statement of Administration Policy (House Bill): *"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." October 30, 1995

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) overrides standards set by the American Council on Graduate Medical Education which require ob/gyn residents to be trained in abortion procedures by allowing hospitals denied accreditation for not providing abortion training to remain eligible for federal funds; (3) reverses NIH guidelines permitting human embryo research. The Senate committee bill did not contain these provisions.

Statements of Administration Policy: (1)*"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"*; (2) *"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

3. Foreign Operations - The bill is hung up between the House and the Senate over the abortion language. It has bounced back and forth a few times.

At issue primarily is the reversal of our executive order which reversed the "Mexico City" policy. House would prohibit funding foreign, private, non governmental organizations that perform abortions or provide abortion counseling, and prohibit them from using funds to lobby in foreign countries to alter abortion laws.

Statement of Administration Policy: *"[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 Rivlin; October 19, 1995. Subsequently reiterated, most recently on December 13, 1995.

4. Commerce Justice State - President vetoed on December 19.

Presidential Statement: ". . .the bill contains three 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 inmates."

TALKING POINTS: Choice Issues
December 1995

This document provides guidance on talking about the administration's position on choice generally, HR1833 (which criminalizes certain abortion procedures), and the choice provisions in the Appropriations bills.

General

- THE PRESIDENT BELIEVES THAT THE DECISION TO HAVE AN ABORTION SHOULD BE BETWEEN A WOMAN, HER CONSCIENCE, HER DOCTOR, AND HER GOD.

- HE BELIEVES THAT ABORTION SHOULD BE SAFE, LEGAL AND RARE.

- HE HAS CONSISTENTLY OPPOSED LATE TERM ABORTIONS EXCEPT TO PROTECT THE LIFE AND HEALTH OF THE MOTHER.

HR1833 The President will veto this bill which would criminalize a rarely used abortion procedure because:

- **The bill does not provide an exception for consideration of the health of the mother.**

- The President believes it is wrong to substitute political decision making for medical decision making.

- The President has supported limits on late-term abortions, but only with an exception for the life and health of the mother, consistent with the Supreme Court's ruling in Roe v. Wade.

Appropriations The President has opposed efforts to roll back a woman's right to choose through the budget and appropriations process. He continues to oppose efforts to:

- Deny funding to international population organizations who use their own funds to provide abortion services overseas. The Secretary of State would recommend a veto of the Foreign Operations bill if it contains such restrictions.

- Deny Medicaid funding to poor women in cases where the pregnancy is the result of rape or incest.

The President has signed despite his objections several appropriations bills that contain objectionable provisions on choice (Defense, Treasury/Postal, and possibly DC).

- The President has taken strong executive action where possible to ensure a woman's right to choose (see attached listing), and he will continue to fight to preserve these gains to reverse actions by Congress that erode these rights.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR LEON PANETTA
CHIEF OF STAFF

FROM: KATHLEEN WALLMAN

SUBJECT: PARTIAL BIRTH ABORTION ACT

DATE: FEBRUARY 16, 1996

Pursuant to our meeting this morning, here are some talking points concerning the constitutional infirmity of Option 1 and why Option 2 is the best way to reconcile the desire for limits on the availability of the partial birth abortion procedure with *Roe v. Wade*.

With respect to the letter, I believe that the bracketed language should be restored because it makes the letter more consistent with Option 2. More important than changing the letter, however, is guidance from the President that he agrees that Option 1 should not be embraced because of its constitutional infirmity, and that Option 2 suffices to effect his will on this difficult issue. This guidance is important because, whatever the final wording of the letter, we will need to be prepared to explain to the pro-choice groups, who will call promply upon release of this letter, what it means in terms of *Roe v. Wade*.

I also wanted to remind you that, as stated in the February 2nd memorandum, the Office of Legal Counsel at Justice agrees with the White House Counsel's Office that Option 1 is unconstitutional. OLC also thinks that Option 2 is unconstitutional, but White House Counsel's Office disagrees. We believe that Option 2 is one of three options that have been presented to the President that are at least arguably constitutional.

Please let me know if you need anything further.

cc: Martha Foley
Harold Ickes
Elena Kagan
Evelyn Lieberman
Nancy-Ann Min
Jack Quinn
Carol Rasco
Todd Stern
Melanne Verveer
Marilyn Yager

1. Why Option 1 is unconstitutional.

Option 1 allows a doctor to use the partial birth abortion procedure in an abortion, whether pre- or post-viability, **only** when the abortion is necessary to preserve the life of the mother or prevent serious adverse health consequences to her -- that is, where the **pregnancy itself** poses a threat to the life or serious health interests of the mother and must be terminated to end that threat.

This means that a doctor could not elect to use the partial birth abortion procedure in the following circumstances:

> A woman in her tenth week of pregnancy decides to have an abortion. It is an elective abortion; the **pregnancy** presents no risk to her life or health However, the doctor determines that the use of the partial birth abortion procedure, rather than some other procedure, is necessary to avoid serious adverse consequences to the woman's health. Under Option 1, the doctor **may not** use the procedure. And the woman could not have a safe abortion, because the only method that the doctor judges to be safe is not permitted.

Roe v. Wade broadly protects a woman's right to choose during these early, pre-viability weeks of pregnancy. To embrace an option that would prevent a woman, as in the above example, from having a safe elective abortion altogether during the pre-viability period will be viewed by pro-choice groups as an extremely significant undercutting of the President's previously and often stated commitment to *Roe v. Wade*. This will cause tumult in that community and in the President's relations with them.

2. Option 2 is the best way to reconcile the desire for limits on the use of the procedure with *Roe v. Wade*.

Option 2 allows a doctor to use the partial birth abortion procedure --

> *post-viability*: only when the abortion is necessary to end a pregnancy that poses a threat to the life of the woman or presents serious adverse consequences to her health (identical to Option 1); and
>
> *pre-viability*: both (i) when the abortion is necessary to end a pregnancy that poses a threat to the life or serious health interests of the mother; AND (ii) when the abortion is performed for "elective" reasons, but the doctor determines that he must use the partial birth abortion procedure to avoid a threat to the life or serious health interests of the mother.

Option 2 solves the difficulty presented in the pre-viability scenario described above, because the doctor would be permitted to use the partial birth abortion procedure, based on his determination that it is the only method that will avoid a serious injury to the woman's health.

Option 2 thus allows the President to endorse a position that says that this procedure may never be used unless necessary to avoid risk to life or serious health consequences, without raising the major constitutional problems raised by Option 1, or raising questions about the consistency of his commitment to upholding *Roe v. Wade*.

TALKING POINTS: Choice Issues
December 1995

This document provides guidance on talking about the administration's position on choice generally, HR1833 (which criminalizes certain abortion procedures), and the choice provisions in the Appropriations bills.

General

- THE PRESIDENT BELIEVES THAT THE DECISION TO HAVE AN ABORTION SHOULD BE BETWEEN A WOMAN, HER CONSCIENCE, HER DOCTOR, AND HER GOD.

- HE BELIEVES THAT ABORTION SHOULD BE SAFE, LEGAL AND RARE.

- HE HAS CONSISTENTLY OPPOSED LATE TERM ABORTIONS EXCEPT TO PROTECT THE LIFE AND HEALTH OF THE MOTHER.

HR1833 The President will veto this bill which would criminalize certain abortions because:

- **The bill does not provide an exception for consideration of the health of the mother.**

- The President believes it is wrong to substitute political decision making for medical decision making.

- The President has supported limits on late-term abortions, but only with an exception for the life and health of the mother, consistent with the Supreme Court's ruling in Roe v. Wade.

Appropriations The President has opposed efforts to roll back a woman's right to choose through the budget and appropriations process. He continues to oppose efforts to:

- Deny funding to international population organizations who use their own funds to provide abortion services overseas. The Secretary of State would recommend a veto of the Foreign Operations bill if it contains such restrictions.

- Deny Medicaid funding to poor women in cases where the pregnancy is the result of rape or incest.

The President has signed despite his objections several appropriations bills that contain objectionable provisions on choice (Defense, Treasury/Postal, and possibly DC).

- The President has taken strong executive action where possible to ensure a woman's right to choose (see attached detailed listing), and he will continue to fight to preserve these gains to reverse actions by Congress that erode these rights.

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.

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.

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

THE PRESIDENT HAS SEEN
2.13.96

THE WHITE HOUSE
WASHINGTON

February 5, 1996

MR. PRESIDENT:

Attached is a memo from Leon, Jack, George and Nancy-Ann Min on the partial birth abortion bill, setting forth four policy options and attaching a proposed letter to Senator Hatch. DOJ believes that only Option 4 is constitutional, while our Counsel's office believes any of Options 2-4 are constitutionally sound. In essence these are the options:

1. No use of this procedure in pre- or post-viability stage unless the abortion is being performed because the pregnancy itself threatens life or serious adverse health consequences.

2. Same as Option 1 post-viability, but broader use pre-viability -- namely, if woman chooses an elective (non-health) abortion, she could choose to use this procedure as long as the procedure (as opposed to other procedures) were necessary to avert risk to life or serious adverse health consequences.

3. (Boxer) Same as Option 1 post-viability, but still broader use pre-viability -- namely, procedure could be used in any pre-viability abortion, irrespective of a health rationale.

4. Same as Option 3 pre-viability; differs from Options 1-3 post-viability by requiring only "adverse" rather than "serious adverse" health consequences.

The attached draft letter embodies Option 1 without the bracketed language; Option 2 with such language.

Todd Stern

7:25 pr

THE WHITE HOUSE

WASHINGTON
February 2, 1996

Wrongoff

MEMORANDUM FOR THE PRESIDENT

FROM: LEON PANETTA, JACK QUINN
GEORGE STEPHANOPOULOS, NANCY-ANN MIN

SUBJECT: PARTIAL BIRTH ABORTION ACT

Detailed below are four ways of amending the Partial Birth Abortion Act. They differ with respect to (1) the meaning and appropriate scope of a life and health exception and (2) the permissibility of imposing any restrictions on use of the procedure in the pre-viability setting. Of course, we need not propose any statutory language. But these formulations will help to bring into sharper focus the question of when the regulation of partial birth abortions is impermissible.

The Office of Legal Counsel of the Justice Department believes that only one of the following proposals meets constitutional standards -- namely, Option 4 (the option, of the ones presented here, allowing greatest use of the partial birth procedure). The White House Counsel's Office disagrees, believing that Options 2, 3, and 4 are all at least arguably constitutional. On the other hand, the White House Counsel's Office agrees with OLC that Option 1 is unconstitutional because it prevents a doctor from using the partial birth procedure in any previability case in which the woman desires the abortion for non-health related reasons, even if the partial birth procedure (as compared to other procedures) is necessary to protect her from serious adverse health consequences.

Attached to this memo is a draft of a letter, which sets out your basic position on the Partial Birth Abortion Act. The penultimate paragraph of the letter, in which you say what kind of bill you could sign, is most consistent with Option 1 in the absence of the bracketed words and is most consistent with Option 2 when those words are included.

* * * * *

1. The prohibition of the Act shall not apply to any abortion performed where, in the medical judgment of the attending physician, the abortion is necessary to preserve the life of the woman or avert a serious adverse health consequence to the woman.

This option allows use of the partial birth procedure, whether in the pre-viability or post-viability stage, in only one circumstance: where the abortion is performed because the pregnancy poses a threat to the life or the serious health interests of the woman.

2. The prohibition of the Act shall not apply to any abortion if, in the medical judgment of the attending physician, the abortion (or, in the case of pre-viability abortions, the abortion or election of particular method of abortion) is necessary to preserve the life of the woman or avert a serious adverse health consequence to the woman.

This option allows use of the partial birth procedure in the post-viability stage in the same circumstance described in Option 1: where the abortion is performed because the pregnancy poses a threat to the life or the serious health interests of the woman. It allows use of the of the partial birth procedure in the pre-viability stage in that circumstance and another: where the abortion is performed for non-health related ("elective") reasons, but the use of the partial birth procedure (as opposed to other abortion procedures) is necessary to avert a threat to the life or the serious health interests of the woman.

3. The prohibition of the Act shall not apply to any abortion performed prior to the viability of the fetus, or after viability where, in the medical judgment of the attending physician, the abortion is necessary to preserve the life of the woman or avert a serious adverse health consequence to the woman.

This is the Boxer Amendment. It allows use of the partial birth procedure in the post-viability stage in the same circumstance described in Option 1: where the abortion is performed because the pregnancy poses a threat to the life or the serious health interests of the woman. It allows use of the partial birth procedure in the pre-viability stage in any case at all, regardless whether the abortion is performed for health-related reasons and also regardless whether in "elective" cases, the use of the partial birth procedure (as opposed to other procedures) is medically necessary.

4. The prohibition of the Act shall not apply to any abortion performed prior to the viability of the fetus, or after viability where, in the medical judgment of the attending physician, the abortion is necessary to preserve the life of the woman or avert an adverse health consequence to the woman.

This option allows use of the partial birth procedure in the post-viability stage where the abortion is performed because the pregnancy poses a threat to the life or the health interests of the woman. Note that in this formulation, the adverse health consequences to the woman do not have to be "serious." The option allows use of the partial birth procedure in the pre-viability stage in any case at all, as does Option 3. This is the option preferred by the Justice Department's OLC.

DRAFT

Dear Senator Hatch:

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

DRAFT

woman's pregnancy in which, in a doctor's medical judgment, 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 [~~election 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.

DRAFT

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,

First, let's remove the violence from the debate over abortion

By TOM KEENE

An old saying has it that anyone who can see both sides of an issue is not worth much in an argument.

Such may be the case of some of us in the abortion issue. We see that, indeed, life in the womb deserves protection, that children, both born and unborn, have a human destiny worth our care and commitment. On the other hand, we see that the prohibition of abortion, like the prohibition of alcohol in the 1920s, not only fails to solve the problem but creates new problems as well. We see that human rights to life in the womb and women's rights to determine what goes on in their wombs are both valid and should not have to be mutually contradictory.

Seeing both sides, we find ourselves shoved to the sidelines while the debate rages before us, divides our nation, erupts into violence and renders us silent. Before each side, we stand mute because we see that each side is right.

How can we find our voice? We can find it when we realize how each side is wrong. Not only wrong but violent.

The violence in the "pro-choice" position is not in affirming choice, for choice is what human dignity and freedom are all about. The violence comes when a life with a claim to being human is terminated. We may argue forever whether or not a three-month fetus is human, but life is there and so are the possibilities of becoming human. Abortion terminates both. That is a violence.

The violence in the "pro-life" position is not in affirming life. Affirmation of life counters violence at its core. The violence in the antiabortion position lies in its insistence that the law, with its blind force, be the primary means of resolving the issue. There is a violence when a legislature and a justice system dominated by men punishes women for deciding what they will do with their bodies. There is a violence when pregnant women are punished economically and socially by a society that abandons women to their own resources in raising their children. There is a violence when women, in their hopelessness, feel driven to unsafe, illegal abortionists or to their own despairing use of coat hangers. There is a violence when rich families send their pregnant daughters abroad for legal and safe abortions while less favored families cannot.

> Abortion has always been a choice for women. It is the safe abortion that has been historically denied to women.

Abortion has always been a choice for women. It is the safe abortion that has been historically denied to women. To criminalize safe abortions will not end abortions. Nor will it improve the lives of babies born into a society that does violence to them in other ways. Having recognized that, we are still not off the hook about the violence inherent in abortion.

The debate over abortion can take a turn toward resolution if each side will face up to the violence inherent in its own position. It is only when we deal with the violence in ourselves that we can effectively deal with the violence in others.

Our need is not to be right when others are wrong. Our need is to create a society where abortion is a choice women do not need to make because the burdens of childbirth and child care are shared by all. It is conceivable that both sides of the issue might come together, not to convince the other side of its error, but to confess their own violence and to work together for solutions that obviate the violence inherent on both sides.

Such a possibility is already happening. Activists and concerned citizens on both sides of the abortion issue are already coming together, not to debate but to share their experiences and to find common ground for common action. ■

Tom Keene is a therapist, theologian and poet who counsels children and families in a San Antonio, Texas, public housing project. Interested persons may write to: Search for Common Ground, 1601 Connecticut Ave., N.W., Washington, DC 20009 or call (202) 265-4300 and ask for Finding Common Ground in the Abortion Conflict: A Manual.

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P.02
MAY- 8-96 WED 17:36

Taking the low road on late-term abortions

ELLEN GOODMAN

This is how the escalating abortion controversy must look to someone watching from the middle: All you can see are two sides competing for the higher moral ground.

Last year, the prochoice movement reached a new plateau in public opinion. Americans were appalled by the prolife extremists who bombed clinics and murdered workers. John Salvi became the evil poster boy.

But then, without missing a step, the prolife forces set out to regain their footing. Deliberately, they stretched for the heights of medical fantasyland. They invented a whole new medical term, "partial-birth abortion." It became their climbing tool.

Next a skittish majority in Congress, recoiling from graphic illustrations, voted to ban this late-term abortion. Then in April, the president, surrounded by women who had needed such a procedure, vetoed the ban.

Now the phrase "partial-birth abortion" is being used everywhere by people who wish to terminate a presidency. It's the phrase being used to transport Bill Clinton to a territory labeled extremist.

Yet for the majority of Americans who listen to both sides of the argument, late-term abortion is the most, not the least, complex dilemma. It's the medical/moral terrain in which legislation is likely to be the most, not the least, harmful.

The ongoing debate about overriding the president's veto – through a congressional vote or a presidential election – is focused on the meaning in the phrase: "'he health of the woman."

The Congress that voted to ban this surgery offered up only one exception: the *life* of the woman. The president who decided to veto this bill said that he wanted another exception: the health of the woman.

As anyone who has read Roe v. Wade knows, states already can restrict late-term abortions except for the life or health of the pregnant woman. And they do. Out of the abortions done every year, only .004 percent are done in the third trimester and only some 500 a year by the particularly gruesome method that is actually called intact dilation and evacuation.

To describe these third-term abortions as a "choice" is cruel enough. But antiabortion groups actually describe them as a frivolous choice.

In a notorious ad, the National Conference of Catholic Bishops offered a list of reasons why a woman could and would claim a late-term abortion for her "health." This is what they included: "Won't Fit Into a Prom Dress. Hates Being Fat. Had an Unhappy Childhood."

As Rev. Katherine Hancock Ragsdale said at a press conference of prochoice clergy the other day, "To hear the cardinals and other antichoice activists talk, you'd think doctors were partially delivering viable fetuses and then killing them so the pregnant woman won't have to go to the trouble of finishing the delivery. Nothing could be further from the truth."

Indeed the real women faced with this crisis wanted babies. These women were not afraid of bursting a prom dress. They were afraid of rupturing a uterus. They were not worried about their own unhappy childhood. They were worried about a fetus with a brain growing outside of its head. Or no brain at all.

The difference between "life" and "health" sounds so simple on paper. But a doctor doesn't always know when, say, the illness of a severe diabetic will become fatal or "merely" endanger her kidneys. Nor is the moral balance sheet so easy to determine when you must decide whether to "save" a doomed baby by a vaginal delivery that could leave the woman infertile.

Would we have Congress determine, procedure by procedure, how much of a health risk a woman should endure for how deformed a fetus? And make no mistake, this would be the first, not the last, procedure banned.

Most Americans witnessing this clambering for the high moral ground are ambivalent about abortion. They believe that women should have the choice, and yet worry that they do not always make the right choice. Many worry that abortion is "too easy" or "too casual."

But to use that worry in a debate about late-term abortions, to pretend that these are healthy babies and callous mothers, to project the most gruesome visuals and to lay the political debate onto the women who wanted babies, is a very special cruelty. In the desperate scramble for the higher moral ground, the antiabortion troops now find themselves on the low road.

Ellen Goodman is a Globe columnist.

• **MELANNE VERVEER** •

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Insight
CATHOLIC STANDARD

President Clinton chooses to protect abortion industry

an opinion by Bishop James McHugh

As he had threatened to do, President Clinton vetoed the Partial-Birth Abortion Ban Act. This proposed law would have prohibited a procedure in which a live baby is partially delivered, then killed, and finally delivered as a dead child. There is no surprise in Clinton's action — he is so committed to pro-abortion organizations and to abortion under any circumstances, many predicted he would veto the bill to serve one of his core constituencies.

The real tragedy of the veto was the public display that President Clinton hosted in which he invited women who claim to have undergone this procedure to come before the TV cameras and tell their stories. I can understand their suffering and I am sympathetic to their lingering grief. I offer no judgment of them personally. But that does not justify the President of the United States in using them as political pawns, or in misusing their personal stories to provide some self-serving explanation of his veto. It would have been far more honest for the president to veto the bill and say nothing, or state clearly that he has unswervingly upheld the pro-abortion cause and would not change now.

The occasion was fraught with contradictions. For example, President Clinton thanked the women for telling their personal stories so that people would know why he vetoed the bill. But he also said that the partial-birth procedure that has been at the center of this debate was **not** the procedure these women had. In fact, one of the women had previously testified to Congress that she had **not** undergone a partial-birth abortion.

With the five women and their families standing around him, Clinton also tried to persuade us that he vetoed the bill to protect these families. "These people have no business being made into political pawns," Clinton said. But it was the president who invited them to the White House and urged them to tell their stories on nationwide TV. And Planned Parenthood, the largest abortion provider in this country, paid all the expenses.

Clinton has continually claimed that he is opposed to late-term abortions and would have signed the bill if it included an exception to protect the "health" of the woman. But legislators know that the Supreme Court has defined "health" in the abortion context to include such factors as social and emotional "well-being." An effort to amend the bill for "health" reasons had been made by pro-abortion Senator Barbara Boxer (D-CA), and her proposal was clearly seen by Congress as an effort to empty the bill of any meaning. The Boxer amendment was rejected by senators who generally vote pro-abortion as well as by all who vote pro-life. Clinton's proposal was sent to Congress after the debate and rejection of Boxer's amendment, in full knowledge that Congress could not accept it.

Clinton tried to dodge the issue by claiming he wanted an exception for "serious adverse health consequences to the mother." But the leading practitioner of partial-birth abortions has said that 80% are "purely elective." And Dr. Warren Hern, author of the most widely used abortion textbook, has questioned the procedure's benefit for women's health: "I have very serious reservations about this procedure...I would dispute any statement that this is the safest procedure to use...Turning the fetus to a breech position is potentially dangerous." If President Clinton or Senator Boxer were serious, they could have described the specific "serious adverse health consequences" they had in mind. But both Clinton and Boxer preferred vagueness.

Perhaps the most unwarranted feature of the president's attempt to justify his veto was in the recurring claims that this was not about abortion but about health. A careful reading of this debate, especially President Clinton's remarks, shows that it is in fact more about infanticide: Doctors become aware that an unborn child has a genetic defect, and will either die soon after birth or require corrective surgery and therapy. Their judgment is that the child's life is not worth living. It is a quality-of-life decision. At that point, they avoid the legal penalties associated with infanticide by killing the child just before delivery is completed.

Every abortion results in the death of an unborn child. Unlike abortions that involve killing the child in utero, a partial-birth abortion involves *delivering* the child almost all the way — with only his or her head remaining inside the mother. Then, seeing the child's lower extremities and that the child is alive, the abortionist deliberately kills the child. If the child were not killed at this point, a live child would be born, but the desired outcome is not a live child, but a dead child.

President Clinton also justifies this procedure by claiming that it permits women to bear children in the future. But the medical testimony provides no evidence of how this procedure affects future fertility, and no evidence of the genetic histories of those who had partial-birth abortions.

Long before President Clinton presented his show for the cameras, Congress had held three hearings on partial-birth abortions. It concluded, on the basis of medical testimony, that the procedure has no medical justification. From all we have read and heard, President Clinton has not begun to justify his veto.

It is clear in this episode that the president has failed in his responsibility to set high societal standards for safeguarding human life. He has chosen instead to protect the abortion industry, which is only interested in providing access to abortion at any time in pregnancy, without any ethical considerations. That's not a good position for the leader of the Free World to be in.

Bishop James McHugh is the bishop of Camden, N.J., and a member of the Committee for Pro-Life Activities for the National Conference of Catholic Bishops.

Letters to the Editor

Leadership applauded

I applaud the prophetic moral leadership of Cardinal Hickey and the American Cardinals for their virtually unprecedented public response to President Clinton's shameful veto of the Partial-Birth Abortion Ban. Not only does our cardinal exercise faithfully his magisterial office in authentically teaching the truth, but he also demonstrates good citizenship as an American Catholic who speaks with a strong public voice for the right to life enshrined in our founding documents.

As an educator in Catholic schools for nearly 20 years, I am proud of the courageous moral leadership Cardinal Hickey continues to show our young people. He serves as a witness to truth for our voice in the public debate. Thank God for our Church which can speak the truth without compromise in an age when expediency has become a national obession.

President Clinton's pandering for the Catholic vote is particularly offensive. Several weeks ago, in his address to the nation regarding the involvement of American troops in Bosnia, Mr. Clinton claimed he had the support of Pope John Paul II. Now, at the White House ceremony for this unconscionable veto, he trots out a person identified as a "practicing Catholic," who underwent, and now suppports, this barbaric procedure. The president's "convenient Catholicism" is an affront, not only to the Holy Father, but to every American Catholic.

While President Clinton's veto of the Partial-Birth Abortion Ban was a tragic day for our country and its most helpless, the response of Cardinal Hickey and his brother bishops offers us all the hope which is founded upon the cross of Christ.

Thank you Cardinal Hickey.

Paul Leonarczyk, Principal,
St. Vincent Pallotti High School

On a witch hunt?

George Weigel in his article on April 4, "The Sheer Grace of the Cross," takes a swipe at two hymns, "Ashes," and "City of God," calling them examples of Pelagian heresy. I think he is on a witch hunt.

He takes issue with the opening line of "Ashes," which says, "We rise again from the ashes...to create ourselves anew." Mr. Weigel rightly contends that "Christians emphatically do not 'rise again' by their own powers and most certainly do not create themselves anew." But when he adds the phrase "by their own powers" which is not in the hymn, Mr. Weigel completely distorts the song's simple intent.

The song is not referring to the "rising" of the resurrection but rather the "rising" above our old, sinful ways that comes through baptism and reconciliation. It does not mean the "creating" of Genesis, but the "creating"of a "new self" which St. Paul calls renewal in Christ, once again through baptism and reconciliation.

There must be heresy that denies the power of the sacraments of Baptism and Reconciliation. That says people should not sing and celebrate our "savedness," but only our sinfulness. That says that the Body of Christ does not participate in building the City of God. That says the Body of Christ does not participate in building the City of God. Mr. Weigel should investigate that instead of looking for heretics in every hymnal.

Perhaps a personal letter from him to Tim Conry, the composer of "Ashes" would be more appropriate than a public accusation of heresy.

Jeremy Young, Washington

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE
WASHINGTON, D.C. 20500

DATE: 5-13

TO: Leon

FROM: **Staff Secretary**

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

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 <u>only</u> 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
212/867-8400

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,

+Edmond L. Browning

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 ȍs 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.

CC to Melanne for suggested R

+
LDM

MISSIONARIES
OF CHARITY

335 East 145th Street
Bronx, New York 10451

January 22, 1996

"As long as you did it to one of these My least brethren. You did it to Me"

Mrs. Hillary Clinton
The White House
1600 Pennsylvia Ave., N.W.
Washington, D.C. 20500

Dear Mrs. Clinton,

We are sending this correspondence to you with great urgency as Mother Teresa is most anxious that you get the enclosed letter as soon as possible. We hope you have already received the copy that she FAXed to you a few days ago.

Together with Mother and many others, both in the United States and around the world, we are praying for the intention about which Mother speaks in her letter. We are so hopeful that you will do all that you can to help in this matter.

I want to take this opportunity to thank you for sending the members of your staff to decorate our Home for Infants in Washington at Christmas time; they did it so beautifully. We are very grateful to you.

May God bless you.

Sincerely yours in Jesus,

M. M. Sylvia MC

Sr. M. Sylvia, M.C.
Regional Superior

Registered Charity S 3509 of 1958-1959
Income Tax Exemption 1878 C. T. BE/100/65-66

PHOTOCOPY
HRC HANDWRITING

MISSIONARIES OF CHARITY

54A A.J.C. Bose Road, Calcutta 700 016

5 January 1996

"As long as you did it to one of these My least brethren. You did it to Me"

Mrs. Hillary Clinton
The White House
1600 Pennyslvania Ave., N.W.
Washington, D.C. 20500

Dear Mrs. Clinton,

I am writing to you today about something that I have heard regarding "partial-birth abortion". I understand that it is a way of killing a child before he is born by stabbing and crushing his head.

I know that you have heard me say before that abortion is the greatest destroyer of peace in the world today. If a mother can allow her own child to be killed in this way, really, what is left to stop us from killing each other? How can we teach our children to build a world of peace and love, free of violence, murder and war if we keep on allowing children to be killed in their own mothers' wombs - which should be the safest place in the world for a child.

We have just celebrated Christmas, the birth of Jesus, poor and simple, totally dependent on His human mother. Each life is a precious gift of God entrusted to the parents, but in a special way to the mother. Where would you or I be if our own mothers had decided they didn't want us?

I am very grateful to you, Mrs. Clinton, for all the kind help you gave us in opening the Home for Children in Washington, D.C. And I know that you have a deep love for children and the poor. I beg you to make sure that the new law will protect the lives of innocent children. You and your husband are heading the greatest nation in the world. The world looks to you for direction. It is in your hands to build a world of love and compassion.

Let us make a strong resolution in this new year that has just begun that we will make every child feel wanted and loved. Jesus has said, "Whatever you do to the least of my little ones, you do it to Me." Whatever we do to each child - unborn and born - we do it to Him.

Let us pray

God bless you
Mc Teresa mc

Dr Melanne — FYI abortion

NEW YORK POST, FRIDAY, MAY 3, 1996

Pat says he'll vote to override prez's abortion-ban veto

By DEBORAH ORIN
Bureau Chief

WASHINGTON — Pro-choice Sen. Daniel P. Moynihan said yesterday he supports a ban on so-called "partial-birth abortions" because the procedure is "too close to infanticide."

The New York Democrat said he intends to vote to override President Clinton's veto of the ban. He missed the original vote on the measure because of illness.

Moynihan's announcement came as Evangelist Billy Graham joined a growing number of Clinton critics, saying he told the president the veto was "wrong" at a White House tea in his honor.

At issue is Clinton's veto of a bill banning a procedure in which the fetus is partially delivered — and then the doctor opens the skull and suctions out the brain to kill the fetus before completing the delivery.

"I think this is just too close to infanticide. A child has been born and it has exited the uterus and, what on Earth is this procedure?" Moynihan told The Post.

"I know it is very rare and I do not claim to have the exhaustive knowledge that an obstetrician would have, but I'm against it."

Supporters appear likely to reverse Clinton's veto in the House but not the Senate, where it passed by a 54-44 margin — well short of the 67 votes needed to override.

The vote is being delayed at least until June to increase pressure on lawmakers facing re-election.

Meanwhile, Graham told syndicated columnist Cal Thomas in a TV interview to be aired Sunday on CNBC, "I think the president was wrong in vetoing it. I had the opportunity of telling him that."

Asked how Clinton responded, Graham replied: "I can't tell you that yet."

White House deputy press secretary Mary Ellen Glynn declined comment, saying Clinton and Graham had a private meeting, and "we're not going to talk about it."

Graham, America's best-known clergyman, was honored yesterday with a special congressional medal. Clinton's veto prompted sharp criticism from U.S. Catholic leaders, including John Cardinal O'Connor, Southern Baptists (the president's own denomination) and Pope John Paul II's spokesman, who said it was "shameful."

Catholic leaders are united in opposing the procedure. Opinions among Protestant and Jewish leaders are mixed.

The pope's spokesman suggested the procedure is more like infanticide than abortion — and opponents are happy to press that argument in advertising and letter-writing campaigns.

Polls show most Americans favor basic abortion rights, but with restrictions. As many as 71 percent oppose partial-birth abortions — which, according to estimates, are performed as often as several thousand times a year.

PHOTOCOPY
HRC HANDWRITING

abortion

MARY McGRORY

Clinton Vetos Catholic Voters

I HAPPENED to be at a party for Commonweal, the liberal Catholic periodical, the night that Bill Clinton vetoed the ban on late-term abortions. The reaction was consternation, dismay, anger.

"Disappointing" was the mildest word; "dumb" the most frequently heard. Margaret Steinfels, Commonweal editor, defined the sense of betrayal. "When he said that abortion should be 'safe, legal and rare,' we all believed him. Tonight, a liberal friend called me and said, 'How can I possibly vote for him after this?' "

"It was a chance for him to draw the line, to lead and say, 'We go this far and no farther,' " mourned another guest. "He blew it." One of two priests in the room undertook some sort of a defense for the president. "It was made on medical grounds, I understand. He had these women with him who had gone through the procedure . . . ."

The other priest shouted him down: "If you believe it's medical, you'll believe anything. He simply determined that there are more people who are for abortion than against it, and made a political decision on a moral problem."

It was an amazing week. Clinton locked up one constituency, the blacks, and alienated another, the Catholics. His performance during the wake and funeral of Ron Brown was dazzling. He riveted the country's attention on the blithe spirit of the Democratic Party. He shared totally in the grief and pride of Brown's people. The sad event occasioned a wonderful chance to show Americans another view of the black world.

See McGRORY, C5, Col. 4

Mary McGrory is a Washington Post columnist.

Clinton Vetos Catholic Voters

McGRORY, From C1

Brown and his friends were pictured in tributes at a memorial service at the Metropolitan Baptist Church, as happy, fulfilled, prosperous human beings, fathers who take their children to pickup basketball games and riotous lunches at a seedy cafe; who meet at the best clubs, and plot and spin and scheme and laugh. It was a show of blacks without bitterness. It comforted them, made whites feel better.

Clinton stinted the Brown family nothing: Lincoln's catafalque, full military honors, final fulsome eulogy. Clinton came home from a funeral fit for a president and turned around and gave Catholics the back of his hand. They took a back seat to Kate Michelman and the other abortion advocates. Clinton chose consistency over his commitment to limiting abortion. Some, of course, blame his wife.

Militant feminists are like the NRA: They fight like steers against sensible prohibitions in regard to guns and abortion, respectively. The NRA sticks up for the abominable assault weapon for fear that a ban would chip away at their obsessive concern with the right to bear arms. The National Abortion and Reproductive Rights Action League defends a procedure so harrowing that even agnostics or pro-choice voters are repelled by it. The baby is drawn through the birth canal feet first. The cranium is crushed and the contents of the brain are drained out. In an editorial in the current Commonweal, Margaret Steinfels asks the key question: "Why does a procedure that can reasonably be called infanticide get so much support from pro-choice forces and from Bill Clinton?"

Militant feminists are like the NRA: They fight like steers against sensible prohibitions.

Clinton presented himself as a protector of a small but vulnerable constituency. Bob Dole instantly responded with radioactive words: The president's views were "extremist." Clinton favors "abortion on demand." Abortion is back as an issue.

Dr. David Walsh, chair of Catholic University's Department of Politics, where he presided over a forum on next year's Catholic vote, says the president made "a major mistake. This could be a crystallizing issue. It will come back in all sorts of ways. The Clinton vote could be seriously eroded." Commentator Mark Shields, who spoke at the forum, summed up the paradoxical nature of public opinion on abortion: "Whenever the debate is focused on the decision, made by the woman with her conscience and her doctor, pro-choice wins every time. But when it is about what is being decided, pro-life comes into its own."

What discourages Democrats is that Clinton was making progress with Catholics, especially Irish Catholics, who appreciated his efforts to bring peace to Belfast. And the bishops, in a guide to voting, told their flock to examine the records of candidates on many social issues, not just abortion. Plus, many Catholics aren't crazy about Bob Dole. They have an antipathy to Newt Gingrich and social ideas that differ sharply with theirs. That leaves Clinton. But if the first Tuesday in November is cold or rainy, they might not get out of bed for someone who let them down so hard.

Clinton veto of abortion bill bodes far-reaching political effects

By ADELLE M. BANKS

c.1996 Religion News Service

April 11, 1996

WASHINGTON (RNS) – President Clinton's veto Wednesday (April 10) of a proposed ban on a controversial late-term abortion procedure has highlighted an emotional moral battle that may have profound implications for the 1996 presidential race.

Condemned harshly by groups ranging from the National Conference of Catholic Bishops to the Christian Coalition and praised by religious and secular groups that favor abortion rights, Clinton vetoed legislation that would have made it a crime for doctors to perform a third-trimester procedure known as "intact dilation and evacuation" -- what foes called "partial-birth abortion."

If it had not been vetoed, the legislation would have been the first congressional ban of an abortion procedure since the U.S. Supreme Court upheld women's right to abortion in the 1973 Roe vs. Wade decision.

Opponents of abortion rights said the procedure is tantamount to murdering a fully formed human. Clinton argued that while he, too, abhors late-term abortions, the procedure is necessary in a small number of cases to protect the life or health of a mother suffering the effects of a dangerously difficult pregnancy.

Immediately after vetoing the measure Wednesday evening, the president put a personal face on the debate by introducing several women who had undergone the procedure after learning of dire health problems with their fetuses.

"This terrible problem affects a few hundred Americans every year who desperately want their children, are trying to build families, and are trying to strengthen their families," Clinton said. "And they should not become pawns in a larger debate, even though it is a serious and legitimate debate of profound significance."

Clinton said he vetoed the ban because its supporters did not include an exception for "serious, adverse health consequences to the mother." The proposed measure would have allowed the procedure if the mother's life were in danger, but did not make a broader exception to cover cases where the woman's health -- but not life -- was in jeopardy.

The procedure involves partially extracting a fetus, feet first, and then collapsing the skull in the birth canal by suctioning out the brain.

Spokespersons on either side of the debate variously described Clinton as an extremist and a protector of sound public policy.

"Even though it (the veto) was promised ... we are shocked that he could put himself on the side of what is virtually infanticide," said Helen Alvare, planning and information director of the pro-life office of the National Conference of Catholic Bishops.

"I think it means pro-lifers have gained the moral high ground in an even stronger way. They have shown that the other side is more extreme than their ordinary rhetoric would reveal. It will be a black mark on the pro-abortion group and the pro-abortion president that will last a long time."

But Ann Thompson Cook, executive director of the Religious Coalition for Reproductive Choice, a group representing 38 Christian and Jewish religious organizations, said those who supported the ban are exercising only "partial compassion."

"They're not compassionate toward the women who do what can only be called soul-searching at this moment, and it's not compassionate toward the fetus that is in severe circumstances," she said.

Cook said giving the government an opportunity to "second-guess" the decisions of women, their families and physicians is inappropriate.

"It can only impose somebody else's religion for the government to say one thing is right and wrong in all situations," she said.

Ban supporters, including Sen. Majority Leader Robert Dole of Kansas, the expected Republican nominee for president, intend to make Clinton's action a key issue in the 1996 election campaign. Dole said Clinton has "embraced the extreme position of those who support abortion at any time, at any place and for any reason."

"It will be very hard, if not impossible, for Bill Clinton to look Roman Catholic and evangelical voters in the eye and ask for their support in November," declared Ralph Reed, Christian Coalition executive director. "By allowing that procedure to continue unchecked, President Clinton has disappointed and deeply offended one of the largest voting blocks in the electorate. Bill Clinton has done more today than jeopardize the lives of unborn children, he has jeopardized his own chances of re-election."

Gloria Feldt, president-elect of the Planned Parenthood Federation of America, said she, too, expects that voters will be reminded of the veto closer to Election Day.

"I'm sure that anti-choice groups will try to make it an issue," she said. "This is not an issue for Congress. This is an issue for doctors and for their patients."

John C. Green, director of the Ray C. Bliss Institute of Applied Politics at the University of Akron in Ohio, said the debate over the procedure will likely help Republicans and hurt Democrats as they attempt to attract swing voters.

"The Catholic swing vote among those people who might be influenced by this type of issue may amount to 5 percent," said Green. "In a real close election, you can see how that could make a difference one way or another."

Beyond the political rhetoric are the sheer emotions that are evoked by descriptions of the medical procedure and the conditions of the fetuses that prompt its consideration.

The women who met with Clinton shortly after his veto described the torment of the doctor's-office visits when they learned that the child they looked forward to bearing was no longer a healthy fetus.

Claudia Ades of Los Angeles, Calif., said she and her husband implored physicians to help them.

"We begged for a cardiologist or a neurosurgeon or someone that could fix my baby's brain or the hole in his heart," said Ades, who is Jewish. "I say this for the people that say that we don't care and for the people who say we don't want our children, and for the people that say we have no spirit or no soul or no religion."

Ban supporters, describing the procedure in explicit detail, say they can't see how it can improve the mother's health.

"Once a woman has vaginally delivered a child four-fifths of the way, to say that it is medically necessary rather than to just deliver it another couple of inches ... defies common sense," Alvare said.

Clinton explained in a letter Wednesday to Cardinal Joseph Bernardin of Chicago why he had used his veto pen. Bernardin was among those who supported the ban.

"These are painful and sobering issues," the president wrote. "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."

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COMMENTARY: Who's the victim here?

By DICK FEAGLER

c.1996 Religion News Service

April 11, 1996

(Dick Feagler is a columnist for the Cleveland Plain Dealer.)

(RNS) — The long mugging of Bernie Goetz continues.

Twelve years ago, Goetz shot four kids on a New York subway train. The kids were after his wallet. Now, one of the muggers is back and he's better armed and more ambitious. This time he's packing a lawyer and he wants $50 million.

After the moment that made him notorious, self-defense became Goetz's career. His batting average of self-preservation shows him two for three. He kept his money in the subway. He beat an attempted murder rap in criminal court. But he was convicted of having an unlicensed firearm and served eight months in jail. Now he's back where he started in 1984 with the same hostile stranger reaching for his wallet.

But plenty has changed in America since Goetz earned the nickname "subway vigilante." Many states have passed laws allowing citizens to carry concealed weapons. This is not a happy evolution. Even the people who champion these laws would have to admit that they represent a breakdown of civil order. They are a symbol of too many bad guys and too few cops.

In the days of the old West, a hero could ride into a town and tame it. The Hollywood historian who wrote the Western persuaded us that a town could be tamed in one dramatic gunfight. When the smoke cleared, the bad guys who were still alive high-tailed out of there. They didn't hang around to declare victimization and go shopping for defense lawyers.

But these days the script sometimes takes a startling new turn. After a crime is committed, roles are often swapped. The victimizers of the first act become the victims in act three. A magician with a law degree takes their vice and, Presto!, reverses it.

In Philadelphia the other day, convicted cop killer Mumia Abu-Jamal filed a $2 million suit against National Public Radio for first agreeing and then refusing to run his commentaries recorded on death row. Abu-Jamal alleges he is the victim of artistic censorship.

I am an NPR fan and have, from time to time, unloaded commentaries on that network myself. But I joined those who protested the idea that a cop killer would be a welcome addition to the stable of NPR blabbermouths.

My reasons were admittedly simple. I thought it would be tough on Patrolman Daniel Faulkner's family to twirl the radio dial and encounter the regularly scheduled musings of the man who killed him. There was no talk of giving Faulkner's wife equal time, and Faulkner himself is obviously unavailable for comment.

In the face of a lot of flak, NPR backed down.

adoption

Adoption debate again focuses on issue of race

Congress may vote today on bill to encourage interracial adoptions, but debate lingers about what's best for the children

By Mindy Fetterman
and Desda Moss
USA TODAY

When Gail and Bob Armstrong decided to adopt a tiny infant girl in 1968, their parents gasped: 'What's that? You mean, she's *black*?' "

"She wasn't all the things our parents thought we should get," Gail says dryly.

Today, they couldn't ask for more. Amy Allen, 27, is a makeup artist, has married, graduated from college, and is in barber school so she can do hair and makeup for TV productions. Despite the fact that she's found herself at the center of one of the adoption arena's touchiest controversies, Amy calmly says: "I turned out just fine."

Amy is biracial. Her parents are white.

Congress may vote today on a bill to encourage interracial adoption, grant a $5,000 tax credit to middle-class families that adopt, and limit somewhat the ability of Native American tribes to block adoptions of their children.

The bill says no adoption can be delayed or denied on the basis of race, color or natural origin of the child or parents. Prospects that it will become law are good since President Clinton endorsed it.

Once again, the subject of interracial adoption is up for debate.

Can white families properly raise a black child in today's society? What about a Hispanic, Native American or Asian child? Will a child lose its sense of heritage, becoming what some call "a cultural and spiritual orphan?"

Rita Simon of American University says "no." Alvin Poussaint of Harvard University says they can.

Over nearly 20 years, Simon has studied ethnic children adopted by white families. Most are well-adjusted and say they didn't feel like they lost touch with their ethnic identities, she said.

"They said: 'We are middle class blacks: But that doesn't mean we're any less black. We may have different tastes in clothes or music, but we're black. We know that.' "

Poussaint points to parents who "never combed their child's hair. That woman is still dealing with that."

At the center of the debate is a heart-wrenching problem.

Despite record numbers of adoptions nationwide of all children — from both inside and outside this country using both public or private agencies — thousands of children languish for years waiting for a permanent home.

Most are from abusive homes, have physical or emotional handicaps, or have siblings who need to be kept together. Forty percent are black.

In 1968, about 733 children in the United States were adopted interracially, a number that tripled in the next three years. It reached a peak in 1971 with 2,574 interracial adoptions. The most recent figures available show about 600 interracial adoptions through public agencies in 1993. No figures are available for private agencies.

By 1972, the National Association of Black Social Workers had declared interracial adoption a form of "cultural genocide."

Since then, the rhetoric has softened somewhat, although concerns remain real. Families that adopt a minority child need support groups, training and counseling, adoption experts say. And agencies need to be sure of a couple's motives: Are they trying to prove they have no prejudice? Prove there's no racism?

Some worry that encouraging a race-blind adoption process doesn't apply to all adoptive parents, that an even more subtle racism is afoot.

"White couples come in to adopt and demand a biracial child because they think lighter-skinned is 'better.' They have a fear of Negroid features and dark color," said Poussaint. "But if a black couple comes in and says, 'I'll take the blond-haired, blue-eyed one over there,' many agencies wouldn't allow that."

Often a white foster couple decides to adopt a black or minority child it is caring for and that's when state agencies may balk. Scott and Lou Ann Mullen of Lexington, Texas, sued the state in 1995 to adopt Matthew, whom they had cared for since he was nine days old.

"I was told not to get attached. I felt like I was being scolded just for asking," says Lou Ann, who is a Native American. Four days after suing, they got a letter saying they could adopt.

"Same-race adoption is easier on the kids, but children need homes," said Beth Hall, co-director of Pact, which specializes in adoptions for minority children. "But white parents have to understand that there is a real difference in being white and being a person of color in this country."

White adoptive parents need education and counseling, before and after the adoption, Hall said.

"Your entire family becomes a multicultural, minority family," said Jennifer Geipe, of Columbia, Md., who adopted a biracial girl in 1992.

Parents, though sensitive to issues of race, are nonetheless surprised, shocked, hurt and infuriated by the discrimination that both their children — and they — face.

Poussaint, who counsels multiracial families as a professor of psychology at Harvard University, says the white couple who adopts a black or biracial child often fails to see how racial discrimination will spill over to them.

"If you're a white couple who adopts a black child, you become partially black," he said. "I had a woman call me upset because she had men looking at her lewdly. They thought she was a loose woman because she had a black child."

Amy Allen's parents raised her first in New Hampshire. Then, they moved to Annapolis, Md., so their children could be near others like themselves.

"My parents did their best to teach me about racism and culture, but you learn that by yourself," said Amy. "They didn't force feed me black books or black dolls."

Still, when she recently met her birth family, "I wasn't prepared. There was lots of death and drugs and AIDS. My sister, who looked just like me said: 'I wish it had been me!' "

USA TODAY ·
FRIDAY, MAY 10, 1996

Indian tribes fight attempt to restrict adoption control

By Mindy Fetterman
USA TODAY

Race and ethnic background can be used as a weapon in the adoption battlefield.

A case in California is pitting a Columbus, Ohio, couple against the rights of Native American tribes to oversee and control adoption of Indian children.

At the center are 2½-year-old twin girls who are 3/32nd Indian.

"We had no idea," said Jim Rost, the adoptive father.

Three months after the Rosts brought Lucy and Briget home from the hospital in November 1993, the Pomo tribe notified them that the twins must be returned to their birth father. "We were shattered by that call," he said.

Two years and $300,000 later, an appeal in the Rost case is pending in the California Supreme Court.

In response to that case and others, Rep. Deborah Pryce, R-Ohio, added an amendment to the interracial adoption bill that would limit the Indian Child Welfare Act, a 20-year-old law that gives special control over adoption of Native American children to their tribes. The wording is so controversial in the Native American community that it could scuttle the entire bill.

But when is a child a member of a tribe? And who decides?

The adoption bill says a child is a member of a tribe when the birth parents are active members of the tribe with "significant social, cultural or political affiliations." It also would deny retroactive membership in tribes in adoption cases.

The Native American community says a child is a member of a tribe when the tribe says so, said Mark C.Tilden, a lawyer for the Native American Rights Fund.

The child welfare law was originally passed in 1978 to halt widespread adoptions of Native American children after hundreds were taken from their families by social service agencies in earlier decades.

But some adoption experts say that a tribe's ability to select members has been abused. They say lawyers for birth parents use a tenuous tribal connection to block an adoption months, even years, later. "Kids are 6 and 7 years old when these families get disrupted," said Pryce, who is an adoptive mother.

Now the Rost family is waiting for a court decision. Does Rost worry now about losing the girls? "Yeah, every night."

Keep the campaign put-downs fat-free

Politics
By Walter Shapiro

HYPE & GLORY

The slim and youthful Republican consultant looked up from the luncheon salad and pondered my question: What could Newt Gingrich do to solve his image problems? "Well, for starters Newt could lose 30 pounds," the GOP operative replied. "No, make that 50 pounds."

Why do I find the innocence of the young so galling? The consultant's smug tone made it sound like Gingrich could transform himself into Newt the Hunk by laying off the Fritos for a week and subjecting himself to a few brisk workouts on the Stairmaster. If only the middle-aged male metabolism were so easily adaptable to the facile prescriptions of a TV age.

As anyone who studies my picture that accompanies this column can understand, I have a certain innate sympathy for all warriors in the Battle of the Bulge. I tend to look nervously in the mirror each time I hear a TV comic like Jay Leno crack, "I wonder how Newt Gingrich and Bill Clinton feel about Olestra. Do you think that fat phonies will like phony fat?"

We live in an era when chubby chuckles are about the only permissible form of humorous insults left. Race, religion, ethnic origin or sexual preference are taboo topics, as Sen. Alphonse D'Amato learned after his maladroit Judge Ito impression on the ever tasteful Don Imus' radio show. But if you want to giggle about a politician's girth, just sit yourself down next to David Letterman and let it rip with Jenny Craig jokes.

Thursday morning, I was in the Capitol just as Gingrich was leading a few Cub Scouts on a tour of the patriotic figures in Statuary Hall. Up close, I can testify that the Speaker does indeed cut an impressive figure, suggesting that years of *hors d'oeuvres* at political receptions have added to his *avoirdupois*. (I knew my high-school French would come in handy someday).

Just as I began to sense that Gingrich, like myself, would benefit from House arrest at Canyon Ranch, I noticed the more than ample statue of William Jennings Bryan, the most charismatic political figure of a century ago. In a cape and a tightly buttoned coat, Bryan loomed large, both symbolically and figuratively.

But by the standards of the Victorian Age, Bryan was majestic not marshmallow, formidable rather than fat. America in those days was a nation of broad shoulders and even broader bellies. Grover Cleveland was elected President twice, though his playing weight was 280 pounds. William Howard Taft topped (no make that toppled) the scales at more than 300 pounds. And there was an obvious reason why Teddy Roosevelt (200 pounds on a 5-foot, 9-inch, physique) was known as the Roughrider.

Tony Blankley, Gingrich's press secretary, sniffed at the notion that the Speaker's low standing in the polls was inversely related to his high readings on the scale. "It's a de minimus factor," he said, "something for people to chatter about."

On Blankley's office wall, adding heft to his argument, was a World War II poster of a brandy-cheeked Winston Churchill with the stern legend, "Deserve Victory." It was redundant for Blankley to argue, "Churchill, who was hardly underweight, was a great success. And Tip O'Neill became a great leader and a popular national figure even though he was unquestionably a large man."

Why have we as a nation become so tolerant of pudgy put-downs? I blame it on the triumph of California culture — the absurd LaLa Land notion that the body is the mirror of the soul, that eternal youth can be achieved with the right personal trainer and plastic surgeon. If Gingrich and Clinton don't care enough to make time for four-hour workouts, their laziness suggests a lack of moral fiber and invites the inevitable comparisons to the Pillsbury Dough Boy.

At last Saturday night's White House Correspondents Dinner, comedian Al Franken joked that the Clinton team had given him a list of safe satiric targets, most notably the president's eating habits. Compared to Whitewater or Paula Jones, Clinton's mind-if-I-eat-those-French-fries love of junk food does convey a populist I-feel-your-hunger image. But it is telling that the Big-Mac-Attack cracks about Clinton continue, even at a time when the president has obviously slimmed down for the voters.

Michigan Governor John Engler faces thinning odds of being tapped as Bob Dole's running mate since it turns out that he flunked his Vietnam-era draft physical twice — for being 2 pounds overweight. These days, every Michigan columnist seems to be howling over Engler's heft. Fair comment? Probably only if it can be proved that Engler grew larger to become a draft dodger. His press secretary John Truscott complains, "Sure, there have always been fat jokes. But the nasty, mean-spirited barbs are uncalled for."

I'm not pumping for the legal rights of the plump. And politicians who are fat targets are always worth a chuckle or two. But let's not create such a fat-free culture that all our elected leaders look like they are better suited for cast of *Boy Watch*.

Walter Shapiro, 5-foot-10 and 210 pounds, appears here Wednesdays and Fridays. Past columns on USA TODAY Online at http://www.usatoday.com

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file abortion

O'Donovan Criticized For Ties With Clinton

By Janelle Weber
HOYA Staff Writer

The Georgetown Ignatian Society has called for University President Leo J. O'Donovan, SJ, to resign should he fail to denounce President Bill Clinton's (SFS '68) recent veto of a bill that would have banned partial birth abortions.

Ann Sheridan, president of The Georgetown Ignatian Society, said her organization asked University President Leo J. O'Donovan, SJ, to write a letter to the editor in the April 16 issue of THE HOYA repudiating Clinton's veto of the bill. Partial birth abortion is a rare procedure used to end late-stage pregnancies.

The bill, vetoed on April 10, would have only allowed partial birth abortions in order to save a woman's life. Clinton would not support the ban because it did not permit exceptions in cases that could seriously hurt a woman's health.

THE HOYA did not receive a letter from O'Donovan for the April 16 edition.

The society, which is committed to the ideals of the Catholic Church, consists of 20 members locally and has a mailing list of approximately 1,200 members, according to Sheridan.

Sheridan said she is concerned that O'Donovan has a personal relationship with Clinton and consequently will not criticize his veto of the bill.

In a prepared statement, O'Donovan responded to the charges yesterday.

"As a Catholic Jesuit university, Georgetown remains faithful to the Catholic Church's position concerning the sanctity of human life. I am certain that President Clinton knows that I remain unalterably opposed to abortion. I have made my views known on this subject previously and I will continue to do so in the future."

"The issue is that Clinton is out to get the pro-abortion vote and O'Donovan is supporting him. He doesn't have the luxury as a priest to be as free [as a layperson]," Sheridan said.

William Peter Blatty (CAS '50), author of 'The Exorcist' and member of the Georgetown Ignatian Society, said in a press release he is concerned that O'Donovan is compromising the university's Catholic identity.

"It is dumbfounding that a Georgetown Jesuit could publicly berate John Thompson for wanting to own a few slot machines, and then keep silent on the horrors of the late-term partial birth abortion," according to the press release.

According to Sheridan, Clinton is taking advantage of O'Donovan. "I don't think [O'Donovan is] bright enough to know it," Sheridan said.

According to Roger Williams, associate vice president for communications, alumni and university relations, O'Donovan remains committed to the Roman Catholic anti-abortion stance.

Charles Molineaux (SFS '50), an attorney at Wickwire-Gavin in the district and a member of The Ignatian Society, said the society is not interested in hearing O'Donovan's anti-abortion viewpoint.

"Georgetown gets big federal grants and contracts from the federal government. You have to assume there's a relationship between O'Donovan's fawning over Clinton and these government grants and contracts."

Blatty agreed that O'Donovan has done little to publicize the Catholic Church's outrage with Clinton.

"I'm presently considering a film remake of 'The Exorcist,' but in all likelihood this statement that I'm making will assure that I never again get the permission to move one camera, even one foot onto the campus," Blatty said.

"But I speak my heart nonetheless, trusting, hoping, that this foolishly impractical gesture may somehow move this good and decent man, Fr. Leo O'Donovan, to an act of courage I am convinced is more than easily within his reach.", Blatty said. "Nobody hates you, Leo; but couldn't we render just a little bit more to God and quite a bit less to Bill?"

• MELANNE VERVEER •

4/23/96
This is what the right wing punks are doing to Leo.
Melanne
Call Nell
M. Nell
BC

Bishops need new antiabortion course

Only days after President Clinton vetoed legislation that would have outlawed late-term abortions except to save a mother's life, antiabortion forces last week suffered another setback. California Republican Gov. Pete Wilson joined Republican Govs. George Pataki of New York, Christine Todd Whitman of New Jersey and William Weld of Massachusetts in vowing to fight the inclusion of an antiabortion plank in the GOP's platform at the Republican convention this summer.

The Clinton move underscored the Democratic Party's hard-line stance against legislation that would restrict abortion rights. The Republican move revealed a continued erosion of party support for criminalizing abortion. If these trends continue, antiabortion forces face the unsettling prospect of having both major parties adhering to an abortion rights position. It is time to question the wisdom of the Catholic hierarchy's primary political strategy of the past two decades — a strategy that stubbornly sees overturning *Roe* v. *Wade* as the means to fight abortion in America.

Wilson, representing the erosion of antiabortion sentiment within the GOP, said, "We should in fact put the (abortion) plank to one side and simply go on with our business." The governor, whose state will host the Republican convention in August, told a group of reporters that efforts to pass a constitutional amendment outlawing abortion is a political mistake that could only hurt the party. In effect, Wilson is urging the party to abandon a plank that has, in some form, been part of the Republican platform for 20 years.

While aides to the apparent Republican presidential candidate, Sen. Robert Dole of Kansas, said he had no intention of supporting a change in the language of the platform dealing with abortion rights, antiabortion forces have long been warning that Dole is only lukewarm in his antiabortion sentiments. They say his heart is not in the effort to criminalize abortion.

Repeatedly, polls indicate that a majority of Americans support legalized abortion. They also indicate that many of those same Americans support some restrictions on these rights.

Since the 1976 presidential election, U.S. Catholics have found themselves facing a political dilemma: The national platform of the Democratic Party has most reflected the Catholic hierarchy's strong social justice agenda, while the platform of the Republican Party has supported the bishops' desire to again make abortion illegal in America.

So while the bishops have been sympathetic to Democratic peace and justice legislation, in the final analysis, the Republican Party's opposition to abortion rights has repeatedly moved the bishops to offer visible support to the GOP presidential candidate. Thus, it was clear that many bishops favored Gerald Ford, Ronald Reagan and George Bush, despite the fact none were as compatible with the church's peace and justice initiatives as were Democratic candidates.

Meanwhile, after 20 years of political efforts, abortion remains legal with some 1.5 million occurring each year, the nation's poor are politically marginalized as never before and Catholics are divided and confused by their bishops' political statements on moral issues. By any measure, this represents failed strategy — whether the goal is simply to fight abortion or to truly support life from conception to natural death.

It took years to realize that the Reagan and Bush administrations, backed by the bishops, would fail to produce a Supreme Court willing to overturn *Roe* v. *Wade*. Instead a Republican-appointed court majority in 1989, in *Webster* v. *Reproductive Services*, upheld a Missouri law, returning to the states limited authority to restrict abortions. Again in 1992, in a Pennsylvania case, the court upheld *Roe* v. *Wade*, but permitted states to place further restrictions on abortions.

As the abortion battle moved into the state legislatures, both sides of the abortion debate increasingly kept eyes on polls that showed American voters supporting the basic right of women to have abortions — though they also favored certain restrictions. One effect of the return of the abortion battle to the state level was that many politicians began increasingly to reflect the popular opinions. This has worked against recriminalization efforts. And the trend has continued to this day, with Wilson's statement being the latest major move. Growing division in the Republican Party has also resulted.

The question begs to be answered: Instead of continuing a largely unsuccessful antiabortion policy, might this not be the time to make a fundamental change in approach? Perhaps it is time to set a new course, instead of continuing a policy that has both alienated the bishops from political progressives (needed allies on other fronts) and has sometimes placed the bishops in bed with some of the most unsavory political conservatives.

A far healthier and potentially more effective approach would be to work to build a broad-based coalition movement aimed at reducing the number of abortions in America. This effort would have to be inclusive and nonjudgmental. It would have to be open to all those who believe that 1.5 million U.S. abortions annually represents serious moral and social failure.

Longtime Republican William Bennett is among a number of conservatives who have stated that while not wishing to abandon principle in the fight against abortion, reasonable people who differ on abortion must enter dialogue.

"Some would push for various forms of criminalization, for example. Some would not," Bennett said. "Some believe a constitutional amendment outlawing abortion is the surest and best way to get there. Others, in good faith, doubt this. Differences aside, it seems to me that we ought to bring to the cause all those — all those — who look at the figure of 1 and a half million abortions a year with horror and misgiving. They should all be our allies."

It is long overdue that Catholic[illegible] and others put aside their politic[illegible] ferences and begin to work to [illegible] late strategies that move the natio[illegible] incrementally toward shared goals. This cannot effectively happen, however, as long as attitudes of self-righteousness and judgment reign and the abortion issue is viewed only through a political lens.

The record of failure is clear enough: Polarization and stalemate and unabated abortion are the sad results. Meanwhile, many reasonable voices, fearing being labeled in simplistic ways, are silenced or are never heard. Catholics should lead the way. But first they must put aside differences and judgments and search for common ground. This, however, requires what might constitute courageous changes on the parts of the U.S. bishops — and the rest of us as well. ■

A VETO TO HAUNT A PRESIDENT

AS THEY MADE CLEAR in their 32-page pre-election guide issued last November, the American Catholic bishops oppose much of Newt Gingrich's agenda in Congress. On broad social issues like health care, immigration and social welfare, the bishops' stands come close to those of the Clinton Administration's. On April 10, however, that fragile harmony came undone—for on that day Bill Clinton vetoed the first serious effort of Congress to restrict late-term abortions since the Roe v. Wade decision in 1973. The legislation, H.R. 1833, which passed the House with broad bipartisan support, would have banned a particularly gruesome abortion procedure known antiseptically as "intact dilation and evacuation"—performed only after 20 weeks of gestation—and it offered Mr. Clinton the unusual chance to show that he means what he says when he claims that he wants abortions in this country to be "rare." The President, appearing in an emotional White House ceremony with five women who had undergone the procedure, muffed it.

The tears of those agonized women—and the voices of pro-choice advocates like Kate Michelman's National Abortion Rights Action League, who will brook no compromise on this issue—moved the President and were listened to. As in the past, the dull groans of that vast mushy middle of Americans, who want abortion legal, safe and restricted in some way, were not heard.

More remarkably, the moral qualms of certain dissenting pro-choice feminists were not heard either. In adopting the strategy of depersonalizing the fetus as a "mass of dependent protoplasm," warned Naomi Wolfe in the New Republic (Oct. 16, 1995), the pro-choice movement risks "losing something more important than votes; we stand in jeopardy of losing what can only be called our souls." Abortion supporters should admit, wrote Wolfe, "that the death of a fetus is a real death; that there are degrees of culpability, judgment, and responsibility in the decision to abort a pregnancy." Writing in The New Yorker (Dec. 4, 1995) Jane Mayer conceded that "intact dilation and extraction...can be portrayed—and not altogether implausibly—as bordering on infanticide."

President Clinton's veto drew an angry protest from the nation's Catholic cardinals and a stinging rebuke from Pope John Paul II. Comparing the procedure to infanticide, the Pope said that it "morally and ethically imperils the future of a society which condones it." He condemned Mr. Clinton's decision as "a shameful veto that in practice is equivalent to an incredibly brutal act of aggression against innocent humans."

In a three-page letter dated April 16 and signed by the nation's eight cardinals and Bishop Anthony Pilla, the president of the National Conference of Catholic Bishops, the cardinals write: "[W]e strenuously oppose and condemn your veto of H.R. 1833 which will allow partial-birth abortions to continue.... Mr. President, your action on this matter takes our nation to a critical turning point.... It moves our nation one step further toward acceptance of infanticide."

The cardinals' words translate into an undisguised political threat. "In the coming weeks and months, each of us, as well as our bishops' conference, will do all we can to educate people about partial-birth abortions," they write. "We will inform them that partial-birth abortions will continue because you chose to veto H.R. 1833."

The bill in question would have prohibited a relatively rare procedure, involving considerably less than 1.5 percent of the 1.3 million abortions performed annually in this country, "in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery." The unborn child is killed by puncturing a hole at the base of its skull, inserting a catheter into the opening and suctioning out the brain—so as to allow the head to pass through the birth canal. H.R. 1833 was not absolutist; exceptions were allowed to preserve the life of the mother. Mr. Clinton, clearly troubled by this late-term procedure, insisted he would have signed the bill if Congress had only expanded its provisions to allow it in cases where a pregnancy carried "serious health consequences" for the woman. The problem here is that in the context of abortion the courts have defined "health" so very broadly.

HEALTH, counter the cardinals, "means virtually anything that has to do with a woman's overall 'well-being.'" If the woman is not married, too young, too old, "if she is emotionally upset by pregnancy, or if pregnancy interferes with schooling or career," write the cardinals, "the law considers those situations as 'health' reasons for abortion. In other words, as you know and we know, an exception for 'health' means abortion on demand."

Come next November, Mr. Clinton's veto will haunt him—especially among Catholic voters. It aligns him with the pro-choice militia, who as Mary McGrory wrote in her Washington Post column (April 14, 1996), "are like the N.R.A: They fight like steers against sensible prohibitions in regard to guns and abortion, respectively.... The National Abortion and Reproductive Rights Action League defends a procedure so harrowing that even agnostics or pro-choice voters are repelled by it."

FROM A Manhattan street-side window I hear one of my favorite sounds, the sound of children playing—that strangely melodic melding of laughter and singing, bouncing balls and roller skates. It's sad to think that when it starts to get dark and it's time for these kids to go home for supper, two out of five of them will return to a home without a father. The active presence of a father, something most of us took for granted as kids, is no longer a given.

Fatherlessness is not a new phenomenon for the American family, but the reasons for it have certainly changed.

In his article "A World Without Fathers" in the Spring issue of The Wilson Quarterly, David Popenoe points out that between 1960 and 1990 the percentage of children estranged from their biological fathers has risen from 17 percent to 36 percent. Rampant fatherlessness is not a new phenomenon for the American family, but the reasons for it have certainly changed. Fatherlessness in America often used to be the result of death; today, it is most often due to the breakdown of marriages, desertion and out-of-wedlock births.

Paternity has become a bad word in our *fin de siècle* culture. Nowadays, the once-heralded institution of fatherhood is much maligned. "Our cultural view of fatherhood itself is changing," Popenoe comments. "Few people doubt the fundamental importance of mothers. But fathers? More and more, the question of whether fathers are really necessary is being raised. Many would answer no, or maybe not...fatherhood is said by many to be merely a social role that others can play: mothers, partners, stepfathers, uncles and aunts, grandparents. Perhaps the script can even be rewritten and the role changed—or dropped."

Why the drastic change in attitude toward fatherhood? Certainly fathers themselves are much to blame. The ideal father of, say, the early 20th century—that is, a breadwinning autocrat, aloof from the challenges and doldrums of child care—is hardly adequate for the late-20th-century family. This cultural form, which is perhaps best described as a flawed composition of the male mind, has never been fully functional and is certainly no ideal. In today's world, such a father is a mere nuisance. Naturally, he's been replaced—by a flawed composition of the female mind. The apotheosis of the modern woman—a Murphy Brown, for example—is the career breadwinner, mother-father, child-bearer and rearer and sole head of the household. (The difference between these two cultural forms is that Murphy Brown was inspired mainly by necessity, whereas Mr. Brown was a byproduct of social presumptions.)

There are, of course, instances in which a mother and her children are far better off without their respective (alcoholic or abusive) patriarch. But can the role of father really be tossed out? For optimum child-rearing, the answer is a resounding no.

On the practical side, there is the loss of the father's income. This often makes the difference between an impoverished family and one able to scrape by. Mr. Popenoe points out a study that estimates: "Fifty-one percent of the increase in child poverty observed during the 1980's (65 percent for blacks) can be attributed to changes [read: the absence of a father] in family structure." Husbandless mothers and their children are the most likely members of our society to fall into poverty and the least likely to be able to rise out of it. In 1969, 14 percent of America's children were impoverished; today, 25 percent of our infants are born poor.

What are some of the results of income-related stresses upon the single-mother family? For answers, Mr. Popenoe suggests a look at an "authoritative review of this research" by Sara McLanahan and Gary Sandefur, titled *Growing Up With a Single Parent* (1994). Their book indicates, among other things, that single-parent children are twice as likely to be high-school dropouts and 2.5 times as likely to become unwed, teen-aged mothers. (Incidentally, the United States has the highest teen-pregnancy rate in the industrialized world—about 1,000,000 per year, 35 percent of which end in abortion.)

Much of the preliminary work of social scientists done in the 1970's (in the midst of the divorce revolution), which concluded that fatherlessness is not necessarily harmful to a child's development, has since been debunked by more comprehensive research done over longer periods of time. According to Popenoe, one 26-year study made the surprising discovery that fathers are vitally important in developing in their children some of the so-called "soft virtues," such as empathy. "The most important childhood factor of all in developing empathy," he says, "is paternal involvement in child care. Fathers who spent time alone with their children more than twice a week, giving meals, baths, and other basic care, reared the most compassionate adults."

Researchers also attribute the development of certain emotional, intellectual and interpersonal faculties in growing children to the indispensable presence of fathers. Let any newspaper's metro section speak to the effects of fatherlessness on teen-age boys. Teen-age girls, too, learn much from their fathers that they are unlikely to learn from their mothers—notably habitual ways of interaction with men. "They learn from their fathers about heterosexual trust, intimacy and difference," says Popenoe. "They learn to appreciate their own femininity from the one male who is most special in their lives. Most importantly, through loving and being loved by their fathers, they learn that they are love-worthy."

Dad, it's time to come home and start helping out around the house—for your kids' sake. DANIEL T. WACKERMAN

Making Abortion Rare

As President

Welfare Reform: The President has fought hard for welfare reform that promotes work and responsible parenting, but that does not deny people benefits because they are underage and unmarried, which the Catholic church has argued provides an incentive for more people to have abortions and would lead to increased abortions. He has also opposed a mandatory family cap.

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.

Preventing Teenage Pregnancy: The Clinton Administration strategy is driven by two fundamental goals: instilling a greater sense of personal responsibility in young people for the consequences of their behavior, while providing increased opportunities for education, jobs and hope for the future so that they are more likely to make the right choices.

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.

Facilitating Adoption: The President has taken important actions to encourage adoption, to recruit families, to reduce unnecessary delays in moving children from foster care to adoption, and to support families that choose to open their hearts and homes to waiting children.

We will continue to champion programs that break down barriers to adoption through aggressive recruitment of adoptive and foster care parents; support for placement of special needs children; and technical assistance to agencies committed to special needs adoption. We are shifting the Federal focus from paperwork to outcomes for children. By increasing flexibility for states and communities and by working with them, we will find better ways to guarantee safety and stability for these vulnerable children. Finally, we are developing a national strategic plan to promote the adoption of special needs children.

Record:

o The Multiethnic Placement Act, which the President signed into law in October 1994, removes barriers to adoption based on race or ethnic origin.

o During this Administration, the number of children with special needs who have been adopted with Federal adoption assistance has increased by about 30%.

o The President has stood firm during the budget debate to protect funds for adoption, foster care, child abuse and neglect, Medicaid, and SSI -- programs that are critical to many adoptive families and children.

Signed Family and Medical Leave Act: President Clinton signed the Family Medical Leave Act into law, allowing workers to take up 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.

As Governor

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.

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.

Late-term abortion veto merits analysis

Bill would ban single method; others bring higher risk to mother

Those opposed to abortion have the right and duty to urge public officials to work diligently to make abortion "rare." President Clinton in his campaign promised that he would work to make abortions "legal, safe and rare." But opponents of abortion cannot reasonably or responsibly fault Clinton for his April 10 veto of a bill that would have criminalized certain late abortions.

This issue will be used and abused by the Christian Coalition and the Republican Party during the presidential cam-

ROBERT F. DRINAN

paign. Consequently, comprehensive information and careful analysis are in order.

The number of U.S. abortions has edged downward in recent months. In 1993, the last year for which we have adequate statistics, there were about 1.3 million abortions, down 2.1 percent from the 1992 figure. Of these, 1.3 percent — or about 17,000 — were performed on women whose pregnancies had gone more than 20 weeks.

One of the late-term abortion techniques is "dilatation and extraction." It was this technique that alone would have been forbidden in the bill Clinton vetoed.

Jesuit Fr. Robert Drinan is a professor at Georgetown University Law Center.

There are no reliable statistics as to how often this technique is used or how often the aborted fetus is normal. Other methods for late-term abortions include inducing labor to deliver a fetus whose life has been extinguished by chemical means and a surgical procedure removing the fetus from the abdomen.

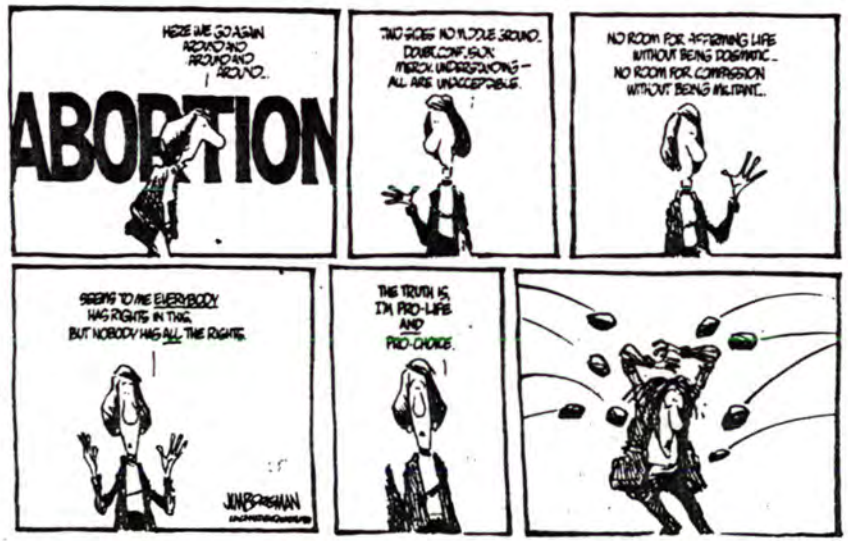
Although these techniques would not have been outlawed by the bill vetoed by Clinton, they pose higher risks for the mother than dilatation and extraction. A survey of deaths from legal abortions between 1972 and 1981 found mortality in second-trimester abortions done by dilatation and extraction to be 4.9 cases out of 100,000. It was 9.6 per 100,000 for the induced-labor method and 60 per 100,000 for the abdominal surgery method.

The measure vetoed by the president therefore was not a bill that would have outlawed all or even most of the abortions done after 20 weeks of pregnancy. It was a proposal that was aimed at one technique, which was portrayed as particularly inhuman and brutal.

Clinton strenuously urged Congress to broaden the bill to include the health of the mother rather than only a threat of death. As governor of Arkansas he signed a bill that outlawed late-term abortion unless there was a serious threat to the health of the mother or a likelihood of death. But the Republican majority in the House and Senate sent the president a bill that he announced early on he would veto. The Republicans will now use the veto to allege that the president is an "extremist" and that he has reneged on his promise to try to make abortion "rare."

Whether Clinton has done all he could to make abortion "rare" is a fair question. It should be discussed. But his veto cannot fairly be put down as a refusal to fulfill his pledge.

Had the measure he vetoed become law, it would have meant that obstetricians could be charged with a federal crime if they performed a late abortion by the one legally forbidden technique and, if convicted, could go to jail. As a result, the small number of abortions done after 20 weeks of a pregnancy would be done by other methods that are statistically less safe.



Some antiabortion critics of Clinton's veto seem to assume that any measure, however poorly drafted, should be advocated if it would prevent even one abortion. But this attitude misses the point that virtually all women who have carried their child for five months or more do not want an abortion but rather are compelled to take medical action when informed that the fetus will almost certainly die in the womb or shortly after birth. These women almost always want their pregnancies to go to term but unusual medical difficulties make that difficult or impossible.

Even if one assumes that some of the 17,000 women who each year request an abortion after 20 weeks of childbearing are seeking a termination of their pregnancy for personal reasons rather than a compelling medical reason, it does not make sense for a federal law, for the first time in history, to enter into such a complicated arena of specialized professional and ethical issues. If members of Congress still desire to get involved in this complex area of medical practice, they can do it by simply adding "health of the mother" to reasons permitting late abortions.

The Clinton administration, meanwhile, asserts the following activities in its promise to make abortion "rare":

1. The administration challenges the private sector to form the National Campaign to Reduce Teen Pregnancy. This effort seeks to coordinate resources so that teen pregnancy can be reduced by one-third in 10 years.

2. The president has taken creative steps to encourage adoption and to support families that choose to open their homes to waiting children. The Multi-Ethnic Placement Act, which the president signed into law in October 1994, removes barriers to adoption based on race or ethnic origin.

3. The president signed the Family Medical Leave Act allowing workers to take up to 12 weeks of unpaid leave to care for an infant while retaining the right to return to their jobs.

One can argue that this is not enough. Those who want to decrease the number of abortions should continue to propose legal and educational measures by which this objective can be advanced. ■

THE WHITE HOUSE

WASHINGTON

June 5, 1996

To: List
Fr: Todd Stern

We need to consider how to deal with the attached. I'll try to set up a short meeting on it tomorrow.

Todd

To: George Stephanopoulos
Melanne Verveer
Martha Foley
Vicki Radd
Elena Kagan
Betsy Meyers
Jeremy Benami
John Hart
Jennifer Klein
Flo McAfee
Debbie Fine

THE WHITE HOUSE

WASHINGTON

96 JUN 5 P6:55

June 5, 1996

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN
FLO MCAFEE

SUBJECT: SOUTHERN BAPTIST CONVENTION LETTER

The Southern Baptist Convention (SBC) will hold their annual meeting in New Orleans from June 11 through 13. We have learned that one of the key topics to be discussed will be the "Partial-Birth Abortion Ban." Jim Henry is in the process of gathering signatures from former presidents of the SBC for a letter to you asking you to reverse your veto position. A draft of the letter is attached. It is not clear when the letter will be sent, but it is presumed it will be released during their convention.

We understand that only 8 of the 14 living former presidents have signed the letter so far. Approximately five past presidents who served before 1980 and represent the more moderate sector of SBC such as Dr. Wayne Dehoney have not and probably will not sign. Dr. Dehoney fully supports your position.

ATTACHMENTS

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 3, 1996

Flo McAfee
The White House
Office of Public Liaison
Washington, D.C. 20500

Flo,

I just got the pictures of our meeting with the President in the Rose Garden. They are excellent and I appreciate the thoughtful gesture.

Flo, we are sending, to the President, a letter from me and most of the former presidents of the Southern Baptist Convention in relation to his veto of the Partial-Birth Abortion Ban. It is sent, not in malice, but with deep concern and prayer. Please convey that to him.

God bless you. I trust you had some good rest on your vacation.

Prayers and friendship,

Jim

JH/sm

Philippians 4:19

First Baptist Church · 3701 L.B. McLeod Road · Orlando, Florida 32805-6691 · (407) 425-2555

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

DRAFT

May 24, 1996

The Honorable Bill Clinton
The White House
Washington, D.C.

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 despose 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 Apostle Paul enjoined Christians to restore with gentleness those who are caught in "any trespass" (Galatians 6:1). We appeal to you in that spirit to repent of your veto of the Partial-birth Abortion Ban Act and to express publicly your personal regret at having made such a decision in the first place.

Mr. President, should you, under the leadership of the Holy Spirit, reverse your thinking on this matter and sign the Partial-birth Abortion Ban Act into law, we will defend you and your decision in the face of the enemies of the sanctity of every human life.

We further pledge that we, and the overwhelming majority of Southern Baptists, will do everything we are able to encourage Congress to override this shameful veto. As you know, Southern Baptists are on record for their decade-and-a-half-long, adamant opposition to abortion. We can assure you that Southern Baptists are even more vigorously opposed to the partial-birth abortion procedure.

We pray for you and for the awesome responsibilities of the high office which God has allowed you to hold. We know these duties can only be fulfilled responsibly by God's grace and wisdom. God bless you, Mr. President, and God bless America.

* Dr. Wayne Dehoney, Pres. 1965 & 1966

* Dr. Franklin Paschall, Pres 1967 & 1968

* Dr. W. A. Criswell, Pres. 1969 &1970

* Dr. Carl Bates, Pres. 1971 & 1972

* Dr. James Sullivan, Pres. 1977

* Dr. Jimmy Allen, Pres. 1978 & 1979

* = represent moderate group

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

Sent w/ yr ltr to

Romer

— MR

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,

Bill Clinton

ARCHDIOCESE OF WASHINGTON

5001 EASTERN AVENUE
POST OFFICE BOX 29260
WASHINGTON, D.C. 20017

OFFICE OF THE ARCHBISHOP

June 5, 1996

Prot. N. 18/96

Dear Brother in Christ,

Thank you for the many prayers and good wishes for my speedy recovery. The outpouring of love and concern has been truly overwhelming and I am convinced that your prayers are greatly responsible for my progress. While the doctors have cautioned me to avoid letter writing, I am compelled to share our response to the expanding "culture of death" that the Holy Father has so clearly identified in our society.

Recently, I joined other U.S. cardinals in expressing dismay and profound disappointment with the presidential veto of enacted federal legislation to ban the partial-birth abortion procedure. In a letter to the President, we conveyed our intention to be uncompromising and unstinting in efforts to inform our own Catholic faithful and other Americans of good faith about the horrible reality of partial-birth abortions, and to promote support for a congressional veto override. In the face of this latest manifestation of a "culture of death," it also is our intention to encourage prayerful reflection and a renewed commitment to life and its Giver.

My intention is to provide an outline of our plan to participate in this nationwide prayer-and-action effort. With your assistance and the cooperation of the good people in your parish, it is my hope that we may educate our people about the partial-birth abortion procedure and exhort them to urge their congressional representatives to vote for an override. Importantly, this effort should be pursued in an atmosphere of prayer -- prayer for our nation, for our elected officials, and for the great cause of life.

Here, then, is the plan of action.

- **Early June:** Prayer card distribution accompanied by a pulpit announcement describing our local effort and the importance of prayer in reversing the partial-birth-abortion-ban veto. As with the prayer cards developed for the referendum effort several years ago, it is hoped that these prayer cards will be used in the homes of parishioners as well as incorporated into your liturgical celebrations. Each parish is encouraged to develop individual prayer activities in support of this national campaign.

- **Late June:** Distribution to all parishioners of an "Action Alert", encouraging phone calls to the appropriate members of the U.S. House of Representatives, and providing an explanation of the partial-birth abortion procedure.

- **July:** National Day of Prayer and Fasting for an override of the president's veto on Thursday, July 11.

- **September:** Distribution and collection of pre-printed postcards to our two U.S. senators, these to be delivered to the senators' Washington offices by representatives of the Archdiocese. The details of this effort will be announced later; however, we do not plan an "in-pew" effort but will offer several other options.

- **October:** Participation in a special pro-life liturgy as part of our Annual Shrine Pilgrimage, with special focus on reversing the "culture of death" signified particularly by the partial-birth abortion procedure and attempts to legalize assisted suicide.

- **Ongoing:** The inclusion over time of "culture-of-life" petitions in general intercessions at weekend Masses.

More specific information will precede or accompany materials provided to your parish. Please look to your parish's Respect Life Committee for assistance with the various activities. If the name of your Parish Pro-Life Coordinator is *not* already on file at the Pro-Life Office, please return the enclosed form as soon as possible. This will allow our local Catholic Conferences to coordinate this effort directly with your personal representative on pro-life matters.

I recognize that the effort outlined here will come at a time when parish activity is reduced and pastor, staff and parishioners look forward to summer vacations. Unfortunately, the timetable is not of our making, but determined by congressional scheduling. With advance planning and shared responsibility, I am confident each parish can participate effectively.

Thank you for your own continuing support of the Gospel of Life. With the prayer that the Holy Spirit may bless our efforts to reverse the tide that increasingly puts human life at constant risk in our country, I am

Sincerely in Christ,

+James Card. Hickey

Archbishop of Washington

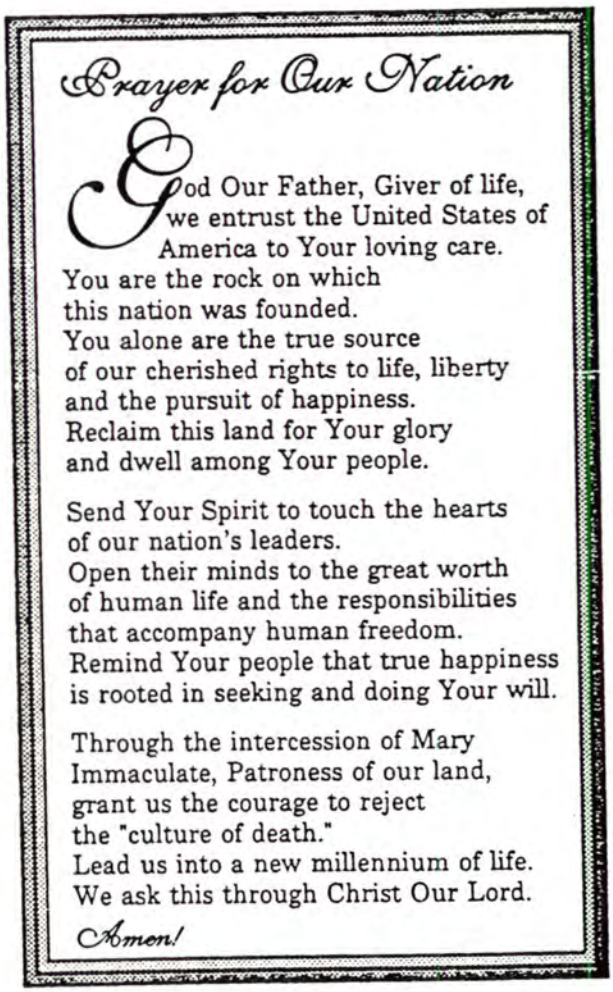
IKAH 5-29-96

PARTIAL BIRTH ABORTION BAN VETO OVERRIDE CAMPAIGN

SUNDAYS NOTED - HOLIDAY WEEKENDS UNDERLINED

EVENT / ACTIVITY	DATE	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV
		5 12 19 <u>26</u>	2 9 16 23 30	<u>7</u> 14 21 28	4 11 18 25	<u>1</u> 8 15 22 29	6 13 20 27	3 10 17 24
MAILINGS FROM BISHOP			OUTLINE OF PLAN TO PRIESTS & PARISH COORDINATORS					
REGIONAL MEETINGS			REGIONAL COORDINATORS MEETING					
PULPIT ANNOUNCEMENT PRAYER CARD DISTRIBUTION	JUN 16							
PARISH SPIRITUAL ACTIVITIES			ON-GOING HOLY HOURS, ROSARIES, MASSES, ETC.					
ALERT & HOMILY NOTES	JUN 30			EDUCATION & PHONE ACTION ALERT AIMED AT HOUSE				
POTENTIAL NATIONAL EVENT				RALLY, MARCH OR PRAYER VIGIL				
POST-CARDS & HOMILY NOTES	SEP 8 (BIRTHDAY OF MARY)					IN-CHURCH EDUCATIONAL & POST-CARD EFFORT AIMED AT SENATE		
RESPECT LIFE SUNDAY BISHOP'S CALL TO PRAYER	OCT 6						SHRINE PILGRIMAGE	
ANNUAL RESPECT LIFE MONTH "THE GOSPEL OF LIFE"							ANNUAL ACTIVITIES	

Prayer Card Distribution and Pulpit Announcement



Prayer for Our Nation

God Our Father, Giver of life,
we entrust the United States of
America to Your loving care.
You are the rock on which
this nation was founded.
You alone are the true source
of our cherished rights to life, liberty
and the pursuit of happiness.
Reclaim this land for Your glory
and dwell among Your people.

Send Your Spirit to touch the hearts
of our nation's leaders.
Open their minds to the great worth
of human life and the responsibilities
that accompany human freedom.
Remind Your people that true happiness
is rooted in seeking and doing Your will.

Through the intercession of Mary
Immaculate, Patroness of our land,
grant us the courage to reject
the "culture of death."
Lead us into a new millennium of life.
We ask this through Christ Our Lord.

Amen!

The weekend of June 15/16 is the suggested time to introduce the "Prayer for Our Nation" prayer cards to parishioners. Like the prayer cards distributed and used during the Maryland Abortion Referendum several years ago, it is recommended that these cards be available in the pews or inserted in hymnals for recitation by the congregation. Many parishes found that the best time to use the prayer as part of the liturgy was during the general intercessions or just before the final blessing. It is asked that this prayer be used from now through Respect Life Month in October. Extra cards have been printed for families who wish to use the prayer at home as well.

Prayer cards are being distributed at meetings with parish pro-life coordinators or they will be delivered directly to the parish offices/rectory. Parishes may request prayer cards printed in a label/sticker format so that they can be conveniently applied inside of hymnals. The prayer card is also being translated into Spanish and copies will be delivered to parishes with Spanish speaking communities. Call the Pro-Life Office 301-853-5318 for more information.

If your parish is still using the prayer card that was distributed during the referendum effort, please continue to use that prayer if you choose not to replace it with the "Prayer for Our Nation" card.

Suggested Pulpit Announcement for June 15/16:

Today, (your church's name) joins parishes across the nation in launching an "Override Campaign" – a prayer and education effort directed toward a Congressional override of President Clinton's veto of a bill banning a particularly grotesque abortion procedure bordering on infanticide – the partial birth abortion. Today we will begin by praying together for our nation's return to a respect for all life. As override voting dates draw near, you will be asked to communicate with your Congressional representatives. The Catholic community, through prayer and action, can make a difference.

PASTOR APPOINTED PRO-LIFE PARISH COORDINATORS

Pastor _____

Parish _____

Address _____

_____

Parish Phone Number _____

Parish Fax Number _____

Coordinators (Lay People):

Name _____ Name _____

Address _____ Address _____

_____ _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Existing Parish Pro-Life Activities:

Suggestions:

Thank you for your most valuable help. For additional information, please call the Pro-Life Office at 301-853-4555. At your earliest convenience, please return this completed form to: Archdiocese of Washington Pro-Life Office P.O. Box 29260 Washington, D.C. 20017 or fax it to 301-853-7671 Attention: Pro-Life Office.

THANK YOU!

MCC
THE MARYLAND CATHOLIC CONFERENCE
ARCHDIOCESE OF BALTIMORE ✦ ARCHDIOCESE OF WASHINGTON ✦ DIOCESE OF WILMINGTON
188 Duke of Gloucester Street · Annapolis, Maryland 21401-2515 · 410/269-1155

Re: Partial-Birth Abortion Ban
Veto Override

June 12, 1996

Dear Pastor and Parish Staff,

I write to follow-up on Cardinal Hickey's letter to you outlining a parish-based campaign designed to override the President's veto of the federal legislation which banned the partial-birth abortion procedure.

Several items are enclosed for your use and information:

1. The inclusion of the "Prayer for our Nation" as part of Sunday liturgies and the pulpit announcement (which is intended for use on the weekend of June 15/16) will introduce your parishoners to the campaign.

You might already have received your parish's prayer cards; if not, they will be delivered to you within a few days. Numbers have been expanded to allow extra cards for those parishes that wish to affix a prayer card to a page of the hymnal or other parish publication. Placement of the prayer within the liturgy will vary from parish to parish. Some will want to recite the prayer after the Prayer of the Faithful; others might prefer to say it before the final blessing.

2. The "Special Alert" draft previews the effort scheduled the weekend of June 29/30 to urge parishioners to communicate their support of the partial-birth abortion ban to members of the House of Representatives. **These alerts will be delivered to you prior to the June 29/30 weekend.** The most appropriate method of distribution, whether as a bulletin enclosure or as a handout to each family leaving church, is up to you.

3. A sample bulletin announcement encouraging participation in the observance of Thursday, July 11, as a National Day of Prayer and Fasting for Life. Every diocese, each parish and individual parishioners are encouraged to join in this nationwide observance. The Pro-Life Activities Office of the National Conference of Catholic Bishops has prepared materials for your use which will be sent to you by the Archdiocese Pro-Life Office.

Information about a September 7/8 postcard effort directed to U.S. Senators will be sent to you in early August. While the override vote in the House is expected to occur in mid-July, the Senate is not expected to vote until mid-September. Our intention is to sustain interest in the partial-birth issue as long as possible.

Allow me to express my gratitude to you for all your good work in bringing the reality of the partial-birth abortion procedure to the attention of the Catholic faithful.

Best regards.

Sincerely,

Richard J. Dowling
Executive Director

Enclosures

Prayer for Our Nation

God Our Father, Giver of life,
we entrust the United States of
America to Your loving care.
You are the rock on which
this nation was founded.
You alone are the true source
of our cherished rights to life, liberty
and the pursuit of happiness.
Reclaim this land for Your glory
and dwell among Your people.

Send Your Spirit to touch the hearts
of our nation's leaders.
Open their minds to the great worth
of human life and the responsibilities
that accompany human freedom.
Remind Your people that true happiness
is rooted in seeking and doing Your will.

Through the intercession of Mary
Immaculate, Patroness of our land,
grant us the courage to reject
the "culture of death."
Lead us into a new millennium of life.
We ask this through Christ Our Lord.

Amen!

Pulpit Announcement

June 15/16

Today, (your Church's name) joins parishes across the nation in launching an "Override Campaign" -- prayer, education and action directed toward a Congressional override of President Clinton's veto of a bill banning a particularly grotesque abortion procedure bordering on infanticide -- the partial birth abortion. Today we will begin by praying together for our nation's return to a respect for all life. As override voting dates draw near you will be asked to communicate with your Congressional representatives. The Catholic community, through prayer and action, can make a difference.

Bulletin Announcement

(for the weekends preceding July 11)

National Day of Prayer and Fasting for Life

As part of the campaign to override the presidential veto of the Partial-Birth Abortion Ban, Thursday, July 11 has been designated as a day of prayer and fasting for life. Every diocese, each parish and individual parishioners are encouraged to join in this nationwide observance. Plan now to observe the day. We will keep you informed as information about specific events becomes available.

DRAFT

SIDE 1

SPECIAL ALERT

PARTIAL-BIRTH ABORTION

4/5 INFANTICIDE - 1/5 ABORTION! The baby is forcefully turned to a breech position and delivered feet first, except for the head. Scissors are thrust into the base of the infant's skull and then the brain is suctioned out, killing the infant. The delivery of the dead child is then completed.

CONGRESS VOTED TO BAN THE PROCEDURE
PRESIDENT CLINTON VETOED THE BILL
CONGRESS CAN OVERRIDE THE VETO

Congress will have an opportunity to override the presidential veto. If two-thirds of the members of the House and Senate vote to override the veto, the partial-birth abortion procedure will banned in our country. The House will vote first, possibly within 2 weeks. The Senate vote will come later this summer.

ACT TODAY! YOU CAN MAKE A DIFFERENCE!

Call your House Representative.
Message: "Please vote to override the presidential veto of HR 1833 - Partial-Birth Abortion Ban."

Pray for President Clinton and our U.S. representatives, that God will open their eyes to this horrible abortion procedure and soften their hearts toward the unborn in our nation.

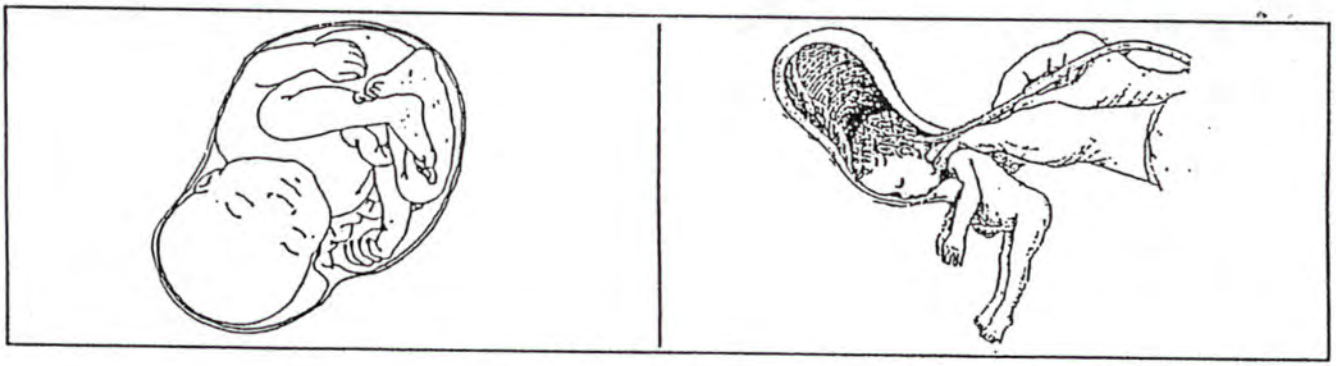
Check below for your representative's position on a ban of the partial-birth abortion procedure..

District	Position	Phone	FAX
1 Wayne Gilchrist (R)	For the ban	(202) 225-5311	(202) 225-0254
2 Robert L. Ehrlich, Jr. (R)	For the ban	(202) 225-3061	(202) 225-3094
3 Benjamin L. Cardin (D)	Against the ban	(202) 225-4016	(202) 225-9219
4 Albert R. Wynn (D)	Against the ban	(202) 225-8699	(202) 225-8714
5 Steny H. Hoyer (D)	Against the ban	(202) 225-4131	(202) 225-4300
6 Roscoe G. Bartlett (R)	For the ban	(202) 225-2721	(202) 225-2913
7 Elijah Cummings (D)	Elected after vote	(202) 225-4741	(202) 225-3178
8 Constance A. Morella (R)	Against the ban	(202) 225-5341	(202) 225-1389
DC Eleanor Holmes-Norton	Against the ban	(202) 225-8050	(202) 225-3002

Key: For the ban = Pro-Life Position Against the ban = Pro-Abortion Position

Side 2.

MORE ON PARTIAL-BIRTH ABORTION



- The partial-birth abortion procedure is typically done on babies who are 20 or more weeks' gestational age. These are fully-formed, conscious infants who can feel pain.

- While the bill makes an exception for cases where the life of the mother is endangered and no other procedure would suffice, medical authorities have testified that this is *never* the case. Dr. Pamela E. Smith, director of medical education in the Department of Obstetrics and Gynecology at Mt. Sinai Hospital in Chicago has said, "There are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the life or health of the mother."

- Dr. Warren Hern, author of the most widely used textbook on abortion, *Abortion Practice*, disputes claims that this procedure can ever be the safest for women with late-term pregnancies. Indeed, he says that turning the baby to a breech position is "potentially dangerous" for the woman and could cause amniotic fluid embolism.

- Dr. William Rashbaum, a professor of obstetrics and gynecology in New York City, says that he and his colleagues have performed partial-birth abortions "routinely since 1979." It is not a rare procedure -- 600 to 2000 of these abortions are performed each year in this country.

- Recent polls demonstrate that 71% of American voters, and 78% of American women, support a ban on this abhorrent procedure.

- In the infamous case of *Roe v Wade*, the only Texas law which was not challenged was the one which reads:

> *"Whoever shall, during parturition of the mother, destroy the vitality or life in a child in a state of being born and before actual birth, which child would otherwise have been born alive, shall be confined in the penitentiary for life or for not less than five years."*

It remains criminal in the state of Texas to kill a partially-delivered child.

Document No. _____

100

WHITE HOUSE STAFFING MEMORANDUM

DATE: 6-21 ACTION/CONCURRENCE/COMMENT DUE BY: 6-24 NOON

SUBJECT: Family Planning Riders

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☑	☐	McCURRY	☐	☑
PANETTA	☑	☐	McGINTY	☐	☐
McLARTY	☐	☐	NASH	☐	☐
ICKES	☑	☐	QUINN	☑	☑
LIEBERMAN	☑	☐	RASCO	☐	☐
RIVLIN	☐	☐	REED	☐	☐
BAER	☐	☐	SOSNIK	☑	☐
CURRY	☐	☐	STEPHANOPOULOS	☑	☐
EMANUEL	☐	☐	STIGLITZ	☐	☐
GIBBONS	☐	☐	STREETT	☐	☐
HALE	☐	☐	TYSON	☐	☐
HERMAN	☐	☐	WALLEY	☐	☐
HIGGINS	☐	☐	WILLIAMS	☐	☐
HILLEY	☑	☐	FOLEY	☑	☐
KLAIN	☑	☐	C. Jennings	☑	☐
LAKE	☐	☐	Verveer	☑	☐
LINDSEY	☐	☐	B. Myers	☑	☐

REMARKS: Please advise

RESPONSE:

96 JUN 21 P2:39

THE WHITE HOUSE

WASHINGTON

June 21, 1996

Decision Memorandum For the President

From: Carol Rasco
Nancy Ann Min

Subject: Family Planning Riders to Appropriations Bill

Three riders will be attached to the FY 1997 Labor/HHS Appropriations bill being marked up today in committee that will fundamentally alter the federal family planning program enacted under Title X of the Public Health Service Act. The bill is expected to go to the floor next week.

Purpose of Title X

The purpose of Title X is to help low and moderate income women, who do not meet the strict eligibility standards for Medicaid, to plan the timing and spacing of births, thus avoiding poverty and government dependency. Title X is a means tested program that requires individuals above the federal poverty level to pay fees for these services. Only women whose incomes fall below 100 percent of poverty may receive completely subsidized family planning services; women whose incomes fall between 100 and 250 percent of poverty must pay a fee based on a sliding scale. Women whose incomes are above 250 percent of poverty pay full clinic fees, although they still may be served by Title X clinics.

Further, by law, adolescents who seek family planning and other reproductive health care in Title X clinics receive services based on their own income and receive the same respect and confidentiality as all other patients.

Title X also provides partially subsidized contraceptive services to marginal-income women who otherwise might not be able to afford to use the most effective methods.

Rep. Istook Amendment: Parental Consent/Notification

Description

Rep Ernest Istook (R-OK)is expected to offer an amendment that would require minors **to obtain parental consent** from a parent or legal guardian before receiving any services such as contraception, treatment of sexually transmitted disease, or counseling through the Title X program. The amendment allows states to pass laws to opt out and provides for judicial bypass.

Analysis

Your Administration has supported efforts that encourage young people to discuss their health care needs with parents or other family members. Further, existing program guidelines governing the operations of family planning clinics already include such guidelines.

There are approximately **1.3 million teens** each year receiving Title X family planning services **who are not required to inform or receive parental consent** before receiving services. A requirement of parental consent will cause many adolescents to forgo these services. Some teens are simply not comfortable going to their parents in such situations. The result of a consent requirement would be more pregnancies, more STDs, and more HIV/AIDS infections among many young people.

A recent study found 58 percent of high school students surveyed in three public schools in central Massachusetts reported having health concerns they wished to keep from their parents. Twenty-five percent of the students said they would forgo seeking certain types of medical treatment if there was the possibility of parental disclosure by physicians.

However, as Governor, you supported a family planning component in the 1991 Appropriations bill for the Arkansas Department of Health, Act 1181, that, according to Deputy Director of Arkansas Department of Health Tom Butler, **required parental consent** to participate in a school-based clinic to receive counseling services as well as birth control and other services offered.

Recommendation

Oppose this amendment on the grounds that this decision is best left up to the states.

_____Agree _____Disagree _____Let's Discuss

Rep. Livingston Amendment: Means Testing For Family Planning

Description

House Appropriations Chair Robert Livingston (R-LA)is expected to offer an amendment that would limit family planning services to individuals with incomes no greater than 150 percent of the poverty level, thereby narrowing eligibility for Title X and denying services to current recipients.

Analysis

At a minimum, narrowing the current eligibility criteria to individuals with incomes no greater than 150 percent of the poverty level would deny even partially subsidized family planning services to 675,000 recipients or 15 percent of those currently receiving such services. These cuts would ultimately result in increased social welfare and health care costs. Title X currently enables individuals least likely to afford family planning services to avoid an unintended pregnancy that might result in them having to rely on welfare assistance. (Up front birth control costs can be very expensive: In 1993, the per person annual cost of Norplant exceeded $700, an IUD $500, and prescribed oral contraceptives nearly $300.)

Recommendation

Oppose this amendment on the grounds that such policy could increase teen pregnancy, increase welfare dependence, and create increased health and social welfare costs.

_____Agree _____Disagree _____Let's Discuss

Rep. Livingston Amendment: Evaluation Set Aside for Family Planning

Description

Rep. Livingston is also expected to offer an amendment that would require **each** of the 84 Title X-funded projects to spend from 1-5 percent of their grant awards on research to determine its "successes and failures" with respect to abstinence from sexual activity, reducing unplanned pregnancies, and preventing transmission of HIV/AIDS.

Analysis

Services available through Title X family planning are **already** evaluated to determine how many unplanned pregnancies and abortions are prevented. Transmission of HIV/AIDS is also studied, however it is impossible to measure the extent HIV

transmission can be prevented by Title X programs because, as with all services at Title X clinics, HIV testing is entirely voluntary. Further, it is not possible to determine the increases in the number of individuals who abstain from premarital sexual intercourse who at some point in a given year sought services at a Title X clinic (there are too many extraneous factors influencing abstinence).

However, while we oppose this particular amendment, we are open to, and there is support for, developing a sensible alternative evaluation.

Recommendation

Oppose this amendment on the grounds that it would require financially strapped clinics to divert limited service dollars to conduct 84 separate evaluations with repetitive, costly, unrealistic, and overly prescriptive research requirements.

_____Agree _____Disagree _____Let's Discuss

CATHOLIC NEWS SERVICE · 3211 Fourth Street, N.E. · Washington, D.C. 20017-1100 · Fax: (202) 541-3255 · Telex: 7403377 · (202) 541-3250

CNS
Catholic News Service

THOMAS N. LORSUNG
Director and editor in chief

Copy

July 10, 1996

Pat Lewis
Specialty Press
White House Media Affairs

Dear Pat,

I'd like to formally request a one-on-one interview with President Clinton sometime early this fall.

Catholic News Service has since at least the 1960s conducted such interviews with both presidential candidates as the campaign season draws to a close. These interviews and the transcript excerpts we publish have become the key component of our presidential race coverage and our 180 client newspapers always give them generous play.

CNS has been fortunate enough to be included in several small-group interviews with President Clinton over the last four years. Those sessions proved quite valuable in providing a look at President Clinton's views on issues of religious interest.

But, what the typical one-question-per-reporter format of those sessions has not allowed is the follow-up and narrow-topic questioning that CNS readers have come to look for in our election coverage -- and that can only come from a one-on-one.

It was during such discussion with candidate Clinton in 1992 that he first explained to me how his exposure to Catholic social teaching as a student at Georgetown has influenced his lifelong approach to public service. It was in that interview at the Tri-Cities Airport in Freeland, Mich., that President Clinton first articulated how his Baptist upbringing and his Catholic education have blended into his philosophy of responsibility for others.

No one will ever know whether that interview was in any way responsible for influencing voters about him, but it surely helped Catholic voters understand President Clinton in a more personal way than they could from coverage in the mainstream media.

This year, even the secular media have acknowledged that a Catholic voting bloc could be the key to the presidential election. The Dole campaign seems to recognize this, based on Sen. Dole's speech in May to the Catholic Press Association and other receptive responses to our inquiries. Presumably, Clinton/Gore campaign managers would be loathe to have Sen. Dole be the only presidential candidate to sit down with CNS one-on-one.

The campaign and scheduling personnel who no doubt will be part of decisions about an interview may have questions about CNS, which the enclosed brochure should answer. Also enclosed are copies of my 1992 interview story and other articles that may be of

interest.

In short, CNS is the oldest and largest religion news wire service in the world, reaching an estimated 8 million readers, mostly in the United States.

Our clients include papers as diverse as the weekly Catholic New York, of the New York City area (circulation 130,000), the semi-monthly U.P. Catholic of Marquette, Mich. (circ. 5,000), and national newspapers including National Catholic Reporter and Our Sunday Visitor. We also post some stories on AOL each day and are exploring other general distribution outlets.

Because of our clients' diverse publishing schedules (some are monthly or even bi-monthly), we would ideally need to conduct an interview in mid-September to very early October to hit the maximum number of deadlines, while still keeping current with issues of the latter part of the campaign.

Melanne Verveer, the First Lady's deputy chief of staff, was instrumental in arranging our 1992 interview. She may be able to provide further information about CNS or our history with the White House if you have further questions.

Needless to say, I am prepared to accommodate whatever scheduling or traveling is necessary to arrange such an interview.

Please contact me if you have further questions. I'll check in periodically with you to see where things stand.

Sincerely,

Pat

Pat Zapor
direct phone: 202-541-3269

cc: Mike McCurry
Melanne Verveer ✓
Jim Castelli

Melanne, these are only the most recent stories I sent to Pat Lewis + Mike McCurry - you've already seen the others. P

Friday June 14, 1996
WASHINGTON LETTER (from WASHINGTON) Backgrounder and analysis.
PRO-LIFE DEMOCRATS WORK QUIETLY AT GETTING A PLACE IN THE PLATFORM
By Patricia Zapor
Catholic News Service

O WASHINGTON (CNS) -- Four years after firmly staking out opposite extremes on abortion in party platforms, Democrats and Republicans are both moving toward accommodating differing opinions on the volatile issue.

O Republican presumptive nominee Bob Dole generated controversy in early June when he said he would include a ''declaration of tolerance'' of differing views about abortion in the GOP platform, which will continue to advocate a human life amendment to the Constitution and oppose federal funding of abortion.

O Meanwhile, pro-life Democrats have been working quietly behind the scenes to secure wording in the platform that would affirm their right to disagree with the party's support for legal abortion.

O Four years ago, Democrats who oppose abortion felt shut out and ignored in platform discussions and by organizers' refusal to permit then-Gov. Robert Casey of Pennsylvania to address the convention. Casey was and is a vocal advocate of moderating the Democratic Party's stance on abortion. Party leaders maintain Casey was not allowed to speak because he never endorsed Clinton's candidacy, not because of his abortion views.

O Since then, polls have made it clear that Democrats as well as Republicans have lost some of their long-term supporters because of rigidity over abortion. Neither party is likely to dramatically shift its position, but doors to accommodation that had been closed are at least being cracked open.

O Ten pro-life Democrats met with Democratic National Committee chairman Donald Fowler June 12 to discuss how to include their views about abortion in the party platform.

O ''We believe that the Democratic Party is committed to continuing discussions and recognizes that millions of Democrats share our views and support the party,'' said a statement from the group issued by Rep. Tony Hall, D-Ohio.

O In a phone interview with Catholic News Service, Hall said the pro-life contingent has been reluctant to make their efforts public because discussions with party leaders have been friendly and productive.

O ''We're working on language that might be acceptable,'' said Hall. ''The door is still open. We're trying to not fight in public.''

O Michigan Rep. James A. Barcia said he's pleased with the results of meetings with party leaders and believes an accommodation can be reached before the platform committee convenes in July.

O The general idea of the wording being proposed is a recognition that the party includes members in good standing who oppose its support for legal abortion and that individual members may, without fear of censure, abide by their consciences in opposing abortion, Barcia explained.

O ''The polls show that 56 percent of Democrats consider

themselves pro-life,'' said Barcia. ''And the Democratic Party has historically included persons of all beliefs.''
O Barcia and other Democrats who oppose abortion have felt not only abandoned by their own party, but ignored by voters who presume that any Democrat must support access to abortion.
O ''When the Democratic Party says it's wrong to be pro-life, that sends the exactly wrong signal to people who we want to be in the party,'' he said.
O Hall, who's finishing his 18th year in Congress, said it's been frustrating to be part of an unrepresented viewpoint when it comes to the party's platform.
O ''There are 35 to 40 of us in the House who vote pretty solidly pro-life,'' Hall explained. ''And I think in the party in general the percentage would be much higher than that.''
O The members of Congress working with party leaders on the issue realize a total change in the Democratic plank on abortion would be out of the question, said Barcia.
O ''But we will feel better as pro-life Democrats if the platform says we can follow our consciences,'' he added.
O ''There's no way we could ever get an anti-abortion plank in the platform,'' he said. ''But it's very important that we get an acknowledgment that we have a place -- that we can campaign as pro-life Democrats.''
O Like Barcia, many of the pro-life Democrats working for the platform change are Catholics. They include Reps. Bart Stupak of Michigan, Harold Volkmer of Missouri, Marcy Kaptur of Ohio and Mike Doyle of Pennsylvania.
O Barcia said losing control of both houses of Congress to Republicans in 1994 was a great wake-up call to the Democratic Party, particularly when it comes to regaining some of its traditional supporters, who voted GOP over issues including abortion and homosexuality.
O For example, polls in Michigan showed voters felt ''the Democratic Party had become captive to small special interest groups, so the people turned their backs on it,'' Barcia said.
O And while party leaders were shaken by the losses, some traditional Democratic constituencies such as labor unions also were startled by some of the changes the Republicans have brought, Barcia believes. At both ends, there's been re-evaluation of positions and what they expect of politicians and each other.
O ''They realize their entire existence is on the line,'' Barcia said. ''Now they see what the Republicans are prepared to do.''
O Organizations that had previously demanded that candidates for office line up with their own issues straight down the line are backing off.
O ''They see you can agree less than 100 percent of the time and still be a good Democrat,'' Barcia said.
END

-Date-
June 24, 1996
-Headline-
CASEY-DEMOCRATS
DEMOCRATS MUST HEED EFFORTS OF PRO-LIFE MEMBERS, CASEY SAYS
-Byline-
By Patricia Zapor
-Text-
Catholic News Service

WASHINGTON (CNS) -- An effort by pro-life Democrats to get a few words of accommodation for their beliefs into the Democratic platform this year was lauded by former Pennsylvania Gov. Robert Casey as the politically wise course for the party.

Ten pro-life House Democrats met party chairman Donald Fowler in June to discuss amending the election-year platform to include language recognizing their right to differ from the party's support for legalized abortion.

Several participants in the meeting described it as productive and said they believe the door is open to the minor wording change that will make them more comfortable running as Democrats who oppose abortion.

``The story here is not whether the language in the platform should be changed in some cosmetic way,'' Casey said in a June 21 phone interview, ``but that these Democratic congressmen are speaking from a key constituency which all parties agree is still to be claimed.''

That constituency of ``culturally conservative,'' ethnic, or Reagan Democrats may return to the Democratic Party after supporting Republicans in the 1992 congressional elections, if party leaders recognize that most Americans are not as strongly supportive of abortion as the platform and the party's national leadership, said Casey.

He believes it's significant that the pro-life House Democrats who met Fowler are from electoral vote-rich states that President Clinton needs to win this year -- Pennsylvania, Ohio, Missouri, Michigan and Illinois.

``The fact that these congressmen are raising this tells us they're receiving pressure from constituents in key states on a key issue,'' said Casey, a Catholic. In some of those states, the margin of just 2 to 3 percent of voters who might be influenced by a pro-life concession is enough to affect whether Clinton or Bob Dole wins the election, according to Casey.

``If the Democrats make no change it will worsen the situation,'' he predicted.

``This is not, as Kate Michelman, said, `Much ado about nothing,''' Casey said. Michelman is the leader of the National Abortion and Reproductive Rights Action League.

``It is much ado about something critical,'' Casey continued. ``It's not over. It's not decided. It was central to the Republican takeover of Congress in 1994.''

In that congressional election, the economy was good, there was no major scandal to drive voters away from one party, yet more Democrats voted for Republicans than they had in a very long time, Casey noted.

An outspoken advocate of moderating the Democratic Party's abortion support, Casey still believes he was kept from speaking at the 1992 convention because of his opposition to abortion.

Party leaders say the issue in refusing Casey's request to

speak was not his abortion opposition, but the fact that he never endorsed Clinton's candidacy. Casey notes that speaking time was allotted to several other people who never endorsed Clinton, including Kathleen Brown, whose brother, Jerry Brown, was a candidate for president; and a Republican activist supportive of legal abortion.

Casey said he hasn't decided whether to pursue a spot as a speaker at this summer's convention. He still bristles at the suggestion that he must endorse Clinton to be given a platform at the convention.

``That is not an acceptable precondition,'' he said. ``I thought this was the party of tolerance, not of walking in lock step with the national leadership.''

Casey said he hopes the apparent openness the pro-life Democrats have met with this year is a signal that the platform will not be dictated by ``inside the Beltway'' Democrats, who do not represent the mainstream of the party outside Washington. For example, Casey said all but three Democrats and one Republican in Pennsylvania's 21-member congressional delegation tend to vote pro-life.

He questioned why the party's national leadership would persist in supporting a strong no-restrictions abortion platform when it alienates all but a small segment of American society. Most polls show a majority of voters support at least some limits on abortion, such as parental notification, waiting periods and no government funding of abortions for poor women.

Yet the national party seems to be influenced by groups like the National Organization for Women, which are able to contribute money but represent fewer voters than more moderate organizations, he said.

``How many legions does Kate Michelman have in the field?'' Casey asked. ``They can raise money, but the pro-choice, hard-core constituency is the 18- to 35-year-old males. Feminists are conning the American people.''

From a purely political perspective, Casey said, he cannot understand why the party would risk losing voters who otherwise align with Democratic policies, but feel pushed into voting Republican because the Democratic position on abortion is so different from their own. The more strident supporters of abortion are unlikely to bail out of the party simply because the platform allows different views, he said.

``Where are they going to go? Is Barney Frank going to vote for Bob Dole? No.'' Casey said. Frank, a Democratic congressman from Massachusetts, strongly opposes all limits on abortion.

In fact, Casey added, there are more members of pro-life feminist groups such as Feminists for Life than in the main abortion-supporting feminist organizations.

``I think the congressional activity on the part of pro-life Democrats is very significant,'' he said. And party leaders must pay attention to their message. ``They're going to have to go back to the mainstream.''

Origins, Jul. 4, 1996

U.S. Bishops' Meeting/Portland

Statement on Partial-Birth Abortion Ban Veto

Partial-birth abortions continue in the United States because President Clinton vetoed the Partial-Birth Abortion Ban Act, Bishop Anthony Pilla of Cleveland, president of the National Conference of Catholic Bishops, said in a statement June 20. The statement, titled "Stand Up for Life," was adopted with the unanimous concurrence of the U.S. bishops on the first day of their June 20-22 general meeting in Portland, Ore. Boston's Cardinal Bernard Law, chairman of the NCCB Committee on Pro-Life Activities, introduced the statement with a critique of Clinton's April veto. (See also in Origins, Vol. 25, pp. 682; 722; 753ff.) Pilla said, "We will encourage Catholics and other people of good will to urge their senators and representatives to override the president's veto." (Law said the bishops' pro-life office has sent out 9 million sets of three postcards to people involved in a grass-roots campaign to get the veto overridden.) Pilla said: "Without ever condoning abortion, which remains terribly wrong, we encourage women and men who have been involved in abortion not to give up hope. The church continues to offer her healing ministry, which has helped many thousands of women, men and families to deal with the aftermath of abortion." Pilla announced a nationwide "day of prayer and fasting for life" for July 11. His statement follows.

Just over a year ago, Pope John Paul II urged Catholics and all people of good will to stand up for human life. With an unmistakable note of urgency, he spoke of a growing "culture of death." This culture, he warned, claims to advance human freedom but "ends up by becoming the freedom of 'the strong' against the weak, who have no choice but to submit."

Was the pope unduly pessimistic in assessing our society at the end of the 20th century? On the contrary, events of the past few months have shown how accurate he was.

Two federal courts ruled this year to exclude seriously ill people from the protection of laws against assisted suicide. Such people, the courts said, have a "right" to receive lethal drugs from their physicians so they can kill themselves. Such rulings devalue the lives of people most in need of compassion and care. We must do all we can to help bring about their reversal.

During this same period, the president of the United States has acted to extend the logic of our Supreme Court's gravely erroneous abortion decisions. He contends that the U.S. Constitution forbids any meaningful legal protection for children who are almost completely born alive and indeed that it should forbid such protection. The president is defending partial-birth abortion, a particularly heinous and violent way of killing an infant during the process of birth.

Congress voted to stop this shameful practice. However, because the president vetoed the bill, partial-birth abortion – more truly seen as a form of infanticide – continues in our country. We urge the Congress of the United States to override the president's veto of the Partial-Birth Abortion Ban Act.

"We are not unaware of or indifferent to the serious challenges that confront women with difficult pregnancies. Although we can never experience firsthand the hardships and pressures they may face, we hold out our hands and our hearts—with the support of the spiritual, social, medical, legal and financial resources available to us—to help women facing a crisis due to pregnancy."

Catholic parishes across the nation have begun to provide parishioners with information about partial-birth abortion. We will encourage Catholics and other people of good will to urge their senators and representatives to override the president's veto.

On July 11, churches nationwide will conduct a day of prayer and fasting for life. We will pray that our country rejects partial-birth abortion. We will pray that the lives of all may be respected, protected and nurtured – including the lives of innocent unborn children and those now threatened in the final stages of life. It will be our prayer that the culture of death be transformed by a culture of life, by a civilization of love.

We are not unaware of or indifferent to the serious challenges that confront women with difficult pregnancies. Although we can never experience firsthand the hardships and pressures they may face, we hold out our hands and our hearts – with the support of the spiritual, social, medical, legal and financial resources available to us – to help women facing a crisis due to pregnancy.

To those who have had abortions, we say with Pope John Paul: We are "aware of the many factors which may have influenced your decision" and do not doubt that it may have been "painful and even shattering." Without ever condoning abortion, which remains terribly wrong, we encourage women and men who have been involved in abortion not to give up hope. The church continues to offer her healing ministry, which has helped many thousands of women, men and families to deal with the aftermath of abortion.

We also admire and support the many women who, facing what may seem insurmountable difficulties, nonetheless decide to give their children the one gift no one else can give – the gift of life.

We urge Catholics and others to study and discuss these pressing issues of life and death, and to stand up for life. At the same time, we know that the final outcome of this struggle lies in the hands of an infinitely loving God. As Pope John Paul reminds us: "There is certainly an enormous disparity between the powerful resources available to the forces promoting the 'culture of death' and the means at the disposal of those working for a 'culture of life and love.' But we know that we can rely on the help of God, for whom nothing is impossible" ("The Gospel of Life," 100).

WHY ALL THE FUROR OVER PARTIAL BIRTH ABORTION?

Because unlike any other abortion, this procedure kills a living infant when she is almost fully delivered from her mother's womb. It's a painful, brutal procedure that's paving the way to open infanticide.

HOW CAN THIS BE LEGAL?

It's legal because President Clinton vetoed the bill that would have banned it — the bill that was passed by a bipartisan majority of the House and Senate.

WHY WOULD ANYONE SUPPORT THIS?

Because of misinformation that has been continually aired on the subject, including the following:

1. It may be necessary to save a woman's life.

Not true. In fact, H.R. 1833 allows partial birth abortion to save a mother's life. In any event, "There are absolutely no obstetrical situations ...which require a partially delivered human fetus to be destroyed to preserve the life or health of the mother."[1]

2. President Clinton argued that it is necessary to prevent "serious adverse health consequences" to the mother.

Not true. The mainstream medical community agrees: There is NO medical necessity for such a procedure. Even the leading authority on late-term abortion in the United States says that the procedure is never necessary to preserve a woman's health.[2]

Furthermore, "health," as defined by law in the abortion context, includes all factors — physical, emotional, psychological, familial and social.[3] This is a loophole large enough to justify any abortion. So, adding any health exception would effectively negate the ban. Addition of the modifiers "serious" and "adverse" will not change the way the law defines health.

3. It may be necessary to preserve a woman's future fertility.

Not true. Medical experts say it does the opposite. Forcefully dilating a woman's cervix for three days and turning a baby in utero to a breech position can make it more difficult to carry a subsequent baby to term.[4]

4. The procedure is not as brutal as it looks. The anesthesia given to the mother kills the unborn baby.

Not true. Leading anesthesiologists in the United States testified before Congress that this is simply not true.[5]

5. It is rarely done, and only for the most serious of reasons.

Not true. 600 to 2,000 of these abortions are performed each year. Practitioners report that the vast majority of these abortions are elective and the rest are done to prevent the live birth of a child with handicaps.[6]

THERE IS STRENGTH IN NUMBERS.

As the Catholic community in the United States, we can make a difference.

- *Talk about it with friends and family. Many don't know about partial birth abortion or don't believe it's really happening.*
- *Pray for an end to this unconscionable practice.*
- *Tell your two senators and your U.S. representative to override President Clinton's veto of the Partial Birth Abortion Ban Act (H.R.1833). Your legislators are elected to represent you!*

HOW TO CONTACT YOUR LEGISLATORS.

Write or call your representative and two senators. Sign and mail the postcards (if distributed in your parish today), or send your own card or letter to:

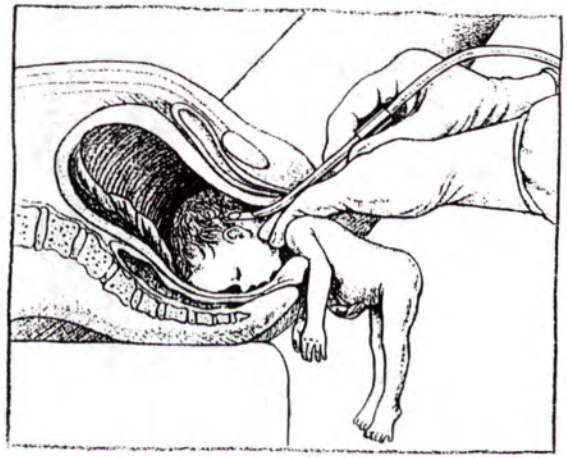
The Honorable _____
U.S. House of Representatives
Washington D.C. 20515

The Honorable _____
U.S. Senate
Washington D.C. 20510

Your federal legislators can also be reached by calling the U.S. Capitol switchboard at (202) 224-3121 or by calling their local offices. (Capitol switchboard operators can give you the names of your legislators based on your street address and ZIP code.) Messages can also be sent by FAX, E-mail or telegram.

For more information:
National Committee for a Human Life Amendment
1511 K St., NW, #335
Washington D.C. 20005
(202) 393-0703.

100% WRONG.



Late Second and Third Trimester Partial Birth Abortion

The doctor turns the unborn child into the "breech" position (feet first) and pulls the child from the mother until all but the head is delivered. He or she then forces scissors into the base of the skull and inserts a catheter to suction out the child's brain.

1 Testimony of Pamela Smith, M.D., in *U.S. Senate Hearing Report* 104-260 (Testimony of Nov 17, 1995) p.82
2 Dr. Warren Hern, in *American Medical News*, Nov 20, 1995 p.3
3 *Doe v. Bolton*, 410 U.S. 179, 192 (1973).
4 Dr. Warren Hern, in *American Medical News*, Nov 20, 1995, p.3.
5 *U.S. Senate Hearing Report* 104-260, p.108.
6 *U.S. Senate Hearing Report* 104-260, p.23.

THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS
SECRETARIAT FOR PRO-LIFE ACTIVITIES

4/5 INFANTICIDE.

1/5 ABORTION.

WARNING:
CONTAINS GRAPHIC DEPICTION OF PARTIAL BIRTH ABORTION. MATERIAL IS UNSUITABLE FOR CHILDREN.

Guest Opinion

by Helen Alvare

An agenda without the facts

Over the past several months, I have taken part in more radio programs about partial birth abortion than I can count. Most of these have call-in formats. And so they are a great way to listen to what's on the public mind when it comes to partial birth abortions and the effort to ban them nationally. One thing has become clear through all these many months of talking and listening: in order to resolve their fundamental question about the morality of the partial birth abortion, a lot of Americans wish they had better information about whether or not medical experts believe that this "procedure" is ever really medically necessary to treat a pregnant woman.

At present many people seem a little puzzled. While they've heard a lot about the politics of the partial-birth debate, they haven't heard much about its medical aspects. To the extent they have, they have most likely heard that there are women who claim that their doctors told them that they must have partial-birth abortions to preserve their lives, their health, or their future fertility. They might also know that these women, and the very sick babies they had aborted, are regularly held up by the president of the United States and by some members of Congress as the primary reason why the president didn't and Congress shouldn't, ban this procedure outright.

But again and again on these same radio programs, one or two citizens will call in and ask a version of the same question. Couldn't a woman have a cesarean section to deliver her baby alive even if her baby was very sick or disabled? Couldn't she have a regular delivery and let the baby die on its own time instead of being killed by the brutal partial-birth method? How does it make sense to argue that—once you force a baby into a breech position, and drag her outside the mother except for the head—preserving the mother's health and fertility requires you to stab the child in the head rather than simply delivering her alive? This question—the medical necessity of the partial-birth abortion—seems to have emerged as the central medical/moral question of the whole debate. Funny thing is, though, very few media stories have taken on this question. The *American Medical News* and the *Washington Times* are the exceptions. But though each is respected, neither is widely circulated. Sadly, a more typical example of media coverage is a recent *60 Minutes* report that promised much but delivered little. Producers from *60 Minutes* assured me they intended to get to the heart of the medical evidence. But the results were a segment filled with politics and emotion but no medical insight.

Why interview doctors, professors, and experts when you can interview a late-term abortionist—a member of the National Abortion Federation, the most aggressive public apologist for partial-birth abortion—who is willing to defend partial-birth abortions, even if that means disavowing prior quoted statements to the contrary? Why not give any air time at all to the prevailing, mainstream medical view that there is no medical indication whatsover for partial-birth abortions? Why provide millions of Americans who tune into *60 Minutes* every week precisely the medical information they are seeking to resolve the question in their minds? Why not indeed unless the unthinkable is true: *60 Minutes* had an agenda all its own. And it didn't involve letting the public hear the ugly little secret that there are no true medical indications for partial-birth abortions. Only political ones.

Helen M. Alvare is the director of planning and information for the Secretariat for Pro-Life Activities.

Why Defend Partial-Birth Abortion?

By C. Everett Koop

HANOVER, N.H.

The debate in Congress about the procedure known as partial-birth abortion reveals deep national uneasiness about abortion 23 years after the Supreme Court legalized it. As usual, each side in the debate shades the statistics and distorts the facts. But in this case, it is the abortion-rights advocates who seem inflexible and rigid.

The Senate is expected to vote today on whether to join the House in overriding President Clinton's veto of a bill last April banning partial-birth abortion. In this procedure, a doctor pulls out the baby's feet first, until the baby's head is lodged in the birth canal. Then, the doctor forces scissors through the base of the baby's skull, suctions out the brain, and crushes the skull to make extraction easier. Even some pro-choice advocates wince at this, as when Senator Daniel Patrick Moynihan termed it "close to infanticide."

The anti-abortion forces often imply that this procedure is usually performed late in the third trimester on fully developed babies. Actually, most partial-birth abortions are performed late in the second trimester, around 26 weeks. Some of these would be viable babies.

Pro-choicers twist the medical facts.

But the misinformation campaign conducted by the advocates of partial-birth abortion is much more misleading. At first, abortion-rights activists claimed this procedure hardly ever took place. When pressed for figures, several pro-abortion groups came up with 500 a year, but later investigations revealed that in New Jersey alone 1,500 partial-birth abortions are performed each year. Obviously, the national annual figure is much higher.

The primary reason given for this procedure — that it is often medically necessary to save the mother's life — is a false claim, though many people, including President Clinton, were misled into believing this. With all that modern medicine has to offer, partial-birth abortions are not needed to save the life of the mother, and the procedure's impact on a woman's cervix can put future pregnancies at risk. Recent reports have concluded that a majority of partial-birth abortions are elective, involving a healthy woman and normal fetus.

I'll admit to a personal bias: In my 30 years as a pediatric surgeon, I operated on newborns as tiny as some of these aborted babies, and we corrected congenital defects so they could live long and productive lives.

In their strident effort to protect partial-birth abortion, the pro-choice people remind me of the gun lobby. The gun lobby is so afraid of any effort to limit any guns that it opposes even a ban on assault weapons, though most gun owners think such a ban is justified.

In the same way, the pro-abortion people are so afraid of any limit on abortion that they have twisted the truth to protect partial-birth abortion, even though many pro-choice Americans find it reasonable to ban the procedure. Neither AK-47's nor partial-birth abortions have a place in civil society.

Both sides in the controversy need to straighten out their stance. The pro-life forces have done little to help prevent unwanted pregnancies, even though that is why most abortions are performed. They have also done little to provide for pregnant women in need.

On the other side, the pro-choice forces talk about medical necessity and under-represent abortion's prevalence: each year about 1.5 million babies have been aborted, very few of them for "medical necessity." The current and necessarily graphic debate about partial-birth abortion should remind all of us that what some call a choice, others call a child.

C. Everett Koop was Surgeon General from 1981 to 1989.

THE NEW YORK TIMES,
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Essay

WILLIAM SAFIRE

Practice to Deceive

WASHINGTON

Hillary Rodham Clinton, while engaged in an egregious conflict of interest at the Rose Law Firm, prepared the legal document used by her corrupt banking clients and her crooked law firm partner "to deceive Federal bank examiners," concludes the inspector general of the Federal Deposit Insurance Corporation.

The deceit's purpose was to hide from bank examiners $300,000 in sham payments, part of $3.8 million that later had to be made good by taxpayers. "Clinton and Webster L. Hubbell performed work," wrote the F.D.I.C.'s Patricia M. Black, "that appears to have facilitated the payment of substantial commissions to [Seth] Ward ... Hubbell's father-in-law."

Pardon 'process' is under way.

By using Ward as a front, Mrs. Clinton and her law partner helped the infamous Madison S.& L. as it "evaded regulations designed to protect the safety and soundness of the institution and violated the integrity of its books and records."

What says Hillary? She claims to have "no recollection" of preparing the deceitful document, although she billed her client for preparing it. She claims her mind to be a blank about conversations with Mr. Ward, though records show 14 calls between them over seven months. She destroyed her "Ward option" file only two years after the deceitful maneuver, in what she described as "housecleaning."

Only one year ago, a law firm hired by Federal regulators was unable to find sufficient evidence to warrant suing the Rose Law Firm. The Clinton White House immediately twisted this into "the F.D.I.C. supports what the First Lady has said all along" and trumpeted "it ought to drive a stake through the heart of those partisan senators."

But lo! Hillary Clinton's missing billing records miraculously appeared in the White House residence after two years of ducking a subpoena. Bank regulators were forced to take a second look, resulting in this week's "deceit" charge and the transmission of its damning report to the Independent Counsel. If the F.D.I.C. now fails to sue Rose lawyers to recover taxpayers' losses, regulators would be malfeasant.

Here's how to succeed in obstructing justice: (1) publicly disparage all investigators as partisan miscreants, as Clinton now does, (2) encourage co-conspirators to resist prosecutorial pressure by arranging for hush money and (3) hint at post-election pardons.

Follow the money. Knight-Ridder has noted that one of the Democratic Party's largest contributors ($425,000) is a green-carded alien from Indonesia named Arief Wiriandinata. His father-in-law is a co-investor in Lippo Group, a vast Asian conglomerate with a history of banking investments in Little Rock, Ark.

After Web Hubbell got in trouble and just before he went to jail, Lippo paid him a six-figure fee, investigators tell me. Senator Paul Sarbanes blocked questions about the fee's purpose, and Hubbell refused to testify about his timely post-ruination income. Hubbell, who we now learn worked closely with Hillary Clinton on the deceitful Ward option, probably knows much more than he has said.

Follow the contributors: in the White House Counsel Jane Sherburne's 12-page master plan of cover-up, high-priced lawyer Randy Turk was linked to Craig Livingstone almost two years before that former bar bouncer was found to be collecting 900 dossiers from Howard Shapiro's eager-to-please F.B.I. Who's been paying Turk, a former partner of the Deputy Attorney General, to protect Livingstone? A subpoena is ignored; why must contributors be kept secret?

Finally, after hearing President Clinton promise vulnerable staffers fund-raisers for hanging tough before indictment, we now hear him hint at pardons for convicted Whitewater criminals in an interview with Jim Lehrer on PBS: "there's a regular process for that."

That pardon "process" is likely to spring the felon Susan McDougal for her services protecting the Clintons from the truth, as well as convicted but unjailed Jim Guy Tucker, who might talk otherwise. Nor will faithful Web Hubbell be left to languish.

Does anyone doubt that if indictments appear likely, the President would repeat his phony claim that "it's obvious" that partisan plotters are out to get him — and would protect himself by a parade of pardons?

Think about it. Down that road, if the prime suspect's spouse is re-elected, lies another national nightmare. □

PHOTOCOPY PRESERVATION

THE NEW YORK TIMES, THURSDAY, SEPTEMBER 26, 1996

PHOTOCOPY PRESERVATION

Liberties

MAUREEN DOWD

Slouching Toward Hartford

Dole's unlovely indifference.

ST. LOUIS

There is a fatalistic splendor to Bob Dole's campaign.

It isn't even really a campaign anymore. It's something more interesting, more absurd, more dark, an inarticulate slouching around cornfields in Ohio and half-empty gyms in Missouri, boldly courting bad luck, bad timing and bad metaphors, inexorably sound-biting itself toward doom.

The candidate who swallows, mutters and subverts his words is now totally dependent on a good performance in a debate in Hartford. He is so opaque that the reporters were arguing the other day about whether Mr. Dole was ranting about taxes on "bird seed" or "bird feed."

The campaign is still struggling to master the basics — who they could get to write some good speeches, how they should handle the local press.

As he has since Iowa last winter, the more Mr. Dole campaigns, the more voters he drives away. He's hurting Republican chances of holding the House and Senate. He's losing Reagan Democrats. He's threatening his party with a historic rout. But that's not the weird part. The weird part is that he's not panicking. Clinically speaking, the Republican candidate is a perfect illustration of what a famous predecessor of Freud's once described as "the lovely indifference of hysterics" — except that Bob Dole's indifference is sometimes unlovely.

He will give up leisurely wooing the G.O.P. base this week to spend several days tanning in Florida. (He's tanned, he's rested, he's losing.)

Consider yesterday's odd little rally at Washington University here. Mr. Dole's introductory music was "Play That Funky Music, White Boy" and the Beatles' "Tax Man." A Dole advance man in the back sent up a few wistful puffs from a little smoke-blowing machine. And a student in front of Mr. Dole waved a sign — "Kemp's the Dude."

This is the sort of campaign where Mr. Dole, asked about Democratic "lies," detours to give Phil Gramm a little whack. "Phil Gramm says we've got to start pulling this wagon," he said. "Well, he didn't quite make it up the hill. So I got the wagon now, and I'm working on it."

This is the sort of campaign where Mr. Dole, trying to tar Bill Clinton as a liberal who wanted tax increases and bigger government, somehow ends up defending him as a steadfast man of principle. "These are not the actions of a finger-in-the-wind politician that's waiting for the polls," he said of the finger-in-the wind President who's always waiting for the polls. (A headline in The Washington Post yesterday announced, "Clinton Says He Is No Liberal.")

Nothing is resonating — the attacks on the President's character, on his liberalism, on his wife and her "power grab on health care" and on the inane inhaling-not inhaling question. It's not entirely the Dole campaign's fault. Bill Clinton presents a target unprecedented in American politics: a perpetual-motion machine, moving left, right and center, signing bills to please one constituency and promising to fix the bills he just signed to please another constituency.

Republicans just shrug, waiting for the end. Robert Teeter, the Michigan pollster who helped manage the last disastrous Republican race, Bush '92, came to see Mr. Dole's speech to the Economic Club of Detroit. He said afterward that perhaps the public saw Mr. Dole for too many years from the vantage point of looking down at his forehead on C-Span, as he presided over Senate floor fights. "The public doesn't like all that fighting," Mr. Teeter said.

It is a little poignant to watch, this lion-in-autumn performance by a man who dedicated his life to public service. There are affecting moments.

In Shelby, Ohio, Mr. Dole worked a rope line and a mother offered him her baby to hold.

"I'm afraid I might drop it," he said, but then gingerly cradled the baby in his left arm, with some help from a Secret Service agent.

Republicans wonder why Mr. Dole is so serene in the tumbrel. Why on earth did he want the nomination? Was it just for the sake of getting it, or keeping other people from having it?

He seems oddly resigned to his fate, losing to one more golden boy for whom he has little respect, losing to someone who didn't do it the hard way. That's how his story always ends, isn't it? □

Jobfare, Familiar and Failed

By Paul Offner

Wage subsidies aren't the answer.

WASHINGTON

Even before President Clinton signed the welfare reform bill, everyone wanted to know where the jobs would come from. Now, belatedly, we have the President's answer: wage subsidies. Instead of giving welfare grants directly to families, states can send the money to employers who agree to provide jobs for the heads of these families. In effect, the welfare grant becomes a wage subsidy.

"Every state ought to take this idea and put it at the heart of the new plan," Mr. Clinton told a meeting of the Southern Governors' Association on Sept. 10.

To hear Mr. Clinton talk, one would think this is new — one of those vaunted third-way ideas, a middle ground between liberals and conservatives. In fact, though, diverting welfare checks to employers has been part of the law for 15 years. And it has been an unambiguous flop.

In 1984, six states carried out wage subsidy programs of this kind. A year later, only 250 people had obtained jobs. The jobs they obtained were no better than those they could have found on their own, the Manpower Demonstration Research Corporation reported.

Four years later, Congress passed the Family Support Act, giving states Federal dollars to support job training and placement. By 1991, 461,000 recipients had enrolled in programs of this kind, but fewer than 1,000 were in subsidized employment. Study after study found most employers didn't care about the subsidies. They wanted employees who came to work on time, put in eight hours and didn't get into fights with supervisors or coworkers. If anything, the subsidies acted as a deterrent because they stigmatized applicants.

These findings notwithstanding, the new welfare law expands the wage subsidy concept by allowing states to send the employer the cash value of food stamps as well as the welfare check. The Congressional Budget Office, Congress's fiscal watchdog, is unimpressed: It said recently that this provision would cost the Government more because people who have subsidized jobs end up collecting public assistance in that form longer than those who simply receive welfare checks.

Other wage subsidy approaches have been tried over the years, with similar results. The Targeted Jobs Tax Credit was enacted in 1978 to encourage hiring the hard-to-employ, but it had little effect. Employers determined after the fact whether any of their workers qualified, and then applied for the tax credit. The result, said the Labor Department's Inspector General, was a windfall for the employers.

The welfare reform task force set up by Mr. Clinton in the first year of his Presidency flirted with the idea of wage subsidies for welfare recipients, but dropped it after reviewing the evidence. In the bill Mr. Clinton introduced in 1994, there was little mention of the idea. Now, it's back.

Mr. Clinton is a serious student of welfare policy, so he must know about this sorry track record. No doubt he's pushing wage subsidies because, compared with job training or job creation, they're cheap. "There's not enough money around to create enough public jobs to solve this welfare problem," he told the governors. Maybe not. Then again, maybe our goal should be finding the money. After all, there's a chance that a serious jobs program would make a big difference. With the new welfare law, though, we'll never know. □

Paul Offner is the District of Columbia's Commissioner of Health Care Finance.