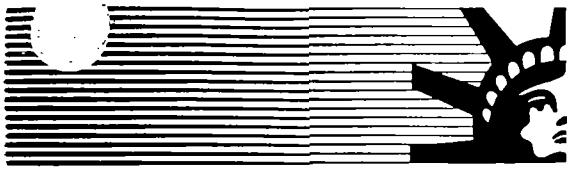
Department of Defense

This file contains:

- NARAL memo expressing support for the Sanchez Amendment to the FY 2000/01 Defense Department Authorization Act
- NARAL memo expressing support for the Murray-Snow Amendment to the FY 2000/01 Defense Department Authorization Act
- Vote tally for the Amendments to the FY 2000/01 National Defense Authorization Act. In addition to the vote tally, there is a copy and explanation of the current law regarding privately funded abortions at military hospitals, a copy of the Buyer Amendments, and a copy of the Bartlett Amendment. Also included are descriptions of the Sanchez and Kuykendall Amendments
- NARAL memo expressing opposition to the FY 2000 Agriculture Bill

NARAL ***Promoting Reproductive Choices***



TO: Defense and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 25, 1999
RE: ***FY 2000/2001 Defense Department Authorization Act***

Later this week, the House is scheduled to consider HR 1401, the FY 2000/2001 Defense Department Authorization bill. At this time, two important reproductive health care issues may arise:

- Although Representative Loretta Sanchez succeeded during Subcommittee in repealing the ban on *privately-funded* abortions at military hospitals overseas, the full Committee passed an amendment restoring this ban. During floor consideration, Representative Sanchez plans to offer an amendment to repeal the ban on *privately-funded* abortions at overseas military hospitals. ***NARAL urges you to support the Sanchez amendment and will be scoring this vote in our 1999 Congressional Record on Choice.***

  The Sanchez amendment restores the ability of our female service members and female dependents stationed overseas to exercise their constitutional right to choose safe abortion services. It does not require the Department of Defense to pay for abortions -- it simply repeals the current ban on *privately-funded* abortions at U.S. military facilities overseas. Military women should be able to depend on their base hospitals for all their medical services. The Sanchez provision restores access to the same range and quality of health care services that they can obtain in the U.S.

  Without the Sanchez amendment, women who have volunteered to serve their country will continue to be discriminated against by being prohibited from exercising their legally protected right to choose simply because they are stationed overseas.

- The Subcommittee also approved an amendment offered by Representative Steve Kuykendall making DoD abortion funding consistent with the current Hyde Amendment, which requires Medicaid funding for low-income women, not only in the case of life endangerment, but also in cases of rape and incest. Current law allows DoD to pay for abortion services only in cases of life endangerment.

  Pro-choice members of the full Committee successfully blocked an anti-choice effort to entirely eliminate these newly won exceptions for rape and incest. But, anti-choice lawmakers then further restricted the exception language to prevent publicly-funded abortions at overseas hospitals for victims of rape and incest,

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unless the rape or incest was "forcible" and "reported to a law enforcement agency."

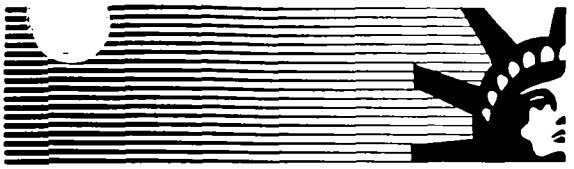
Rape is by definition a forcible act. Incest is by definition an egregious assault. The women who have been victimized by these crimes should not have to endure reporting requirements just to obtain needed medical services. The actions of the anti-choice members of the Armed Services Committee endanger the health and lives of U.S. servicewomen and military dependents. **NARAL opposes these onerous restriction to DoD funding for abortion in cases of rape and incest.**

The United States is entrusted with providing health care for women and men who dedicate their lives to military service and their dependents. Women in the military who have been victimized by rape or incest, particularly those women who are further isolated by serving overseas, must have control over any resulting pregnancy. Under current law, in the Medicaid context, women whose pregnancies result from rape or incest may obtain an abortion as part of their comprehensive health care provided by the Government. Women in the military deserve no less.

Women who have been raped often face additional victimization caused by the insensitivity of police, medical personnel, and the criminal justice system. These problems may be particularly acute in the international context. The military should do everything in its power to alleviate, not exacerbate, these indignities -- providing needed medical services is an important step.

Attached are talking points on *privately-funded* abortions in military hospitals overseas. If you have any questions, please call Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

NARAL *Promoting Reproductive Choice*



PRIVATELY FUNDED ABORTIONS AT MILITARY HOSPITALS

- Since 1979 the Department of Defense (DoD) appropriations bills have prohibited the use of funds to perform abortions at overseas military hospitals in almost all cases. In 1985 the ban was made permanent by the DoD Authorization Bill. In 1988, DoD issued an administrative order - without Congressional consultation - extending the funding ban to prohibit women from obtaining abortion services with their own funds at military facilities overseas. Prior to the 1988 restrictions, DoD had an informal policy of providing abortion services at overseas facilities with private funds.

- January 20, 1993 President Clinton lifted the ban on privately funded abortion services by Executive Order permitting abortions to be provided at U.S. military hospitals overseas if paid for with private, non-DoD funds. The Executive Order allowed abortions to be made available at military medical facilities overseas within the framework set up in *Roe v. Wade*, and in keeping with other laws and regulations governing military medical care.

- In 1995 an anti-choice majority in Congress wrote into permanent code, through the FY 96 Department of Defense Authorization Act, a ban on privately funded abortions at overseas military facilities for U.S. servicewomen, except for cases where a woman is the victim of rape or incest. The DoD will only pay for abortions in cases of life endangerment.

- All three branches of the military have "conscience clause" provisions which permit medical personnel who have moral, religious or ethical objections to abortion or family planning services not to participate in the procedure. These "conscience clauses" remain intact.

- The ban on privately-funded abortions discriminates against women who have volunteered to serve their country by prohibiting them from exercising their legally protected right to choose simply because they are stationed overseas. While the DoD policy respects host nation laws regarding abortion, to the extent feasible and consistent with legal obligations, service women stationed overseas should have the same access to abortion services as do women in the U.S.

- Prohibiting women from using their own funds to obtain abortion services at overseas military facilities endangers their health. Women stationed overseas depend on their base hospitals for medical care, and are often situated in areas where local facilities are inadequate or unavailable. This policy may cause a

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woman facing a crisis pregnancy to seek out an illegal, unsafe procedure.

- This ban may cause a woman stationed overseas who is facing an unintended pregnancy to be forced to delay the procedure for several weeks until she can travel to a location where safe, adequate care is available. For each week an abortion is delayed, the risk to the woman's health increases.

FY 99 CONGRESSIONAL ACTION

- May 6, 1998 during the House National Security Committee mark-up of the FY 99 National Defense Authorization Act, Representative Harman offered an amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The amendment failed by a vote of 20-28.

- May 20, 1998 during House floor debate on the FY 99 National Defense Authorization Act, Representatives Lowey and Harman offered an amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The Lowey/Harman amendment failed by a vote of 190-232.

- June 25, 1998 during Senate floor debate on the FY 99 National Defense Authorization Act, Senators Murray and Snowe offered an amendment to repeal the ban on privately funded abortions at overseas military hospitals. The Murray/Snowe amendment was defeated by a vote of 44-49.

- September 24, 1998 the House passed, by a vote of 373-50, the conference report on the Defense Authorization bill. The conference report includes the language banning access to privately funded abortions at overseas military facilities, with exceptions for rape and incest.

- October 1, 1998 the Senate passed the conference report on the Defense Authorization bill 96-2, with the restrictive abortion language included.

- October 17, 1998 President Clinton signed the bill into law. (P.L.105-261)

FY 00-01 CONGRESSIONAL ACTION

- May 13, 1999 during the House Armed Services Subcommittee on Military Personnel mark-up of the FY 00-01 National Defense Authorization Act, Representative Sanchez offered an Amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The amendment passed by a vote of 10-8.

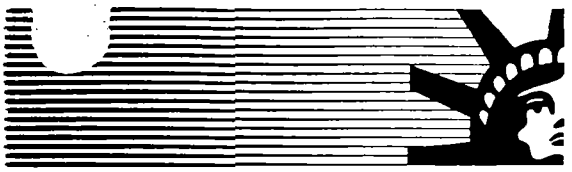
The Subcommittee also considered an amendment offered by Representative Kuykendall making DoD funding for abortion consistent with the current Hyde Amendment, which requires Medicaid funding for low-income women, not only in the case of life endangerment, but also in cases of rape and incest. The Kuykendall amendment passed by a vote of 11-7.

- May 19, 1999, during the House Armed Services Committee mark-up of the FY 99 National Defense Authorization Act, Representative Buyer offered an amendment to reinstate the current-law ban on privately-funded abortions at overseas military hospitals for servicewomen and military dependents that was removed in Subcommittee. The Buyer amendment passed 33-26.

  Rep. Bartlett offered an amendment to strike the rape and incest exceptions that the Subcommittee added to the permanent law prohibition on DoD funding for abortion, which currently contains an exception only for life endangerment. The Bartlett amendment failed 25-29. Rep. Buyer then offered an amendment to limit rape and incest coverage for abortion to cases of "forcible" rape or incest that are "reported to a law enforcement agency." The Buyer amendment passed 30-29.

NARAL 5/19/99

NARAL *Promoting Reproductive Choices*



RECOGNIZE THE RIGHTS AND DIGNITY OF OUR WOMEN IN THE ARMED FORCES AND DEPENDENTS OF OUR SERVICEMEN

Strike the Language Requiring "Forcible" Rape and Incest and Reporting Requirements.

- The Subcommittee on Military Personnel and full Committee recognized by adopting the Kuykendall amendment that the current ban on DoD funding of abortions except only in the case of life endangerment was far too narrow in excluding abortions necessitated by rape or incest. It is commendable that at long last, it appears that military women and military dependents who have been traumatized by rape or incest will soon be able to obtain an abortion as part of the health care provided by the United States government.

- However, this small but significant step forward was marred by the inclusion of mistrustful language introduced by Rep. Buyer requiring that the rape or incest be "forcible" and that the woman report the rape or incest to a law enforcement agency.

- The definition of rape no longer requires force, but simply lack of consent. Reimposing a requirement of forcible rape harkens back to the days when women had to fight their rapists to within an inch of their lives to be recognized as having been raped. It ignores the fact that incest by definition need not include force. It would further exclude the unresisting but unconsenting woman who was raped after she was drugged or passed out when no force was involved. It suggests that women routinely lie about having been raped and embodies in the law a deeply negative stereotype about women.

- Reporting requirements, too, can doubly traumatize a victimized woman and sometimes endanger them. In the United States, a rape occurs approximately every two minutes, according to the Department of Justice (DOJ), and a rape is reported every six minutes. Traumatized by the rape, many rape victims fear being further traumatized by the judicial process. Others fear reprisal from their assailants. Approximately 28% of victims were raped by husbands or boyfriends; 35% were raped by acquaintances, and 5% by other relatives, according to the Department of Justice. Such cases may be particularly difficult to report and help account for the fact that only one-third of women report sex crimes.

- For instance, victims of incest are frequently told by their abusive relative that they will be killed if they tell anyone of the liaison. For dependent woman in the military, reporting the crime may involve reporting an abusive husband or relative to base law enforcement, exposing her husband or relative to legal sanctions and her to escalated abuse as a result. She must be able to decide whether it is prudent to inform military law enforcement authorities of such criminal conduct.

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- In sum, women must be able to decide for themselves how they can best recover from the trauma of rape or incest -- sometimes this will include pursuing legal recourse; other times it will not. Requiring reports to law enforcement and proof of force are simply ways to demean victims and to substitute the government's judgment about the woman's plight for her own.

NARAL 5/24/99

May 10, 1999

Dear Representative:

As members of the public health care community as well as organizations concerned about women's health, we write to express our support for Representative Sanchez's amendment to HR 1401, the FY 00-01 National Defense Authorization bill. The Sanchez amendment would ensure equal access to comprehensive reproductive health care for all U.S. servicewomen and dependents, regardless of where they are stationed.

As you know, current law limits the range of reproductive health services provided to servicewomen and military dependents serving overseas, even when they pay for these services with their own money. The Sanchez amendment does not require the Department of Defense to pay for abortions; it would simply repeal the current ban on privately funded abortion services.

Women serving in the military overseas need to be able to depend on their base hospitals for medical care, especially when stationed in areas where local health care facilities are inadequate. The current ban may cause a woman seeking an abortion to delay the procedure while she looks for a safe provider, or may force a woman to seek an illegal, unsafe procedure locally.

We strongly believe that there is no compelling reason to prevent women serving in our armed forces overseas from using their own funds to receive procedures legally available in hospitals located in the United States. The current policy of limiting health care choices based on duty station potentially threatens the health of military women and needlessly limits the medical options available to military caregivers.

Please continue to support our military women by supporting the Sanchez amdendment to HR 1401.

American Association of University Women
American Civil Liberties Union
American College of Obstetricians and Gynecologists
American Medical Women's Association
Americans for Democratic Action
Catholics for a Free Choice
Center for Reproductive Law and Policy
Feminist Majority
Human Rights Campaign
National Abortion Federation
National Abortion and Reproductive Rights Action League
National Council of Jewish Woman
National Family Planning and Reproductive Health Association
National Organization for Women
NOW-Legal Defense and Education Fund
National Partnership for Women and Families
National Women's Law Center
People for the American Way
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Religious Coalition for Reproductive Choice

American
Medical
Women's
Association, Inc.

"Forging Alliances on Global Health Issues"
AMWA's 84th Annual Meeting
San Francisco, CA
November 10-14, 1999

Clarita E. Herrera, MD, *President*
Eileen McGrath, JD, CAE, *Executive Director*

April 22, 1999

Representative Loretta Sanchez
U.S. House of Representatives
1529 Longworth House Office Building
Washington, DC 20515

Dear Representative Sanchez: **Regarding Support H. R. 1350**

As President of the American Medical Women's Association (AMWA), I am writing to support H. R. 1350, the "Freedom of Choice for Women in the Uniformed Services Act." AMWA is an organization of 10,000 women physicians and medical students dedicated to promoting women's health and increasing the influence of women in all aspects of the medical profession.

AMWA has been an advocate for restoring the freedom of choice to women in the uniformed services serving outside the United States. I would like to applaud you for this bill and your initiative toward improving the well-being of all women.

Please let me know if AMWA can be of any assistance to you in your efforts.

Sincerely,

Clarita E. Herrera, M.D.

Clarita E. Herrera, MD
1998 - 1999 AMWA President

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April 28, 1999

The Honorable Loretta Sanchez
U.S. House of Representatives
1529 Longworth House Office Building
Washington, DC 20515

Dear Congresswoman Sanchez:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 39,000 physicians dedicated to improving the health care of women, I am pleased to endorse HR 1350, the "Freedom of Choice for Women in the Uniformed Services Act." Your legislation ensures that U.S. servicewomen have equal access to appropriate reproductive health care. Servicewomen and military dependents serving overseas should have the ability to obtain abortion services using their own funds in U.S. military hospitals outside of the United States.

The College is committed to facilitating the delivery of quality health care appropriate to every woman's needs throughout her life and for assuring that a full array of clinical services be available to women. Your legislation removes an unnecessary barrier for servicewomen and military dependents stationed overseas.

ACOG applauds your efforts to protect the health and rights of women. We look forward to working with you to ensure the passage of this important legislation.

Sincerely,

Ralph W. Hale MD

Ralph W. Hale, MD
Executive Vice President

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THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 7 1999

Honorable Loretta Sanchez
House of Representatives
Washington, DC 20515

Dear Representative Sanchez:

The Department of Defense (DoD) strongly supports the Administration's proposal to repeal section 1093 of title 10, United States Code. This law prohibits using funds available to the DoD to perform abortions except when the life of the mother would be endangered if the fetus were carried to term. It also prohibits the DoD from performing prepaid abortions in any facilities, including overseas facilities, except where the life of the mother could be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

The Department believes it is unfair for female service members, particularly those members assigned to overseas locations, to be denied their constitutional right to the full range of reproductive healthcare, to include abortions. The availability of quality reproductive healthcare ought to be available to all female members of the military.

Sincerely,

Dr. Sue Bailey

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

September 24, 1998

THE DIRECTOR

The Honorable Bob Livingston
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

This letter provides the Administration's views on H.R. 4101, the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, FY 1999, as passed by the House and by the Senate. As the conferees develop a final version of the bill, your consideration of the Administration's views would be appreciated.

The Administration welcomes congressional efforts to accommodate the President's priorities within the 302(b) allocation. The President's FY 1999 Budget proposes levels of discretionary spending for FY 1999 that conform to the Bipartisan Budget Agreement by providing savings through user fees and certain mandatory programs to help finance discretionary spending. In the Transportation Equity Act, Congress -- on a broad, bipartisan basis -- took similar action in approving funding for surface transportation programs paid for with mandatory offsets. In addition, this year, as in the past, such mandatory offsets have been approved by the House and Senate in other appropriations bills. We want to work with the Congress on mutually-agreeable mandatory and other offsets that could be used to increase high-priority discretionary programs in this bill. In addition, we urge the Congress to consider again the user fee proposals included in the President's budget, either adopting or modifying them to enable more resources to be directed to important initiatives such as those proposed for food safety, nutrition programs, rural development, agriculture research, and conservation.

It is our understanding that the conferees intend to include emergency agricultural disaster assistance in this bill. It is essential that the conferees approve income based assistance consistent with the President's September 22nd proposal and the Daschle/Harkin plan. We also strongly urge the conferees to disapprove the unacceptable House provision that would prohibit FDA from using funds for the testing, development, or approval of any drug for the chemical inducement of abortion. If the bill presented to the President includes the unacceptable FDA language, and agricultural disaster provisions that provide inadequate indemnity assistance or are inconsistent with the Daschle/Harkin proposal, his senior advisers would recommend that he veto the bill. We look forward to working with you to resolve these concerns.

Congresswoman Nita M. Lowey
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Facsimile Cover Sheet

TO: Jenny Luray
456-7311

FROM: Matthew Traub
Legislative Director
Office of Congresswoman Nita M. Lowey

Number of Pages Transmitted (Including this Page): 10

If there are any problems with this transmission, please call (202) 225-6506

Comments:

(1) Dear Colleague

(2) Last year's SAP

Congress of the United States

Washington, DC 20515

May 25, 1999

Support Biomedical Research?
Oppose the Coburn Amendment to Agriculture Appropriations.

Dear Colleague,

We are writing to urge you to oppose the Coburn Amendment to the Agriculture Appropriations bill, which would stop the FDA from testing, developing or approving potentially lifesaving drugs and set a dangerous precedent of having politicians -- not scientists -- decide whether a drug is "safe and effective" and whether it should be approved.

The National Coalition for Cancer Research, the American Medical Association, the American College of Obstetricians and Gynecologists, the American Medical Women's Association, and the National Association of Nurse Practitioners in Women's Health, all oppose this amendment because it would impede development of any drug that could induce miscarriage. This includes drugs to treat breast cancer, ovarian cancer, lung cancer, hypertension, rheumatoid arthritis, cirrhosis, ulcers, epilepsy, and many other medical conditions.

A letter from the National Coalition for Cancer Research outlining their opposition to this amendment is copied on the reverse. We urge you to oppose this amendment and allow science, not politics, govern the approval of lifesaving drugs.

Sincerely,

Rosa DeLauro
Member of Congress

Nita Lowey
Member of Congress

Food and Drug Administration

The Administration strongly opposes the unacceptable House-passed provision that would prohibit FDA from using funds for the testing, development, or approval of any drug for the chemical inducement of abortion. The determination of safety and effectiveness is the cornerstone of the consumer protection established by the Federal Food, Drug, and Cosmetic Act and must continue to be based on the scientific evidence available to FDA. Prohibiting FDA from reviewing applications for particular products could deprive patients of new therapies that are safer and more effective than those currently approved. Additionally, this provision could conceivably put women at risk because it might allow clinical trials of such drugs to proceed without FDA supervision.

In addition, the Administration strongly urges Congress to provide the full $1,251 million in resources to fund the program level proposed for the Food and Drug Administration (FDA) in the President's budget. The Administration is deeply disappointed and concerned that neither the House nor the Senate has funded the President's request for FDA's tobacco enforcement activities. This funding is vital to the Administration's plan to reduce youth smoking. Failure thus far to pass comprehensive tobacco legislation should not prevent the Congress from providing adequate resources for these critical public health activities.

Food Safety Initiative

The Administration is deeply concerned that neither the House nor the Senate has fully funded the President's request for Food And Drug Administration (FDA) and USDA activities to enhance food safety, providing only $16.8 million and $68.9 million, respectively, of the $96 million the President has requested for these activities. American consumers enjoy the world's safest food supply, but too many Americans get sick, and in some cases die, from preventable food-borne diseases. The President's initiative would expand food safety research, risk assessment capabilities, education, surveillance activities, and food import inspections. The Administration will work with Congress to explore options to offset the additional cost needed to fully fund the President's request.

Disaster Assistance

It is of critical importance that the Federal Government provide emergency funds to farmers facing the worst agricultural crisis in a decade. On September 22nd, the Administration submitted its request for $2.3 billion in emergency assistance, including supplemental crop insurance indemnity payments, additional farm operating loans, assistance to farm workers, and other vitally important programs. In addition to this request, Secretary Glickman communicated the Administration's support for income assistance to farmers for low commodity prices through Senators Daschle and Harkin's proposal to remove the cap on marketing loan rates for 1998 crops. This is clearly the superior approach for providing emergency assistance to those facing crashing commodity prices this year. The Administration strongly urges the Congress to provide sufficient and appropriate assistance to address this urgent crisis.

Women, Infants, and Children

The President requested a funding increase in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to reflect inflation adjustments and projected increases in participation. Based on new data indicating declining food package costs and stable WIC participation, it now appears that the Senate or lower House funding level will be sufficient to support the revised 7.4 million year-end participation level going into FY 1999. We commend the House and Senate for their hard work on this issue and if the conferees approve the House level, we urge that the additional resources in the Senate bill be reallocated to priorities detailed in this letter.

Civil Rights

The President is personally committed to righting any wrongs committed by USDA employees in years past. Therefore, the Administration strongly supports the provision passed in both the House and the Senate that waives the statute of limitations for individuals who have previously filed a discrimination claim against USDA. The Administration strongly prefers the Senate version because it applies to both USDA farm and housing loans.

However, in a number of areas, the House and Senate have reduced funds to assist the most needy farmers and residents of rural communities. Neither the House nor the Senate has provided the requested increase for the Outreach for Socially Disadvantaged Farmers program, which was a key recommendation of the USDA Civil Rights Action Team (CRAT) report last year. With the additional $7 million requested, USDA could support 35 projects to assist 10,000 small family farms and stem the decline in the number of minority farmers and ranchers. We urge the conferees to provide the full request.

The CRAT report also recommended increasing the amount of farm ownership loans, a portion of which are targeted to minority and beginning farmers. The Administration urges the conferees to provide an additional $3 million requested for this program by the President, which would permit another 290 limited-resource farmers to finance real estate purchases.

Rural Development Funding

The Administration strongly objects to the provision in both bills that blocks FY 1999 spending in the mandatory Fund for Rural America. The Fund provides additional resources for rural development and innovative agricultural research that are vitally needed to improve the quality of life in rural America and increase the productivity of U.S. farmers. Congress created the Fund in 1996 to boost the overall Federal investment in these activities, not as a source of savings to offset discretionary spending. Moreover, Congress recently extended the authority for the Fund and increased its resources. The Administration urges the conferees to strike this provision.

In addition, the Senate bill does not fully fund the President's request for the Rural Community Advancement Program (RCAP), under-funding direct loans for water and wastewater and for community facilities. These loans provide the community infrastructure to improve the quality of life of rural Americans, and they often finance the vital ingredient for diversifying the rural economy. The Senate bill would fund 35 fewer water and wastewater facilities, serving 50,000 rural residents, as well as fewer rural health clinics, police and fire stations, and health care facilities than the President's request. We urge the conferees to adopt the House position, but to strike the House language that would limit the flexibility of USDA to transfer funds among programs, in order to allow the program to operate as intended and permit resources to be tailored to meet unique local needs.

Agriculture Research

Both the House and Senate have included over $50 million in unrequested earmarks for low-priority research while funding competitive grants through the National Research Initiative (NRI) at $30 million and $35 million, respectively, below the President's request. Rejecting additional funds for competitive research grants for national and regional priorities in favor of earmarked grants for local interests fails to support the highest priority needs of American agriculture and consumers, and the Administration urges the conferees to reverse this policy. We also believe that the conferees should reduce the unrequested increases in the Agricultural Research Service's buildings and facilities program and redirect these resources to higher priority programs.

The Administration strongly objects to the House's elimination of the $120 million in competitively-awarded research funds authorized in the Agricultural Research, Extension and Education Reform Act of 1998. These funds would finance vital investments in food and agricultural genome research, food safety and technology, human nutrition, and agricultural biotechnology. We urge the conferees to support these important research efforts by restoring funds to the level requested.

Climate Change and Clean Water Initiatives and Conservation Programs

Neither the House nor the Senate has provided the $7 million increase requested for research to support the Administration's Climate Change Technology Initiative. These funds would support high-priority research to reduce greenhouse gas emissions caused by agricultural practices, develop improved feedstocks that can generate energy, and improve techniques to convert agricultural products to biofuels. The Administration urges the conferees to restore funding to the requested level.

In addition, neither the House nor the Senate has included the Administration's requested increase of $23 million for the Natural Resources Conservation Service (NRCS) to implement the President's Clean Water Action Plan to help State and local organizations hire watershed coordinators, document baseline conditions, and target resources to farmers requesting

assistance. The Plan, developed by USDA and EPA, outlines a strategy on how to correct water quality problems, including polluted run-off, across the Nation. The Administration urges the conferees to provide these necessary funds to the NRCS.

The Administration strongly opposes House and Senate actions reducing or eliminating funding for several key mandatory USDA conservation programs, including the Environmental Quality Incentives Program, Wetlands Reserve Program, Wildlife Habitat Incentives Program, and Conservation Farm Option. These programs are essential for enhanced water quality, wildlife habitat, and soil conservation on American farms and throughout rural America and should be adequately funded.

Language Provisions

The Administration strongly objects to the House provision that would provide funding for research on nutrition programs within the Economic Research Service. Research on nutrition programs should occur in the context of the program's administration, and the Administration urges the conferees to provide funding for these activities within the Food and Nutrition Service, as requested and as included in the Senate bill.

The Senate bill purports to prohibit USDA personnel from preparing or submitting appropriations language regarding unenacted user fees unless the budget also identifies additional spending reductions should the user fees proposals not be enacted by an identified time. The Justice Department advises that this provision would violate the Recommendations Clause of the Constitution under which Congress can neither require nor prohibit that the President make legislative or policy recommendations to Congress. Because the funding restriction would undermine the President's ability to fulfill his constitutional duty under the Recommendations Clause, it would be unconstitutional.

The Administration objects to the provision in the House and Senate versions of the bill that would limit Executive Branch review of USDA responses to congressional inquiries. The Administration urges the conferees to delete these provisions.

The Administration objects to a Senate provision that would prohibit the FDA from consolidating laboratory operations. The proposed consolidation offers the opportunity for better efficiency and mission coordination, and it is part of FDA's overall streamlining goals. The Senate provision would force FDA to spend funds on infrastructure that could otherwise be used more directly to protect public health. The Administration urges the conferees to drop this provision.

The Administration objects to section 741 of the House-passed bill that would allow Federally tax-exempt financing in conjunction with rural multi-family housing guarantees. Guarantees of tax-exempt obligations are an inefficient way of allocating Federal credit.

Assistance to borrowers, through the tax exemption and the guarantee, provides interest savings to the borrower that are smaller than the tax revenue loss to the Government, and the cost to the taxpayer is, therefore, greater than the benefit to the borrower.

The Administration objects to the addition of Title XI to the Senate bill, would amend the alternative-fuel provisions of the Energy Policy Act of 1992. The amendment makes numerous changes to definitions and compliance credits, with the nominal intent of increasing demand for "biodiesel" -- a fuel derived from oil seeds such as rapeseed. The real effect, however, would be to gut most of the existing alternative-fuel requirements and policies. The amendment creates loopholes that would allow Federal agencies and other fleet operators to ignore, effectively, most alternative fuels, such as ethanol, natural gas, and electric vehicles. These loopholes would be easier for Federal agencies to exploit than for many private or State fleets. If the Energy Policy Act is to be amended, such action should be pursued through the energy authorization committees.

Other Issues

The Administration urges the conferees to provide additional funds for the farm labor housing program to improve the living conditions of many farm labor families. The House and Senate levels, $20 million and $16 million, respectively, are more than 35 percent below the Administration's request and would result in at least 230 fewer housing units being built compared with the request. The Administration urges the conferees to increase funding to assist these needy members of our society.

The House reduces by $10 million and the Senate by $20 million the President's request for the mandatory Emergency Food Assistance Program (TEFAP), which purchases commodities for individuals greatly in need of assistance. Given reported increases in need for food assistance through food banks and soup kitchens, the Administration is concerned that this reduction from the authorized level would mean less food will reach the most vulnerable Americans. In addition, food rescue and gleaning is a priority area that deserves additional funding in the USDA budget. The budget proposes $20 million for this initiative to encourage greater private sector and community based involvement in food rescue.

Under the 1996 Food Quality and Protection Act, USDA has added responsibilities to assist EPA with its re-registrations of pesticides and to develop new technologies for integrated pest management systems. Both bills fail to provide the requested additional funding to meet these urgent needs and, as a result, re-registrations may be based on incomplete understanding of actual pesticide use and exposure, jeopardizing the continued viability of current crop production patterns.

The House has provided only $2 million of the requested $22 million increase for the Inspector General as part of the Administration's law enforcement initiative, and the Senate has not provided any of the requested funds. The USDA initiative would save taxpayers millions of

dollars lost through fraud in the food and nutrition programs as well as in USDA disaster, multi-family housing, and other programs. The initiative would also improve the integrity of many USDA programs. The Administration urges the conferees to increase funds for this important initiative.

We look forward to working with the conferees to address our mutual concerns.

Sincerely,

Jacob J. Lew
Director

Identical Letter Sent to The Honorable Bob Livingston, The Honorable David R. Obey, The Honorable Joseph Skeen, and The Honorable Marcy Kaptur, The Honorable Ted Stevens, The Honorable Robert C. Byrd, The Honorable Thad Cochran, and The Honorable Dale Bumpers

NARAL *Promoting Reproductive Choices*

TO: Defense and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 24, 1999
RE: ***FY 2000/2001 Defense Department Authorization Act***

This week, the Senate is scheduled to consider the FY 2000/2001 Defense Department Authorization bill. The bill leaves in place current law, which bans privately-funded abortions for servicewomen and military dependents at overseas military hospitals. During floor consideration, Senators Patty Murray and Olympia Snowe plan to offer an amendment to repeal this ban. ***NARAL urges you to support the Murray-Snowe amendment.***

Without the repeal of this ban, women who have volunteered to serve their country will continue to be discriminated against by being prohibited from exercising their legally protected right to choose simply because they are stationed overseas.

- The Murray-Snowe amendment will restore the ability of our female service members and female dependents stationed overseas to exercise their constitutional right to choose safe abortion services.

- This amendment does not require the Department of Defense to pay for abortions -- it simply repeals the current ban on *privately*-funded abortions at U.S. military facilities overseas. No federal funds will be used for abortion services.

- Military women should be able to depend on their base hospitals for all their medical services. This amendment gives them access to the same range and quality of health care services that they could obtain in the U.S. In many countries where our forces serve, that quality of care is not available. Abortion is an extremely safe procedure when performed by trained medical professionals. However, in the hands of untrained medical professionals, or in unsterilized facilities, abortion can be dangerous and risky to a woman's health.

- No medical providers will be forced to perform abortions. All branches of the military have provisions that permit medical personnel who have moral, religious, or ethical objections to abortion not to participate in the procedure. The Murray-Snowe amendment preserves these provisions.

Attached is more information on this prohibition. If you have any questions, please call Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

National Abortion
and Reproductive Rights
Action League

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Fax (202) 973-3096

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Culver City, CA 90232
Phone (310) 559-9334
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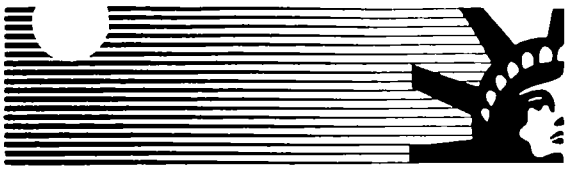
http://www.naral.org
E-Mail: naral@naral.org

NARAL *Promoting Reproductive Choice*



PRIVATELY FUNDED ABORTIONS AT MILITARY HOSPITALS

- Since 1979 the Department of Defense (DoD) appropriations bills have prohibited the use of funds to perform abortions at overseas military hospitals in almost all cases. In 1985 the ban was made permanent by the DoD Authorization Bill. In 1988, DoD issued an administrative order - without Congressional consultation - extending the funding ban to prohibit women from obtaining abortion services with their own funds at military facilities overseas. Prior to the 1988 restrictions, DoD had an informal policy of providing abortion services at overseas facilities with private funds.

- January 20, 1993 President Clinton lifted the ban on privately funded abortion services by Executive Order permitting abortions to be provided at U.S. military hospitals overseas if paid for with private, non-DoD funds. The Executive Order allowed abortions to be made available at military medical facilities overseas within the framework set up in *Roe v. Wade*, and in keeping with other laws and regulations governing military medical care.

- In 1995 an anti-choice majority in Congress wrote into permanent code, through the FY 96 Department of Defense Authorization Act, a ban on privately funded abortions at overseas military facilities for U.S. servicewomen, except for cases where a woman is the victim of rape or incest. The DoD will only pay for abortions in cases of life endangerment.

- All three branches of the military have "conscience clause" provisions which permit medical personnel who have moral, religious or ethical objections to abortion or family planning services not to participate in the procedure. These "conscience clauses" remain intact.

- The ban on privately-funded abortions discriminates against women who have volunteered to serve their country by prohibiting them from exercising their legally protected right to choose simply because they are stationed overseas. While the DoD policy respects host nation laws regarding abortion, to the extent feasible and consistent with legal obligations, service women stationed overseas should have the same access to abortion services as do women in the U.S.

- Prohibiting women from using their own funds to obtain abortion services at overseas military facilities endangers their health. Women stationed overseas depend on their base hospitals for medical care, and are often situated in areas where local facilities are inadequate or unavailable. This policy may cause a

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Phone (310) 559-9334
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http://www.naral.org
E-Mail: naral@naral.org

woman facing a crisis pregnancy to seek out an illegal, unsafe procedure.

- This ban may cause a woman stationed overseas who is facing an unintended pregnancy to be forced to delay the procedure for several weeks until she can travel to a location where safe, adequate care is available. For each week an abortion is delayed, the risk to the woman's health increases.

FY 99 CONGRESSIONAL ACTION

- May 6, 1998 during the House National Security Committee mark-up of the FY 99 National Defense Authorization Act, Representative Harman offered an amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The amendment failed by a vote of 20-28.

- May 20, 1998 during House floor debate on the FY 99 National Defense Authorization Act, Representatives Lowey and Harman offered an amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The Lowey/Harman amendment failed by a vote of 190-232.

- June 25, 1998 during Senate floor debate on the FY 99 National Defense Authorization Act, Senators Murray and Snowe offered an amendment to repeal the ban on privately funded abortions at overseas military hospitals. The Murray/Snowe amendment was defeated by a vote of 44-49.

- September 24, 1998 the House passed, by a vote of 373-50, the conference report on the Defense Authorization bill. The conference report includes the language banning access to privately funded abortions at overseas military facilities, with exceptions for rape and incest.

- October 1, 1998 the Senate passed the conference report on the Defense Authorization bill 96-2, with the restrictive abortion language included.

- October 17, 1998 President Clinton signed the bill into law. (P.L.105-261)

FY 00-01 CONGRESSIONAL ACTION

- May 13, 1999 during the House Armed Services Subcommittee on Military Personnel mark-up of the FY 00-01 National Defense Authorization Act, Representative Sanchez offered an Amendment to repeal current law prohibiting servicewomen and military dependents stationed overseas from obtaining privately funded abortions at overseas military facilities. The amendment passed by a vote of 10-8.

The Subcommittee also considered an amendment offered by Representative Kuykendall making DoD funding for abortion consistent with the current Hyde Amendment, which requires Medicaid funding for low-income women, not only in the case of life endangerment, but also in cases of rape and incest. The Kuykendall amendment passed by a vote of 11-7.

- May 19, 1999, during the House Armed Services Committee mark-up of the FY 99 National Defense Authorization Act, Representative Buyer offered an amendment to reinstate the current-law ban on privately-funded abortions at overseas military hospitals for servicewomen and military dependents that was removed in Subcommittee. The Buyer amendment passed 33-26.

  Rep. Bartlett offered an amendment to strike the rape and incest exceptions that the Subcommittee added to the permanent law prohibition on DoD funding for abortion, which currently contains an exception only for life endangerment. The Bartlett amendment failed 25-29. Rep. Buyer then offered an amendment to limit rape and incest coverage for abortion to cases of "forcible" rape or incest that are "reported to a law enforcement agency." The Buyer amendment passed 30-29.

NARAL 5/19/99

May 21, 1999

Dear Senator:

As members of the public health care community as well as organizations concerned about women's health, we write to express our support for Senators Murray and Snowe's amendment to S 1059, the FY 00-01 National Defense Authorization bill. The Murray-Snowe amendment would ensure equal access to comprehensive reproductive health care for all U.S. servicewomen and dependents, regardless of where they are stationed.

As you know, current law limits the range of reproductive health services provided to servicewomen and military dependents serving overseas, even when they pay for these services with their own money. The Murray-Snowe amendment does not require the Department of Defense to pay for abortions; it would simply repeal the current ban on privately funded abortion services.

Women serving in the military overseas need to be able to depend on their base hospitals for medical care, especially when stationed in areas where local health care facilities are inadequate. The current ban may cause a woman seeking an abortion to delay the procedure while she looks for a safe provider, or may force a woman to seek an illegal, unsafe procedure locally.

We strongly believe that there is no compelling reason to prevent women serving in our armed forces overseas from using their own funds to receive procedures legally available in hospitals located in the United States. The current policy of limiting health care choices based on duty station potentially threatens the health of military women and needlessly limits the medical options available to military caregivers.

Please continue to support our military women by supporting the Murray-Snowe amendment to S 1059.

American Association of University Women
American Civil Liberties Union
American College of Obstetricians and Gynecologists
American Medical Women's Association
Americans for Democratic Action
Catholics for a Free Choice
Center for Reproductive Law and Policy
Feminist Majority
Human Rights Campaign
National Abortion Federation
National Abortion and Reproductive Rights Action League
National Council of Jewish Woman
National Family Planning and Reproductive Health Association
National Organization for Women
NOW-Legal Defense and Education Fund
National Partnership for Women and Families
National Women's Law Center
People for the American Way
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Religious Coalition for Reproductive Choice

American
Medical
Women's
Association, Inc.

"Forging Alliances on Global Health Issues"
AMWA's 84th Annual Meeting
San Francisco, CA
November 10-14, 1999

Clarita E. Herrera, MD, *President*
Eileen McGrath, JD, CAE, *Executive Director*

April 22, 1999

Representative Loretta Sanchez
U.S. House of Representatives
1529 Longworth House Office Building
Washington, DC 20515

Dear Representative Sanchez: **Regarding Support H. R. 1350**

As President of the American Medical Women's Association (AMWA), I am writing to support H. R. 1350, the "Freedom of Choice for Women in the Uniformed Services Act." AMWA is an organization of 10,000 women physicians and medical students dedicated to promoting women's health and increasing the influence of women in all aspects of the medical profession.

AMWA has been an advocate for restoring the freedom of choice to women in the uniformed services serving outside the United States. I would like to applaud you for this bill and your initiative toward improving the well-being of all women.

Please let me know if AMWA can be of any assistance to you in your efforts.

Sincerely,

Clarita E. Herrera, M.D.

Clarita E. Herrera, MD
1998 - 1999 AMWA President

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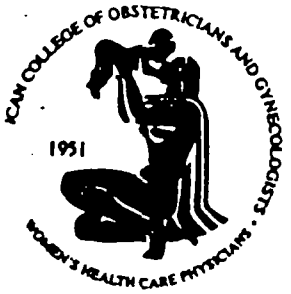
TELEPHONE (703) 838-0500 • FAX (703) 549-3864 • EMAIL: info@amwa-doc.org • http://www.amwa-doc.org



April 28, 1999

The Honorable Loretta Sanchez
U.S. House of Representatives
1529 Longworth House Office Building
Washington, DC 20515

Dear Congresswoman Sanchez:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 39,000 physicians dedicated to improving the health care of women, I am pleased to endorse HR 1350, the "Freedom of Choice for Women in the Uniformed Services Act." Your legislation ensures that U.S. servicewomen have equal access to appropriate reproductive health care. Servicewomen and military dependents serving overseas should have the ability to obtain abortion services using their own funds in U.S. military hospitals outside of the United States.

The College is committed to facilitating the delivery of quality health care appropriate to every woman's needs throughout her life and for assuring that a full array of clinical services be available to women. Your legislation removes an unnecessary barrier for servicewomen and military dependents stationed overseas.

ACOG applauds your efforts to protect the health and rights of women. We look forward to working with you to ensure the passage of this important legislation.

Sincerely,

Ralph W. Hale MD

Ralph W. Hale, MD
Executive Vice President

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS • WOMEN'S HEALTH CARE PHYSICIANS
409 12TH STREET SW WASHINGTON DC 20024-2188
MAILING ADDRESS: PO BOX 96920 WASHINGTON DC 20090-6920
202/638-5577

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 7 1999

Honorable Loretta Sanchez
House of Representatives
Washington, DC 20515

Dear Representative Sanchez:

The Department of Defense (DoD) strongly supports the Administration's proposal to repeal section 1093 of title 10, United States Code. This law prohibits using funds available to the DoD to perform abortions except when the life of the mother would be endangered if the fetus were carried to term. It also prohibits the DoD from performing prepaid abortions in any facilities, including overseas facilities, except where the life of the mother could be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

The Department believes it is unfair for female service members, particularly those members assigned to overseas locations, to be denied their constitutional right to the full range of reproductive healthcare, to include abortions. The availability of quality reproductive healthcare ought to be available to all female members of the military.

Sincerely,

Dr. Sue Bailey

NARAL *Promoting Reproductive Choices*

DATE_____ **Fax Cover Sheet**

TO Jenny ORGANIZATION_____

FAX_____ PHONE_____

FROM Allison PHONE_____

This page is 1 of ____ total pages. RETURN FAX 202/ 973-3070

Comments

J-

Just wanted to let you know what happened in DoD Mark-up yesterday. We have a bill going to the floor now that has reporting requirements on the rape & incest exceptions, and has those exceptions designated as "forcible" rape & incest. Attached is the Vote, All Amendments, Descriptions of each Adl. and a few Letters & A DoD Timeline we put together.

Allison

National Abortion and Reproductive Rights Action League, 1156 15th Street, NW, Suite 700, Washington, DC 20005
http://www.naral.org, Naral@naral.org Main Telphone 202, 973-3000

HOUSE ARMED SERVICES COMMITTEE

Markup of FY 00/01 National Defense Authorization Act - May 19, 1999

1. First Buyer (R-IN) Amendment - reinstating current law ban on privately-funded abortions at overseas military hospitals. Passed 33-26. (+ denotes vote of NO, - denotes vote of YES)

2. Bartlett (R-MD) Amendment - striking rape and incest exceptions to the ban on DoD funding for abortion. Failed 25-29 (+ denotes vote of NO, - denotes vote of YES)

3. Second Buyer Amendment - limiting rape and incest exception to cases of "forcible" rape or incest that are reported to a law-enforcement agency.

	1	2	3						
Mr. Spence (R-SC)	-	-	-						
Mr. Stump (R-AZ)	-	-	-						
Mr. Hunter (R-CA)	-	-	-						
Mr. Kasich (R-OH)	-	-	-						
Mr. Bateman (R-VA)	-	-	-						
Mr. Hansen (R-UT)	-	-	-						
Mr. Weldon (R-PA)	-		-						
Mr. Hefley (R-CO)	-	-	-						
Mr. Saxton (R-NJ)	-		-						
Mr. Buyer (R-IN)	-	-	-						
Mrs. Fowler (R-FL)	+	+	+						
Mr. McHugh (R-NY)	-	+	-						
Mr. Talent (R-MO)	-	-	-						
Mr. Everett (R-AL)	-	-	-						
Mr. Bartlett (R-MD)	-	-	-						
Mr. McKeon (R-CA)	-	-	-						
Mr. Watts (R-OK)	-	-	-						
Mr. Thornberry (R-TX)	-	-	-						
Mr. Hostettler (R-IN)	-	-	-						
Mr. Chambliss (R-GA)	-	-	-						

Mr. Hillcary (R-TN)	-	-							
Mr. Scarborough (R-FL)		-	-						
Mr. Jones (R-NC)	-	-	-						
Mr. Graham (R-SC)	-	-	-						
Mr. Ryun (R-KS)	-	-	-						
Mr. Riley (R-AL)	-	-	-						
Mr. Gibbons (R-NV)	-		-						
Mrs. Bono (R-CA)	+	+	+						
Mr. Pitts (R-PA)	-		-						
Mr. Hayes (R-NC)	-	-	-						
Mr. Kuykendall (R-CA)	+	+	+						
Mr. Sherwood (R-PA)	-		-						
Mr. Skelton (D-MO)	-	+	+						
Mr. Sisisky (D-VA)	+	+	+						
Mr. Spratt (D-SC)	+	+	+						
Mr. Ortiz (D-TX)	-	+	+						
Mr. Pickett (D-VA)	+	+	+						
Mr. Evans (D-IL)	+	+	+						
Mr. Taylor (D-MS)	-	-	-						
Mr. Abercrombie (D-HI)	+		+						
Mr. Meehan (D-MA)	+	+	+						
Mr. Underwood (D-GU)	-	+	+						
Mr. Kennedy (D-RI)	+	+	+						
Mr. Blagojevich (D-IL)	+	+	+						
Mr. Reyes (D-TX)	+	+	+						
Mr. Allen (D-ME)	+	+	+						
Mr. Snyder (D-AR)	+	+	+						

Mr. Turner (D-TX)	+	+	+						
Mr. Smith (D-WA)	+	+	+						
Ms. Sanchez (D-CA)	+	+	+						
Mr. Maloney (D-CT)	+	+	+						
Mr. McIntyre (D-NC)	-	-	-						
Mr. Rodriguez (D-TX)	+	+	+						
Ms. McKinney (D-GA)	+	+	+						
Ms. Tauscher (D-CA)	+	+	+						
Mr. Brady (D-PA)	+	+	+						
Mr. Andrews (D-NJ)	+	+	+						
Mr. Hill (D-IN)	+	+	+						
Mr. Thompson (D-CA)	+	+	+						
Mr. Larson (D-CT)	+	+	+						

F:\M6\BUYER\BUYER.012 H.L.C.

(1)

AMENDMENT TO H.R. 1401

OFFERED BY MR. BUYER

Page 7–6, strike lines 1 through 8 (relating to restoration of prior policy regarding restrictions on use of Department of Defense medical facilities).

(1)

Current LAW

§ 1093. Performance of abortions: restrictions

(a) RESTRICTION ON USE OF FUNDS.—Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.

(b) RESTRICTION ON USE OF FACILITIES.—No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(Added P.L. 98–525, § 1401(e)(5), Oct. 19, 1984, 98 Stat. 2617; amended P.L. 104–106, § 738(a), (b)(1), Feb. 10, 1996, 110 Stat. 383.)

- Under current law abortions may be performed in military treatment facilities ONLY when the life of the mother is endangered or when pregnancy is the result of rape or incest.
- DoD funds can only be used to perform abortions when the life of the mother is threatened.
- Provisions apply to members and dependents.

2 EFFECT OF SANCHEZ AMENDMENT ALONE

§ 1093. Performance of abortions: restrictions

(a) ~~RESTRICTION ON USE OF FUNDS.~~—Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.

~~(b) RESTRICTION ON USE OF FACILITIES.—No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.~~

(Added P.L. 98–525, § 1401(e)(5), Oct. 19, 1984, 98 Stat. 2617; amended P.L. 104–106, § 738(a), (b)(1), Feb. 10, 1996, 110 Stat. 383.)

Privately funded

- Abortions can be performed in all military treatment facilities.
- DoD funds can only be used to perform abortions when the life of the mother is threatened.
- Provisions apply to members and dependents

(3)

EFFECT OF KUYKENDALL ALONE

§ 1093. Performance of abortions: restrictions

(a) RESTRICTION ON USE OF FUNDS.—Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.

(b) RESTRICTION ON USE OF FACILITIES.—No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(Added P.L. 98-525, § 1401(e)(5), Oct. 19, 1984, 98 Stat. 2617; amended P.L. 104-106, § 738(a), (b)(1), Feb. 10, 1996, 110 Stat. 383.)

or in a case in which the pregnancy is the result of an act of rape or incest

---

- ABORtions may be performed in military treatment facilities only when the life of the mother would be threatened if the pregnancy were carried to term, or when the pregnancy results from rape or incest.
- Expands the cases where DoD funds can be used by adding rape and incest to life of the mother.
- Provisions apply to members and dependents.

1

EFFECT OF SANCHEZ + KUYKENDALL

(4) CURRENT CHAIRMAN'S MARK

§ 1093. Performance of abortions: restrictions

(a) ~~RESTRICTION ON USE OF FUNDS.~~ Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.

~~(b) RESTRICTION ON USE OF FACILITIES. No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.~~

(A[illegible] P.L. 98-525, § 1401(a)(5), Oct. 19, 1984, 98 Stat. 2617, [illegible]).
(b)(1), Feb. 10, 1996, 110 Stat. 383.)

or in a case in which the pregnancy is the result of an act of rape or incest

- Privately funded abortions may be performe in all military treatment facilities
- DoD funds can ~~only~~ be used to pay for abortions when the life of the mother is threatend AND when pregnancy is the result of rape or incest.
- Provisions apply to members and dependents.

5/18/99

Dear Roscoe

I have always opposed the "rape and incest" exception to the Hyde amendment because it still kills an innocent life, despite the criminal act of the aggressor.

We have had to accept this broader exception in the Hyde amendment, but I do not support any taxpayer funding of abortion except where the claim to life is equal i.e. To save the life of the mother.

Thanks for your concern.

Henry Hyde

Bartlett

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(5)

AMENDMENT TO H.R. 1401

OFFERED BY MR. BARTLETT OF MARYLAND

Strike the section in title VII relating to use of funds for abortions in cases of rape or incest.

ARCHDIOCESE FOR THE MILITARY SERVICES, USA

Telephone: (301) 853-0400
Fax: (301) 853-2246

Post Office Box 4469
Washington, D.C. 20017-0469

May 17, 1999

Dear Armed Services Committee Member

On behalf of Archbishop Edwin F. O'Brien who is attending a Convocation of Air Force Chaplains, and as one of also concerned with respect for the consciences of our nation's military medical personnel I write to urge that when you take up the Defense Authorization Act (H.R. 1401) this week, that you please vote to strike two abortion related amendments adopted in the Military Personnel Subcommittee on 12 May.

The Subcommittee adopted amendments by Reps. Sanchez and Kuykendall would pressure military physicians, nurses and associated medical personnel to perform all elective abortions and expand taxpayer support for some of them.

I urge you during full committee mark up to support two Pro-Life amendments which retain current law.

The amendment to be proposed by Rep. Steve Buyer (R-IN) will offer to strike the Sanchez provision.

The amendment to be offered by Rep. Roscoe Bartlett (R-MD) will seek to strike the Kuykendall amendment.

Military Medical Personnel have refused to take part in the procedure of life destroying abortion citing the primary responsibility of our nation's military medical services to preserve human life.

The Buyer and Bartlett amendments will affirm this crucial principle.

Thank you for your kind consideration of this message.

Sincerely,

John J. Glynn
Auxillary Bishop
Archdiocese for the Military Services, USA

AMENDMENT TO H.R. 1401

OFFERED BY MR. BUYER

Strike section 704 of the bill and insert the following new section:

SEC. 704. REMOVAL OF RESTRICTION ON USE OF FUNDS FOR ABORTIONS IN CERTAIN CASES OF RAPE OR INCEST.

Section 1093(a) of title 10, United States Code, is amended by inserting "or in a case in which the pregnancy is the result of an act of forcible rape or incest which has been reported to a law enforcement agency" before the period.

Amendment to H.R. 1401

Offered by Mr. Buyer

ment is being offered to clarify the Kuykendall language. This amendment
e crimes of rape and incest to be reported to a law enforcement agency.

National RIGHT TO LIFE committee, Inc.

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May 18, 1999

To the Honorable Members of the Committee on Armed Services:

At the Committee markup of the Defense Authorization bill on Wednesday, May 19, Congressmen Buyer and Bartlett will offer two amendments which, if adopted, would maintain longstanding pro-life policies with respect to the Department of Defense. Because the facilities and personnel of the federal government should not be utilized to deliberately destroy the lives of innocent human beings, NRLC urges you to support the pro-life Buyer and Bartlett amendments.

Current law (as codified in 1996) prohibits the use of U.S. military facilities for abortion, except to save the life of the mother, or in cases of rape or incest. On May 13, the subcommittee adopted an amendment by Rep. Sanchez to repeal this pro-life policy. If enacted, the Sanchez Amendment would have the effect of requiring U.S. military facilities to provide elective abortion on demand to uniformed personnel and dependents. We urge that you oppose such a grave misuse of military medical facilities by supporting Mr. Buyer's amendment.

The subcommittee also approved an amendment, offered by Rep. Kuykendall, to require the direct use of Department of Defense funds to pay for abortions in cases of rape or incest (in addition to the life-of-mother cases that are funded under current law). Congressman Bartlett will offer an amendment to delete the Kuykendall language and thereby preserve the longstanding policy (codified in 1984) of providing Department funds for abortion only in life-endangerment cases. NRLC urges you to support Mr. Bartlett's amendment.

Thank you for your consideration of NRLC's position on this legislation.

Sincerely,

Douglas Johnson
Legislative Director

Access to Abortion Services through the Department of Defense

FY 1979-PRESENT

	Restrictions on DoD funding for abortion services	Restrictions on privately- funded abortion at DoD facilities
FY 79	Appropriations bill prohibits DoD funding except in cases of life endangerment, rape, incest, or severe health consequences.	No restrictions
FY 80	Appropriations bill prohibits DoD funding except in cases of life endangerment, rape, or incest.	"
FY 81	"	"
FY 82	Appropriations bill prohibits DoD funding except in cases of life endangerment.	"
FY 83	"	"
FY 84	"	"
FY 85	Prohibition on DoD funding except in cases of life endangerment made permanent law by FY 85 Authorization bill. Ban not included in Appropriations bills after this.	"
FY 86	"	"
FY 87	"	"
FY 88	"	"
FY 89	"	DoD Administrative Order imposed ban on privately-funded abortion except in cases of life endangerment, rape, or incest.
FY 90	"	"
FY 91	"	"
FY 92	"	"
FY 93	"	"
FY 94	"	President Clinton's 1993 Executive Order lifts DoD restriction
FY 95	"	"
FY 96	"	Prohibition on privately-funded abortions except in cases of life endangerment, rape, or incest made permanent by FY 96 Authorization bill.
FY 97	"	"
FY 98	"	"
FY 99	"	"

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FY 98	"	"
FY 99	"	"

NARAL *Promoting Reproductive Choices*

TO: Agriculture Appropriations and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 24, 1999
RE: ***FY 2000 Agriculture Appropriations Bill***

On Tuesday, May 25, the House is scheduled to consider the FY2000 Agriculture Appropriations bill. Last year, Representative Tom Coburn offered an amendment prohibiting the Food and Drug Administration (FDA) from using funds to test, develop, approve or manufacture drugs for early, medical abortion, including mifepristone (commonly known as RU-486). It is likely that there will be an attempt to offer a similar amendment when this bill is considered on the floor. ***NARAL urges you to oppose any amendment banning the FDA from approving drugs used for medical abortion.*** NARAL **will score this vote in our 1999 Congressional Record on Choice.**

Mifepristone is an effective and nonsurgical method of early abortion that has been in use since 1981. The drug was approved for use in France, Great Britain, and Sweden following extensive clinical trials that demonstrated its safety and effectiveness. In September 1996 the FDA issued an "approvable letter" for the use of mifepristone and misoprostol for early abortion, but the agency is awaiting more information about its manufacture and labeling before it gives mifepristone final approval and allows it to be prescribed to American women outside of clinical trials. It is possible that final approval of mifepristone could come as early as the end of this year.

Recognizing that mifepristone would expand women's choices and make it more difficult to target women seeking abortion for violence and harassment, anti-choice forces have worked to deny American women access to nonsurgical methods of abortion. Mifepristone offers the promise of very early abortion, and abortion that can be conducted in the privacy of a medical office and in the safety of a woman's home.

Bans such as this threaten to reduce women's options by precluding scientific developments, just as research that could lead to more contraceptive alternatives has been impeded. Other bans, such as on human embryo research, have stymied developments that could lead to cures and treatments for diseases such as Parkinson's, Alzheimers and diabetes. ***Don't allow anti-choice politicians to halt beneficial scientific developments and efforts to broaden women's reproductive health options.***

Attached for your information are talking points on mifepristone and information about last year's Coburn amendment. If you have any questions, please contact Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

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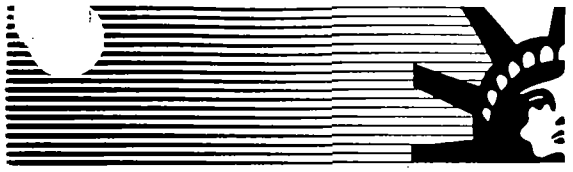
NARAL *Promoting Reproductive Choice*



DON'T ALLOW ANTI-CHOICE POLITICS TO SHACKLE THE FDA

- On June 24, 1998, the House of Representatives passed an amendment introduced by Representative Coburn to the FY 99 Agriculture Appropriations bill that would prohibit the expenditure of Food and Drug Administration (FDA) funds to approve drugs that would medically induce abortion. **This amendment would restrict a woman's right to choose.** It would preclude important options for women facing crisis pregnancies.

- The Coburn amendment would undermine progress toward making mifepristone and misoprostol available as an option for women seeking abortion. Mifepristone, the generic name for RU-486, used in combination with a prostaglandin such as misoprostol, is a safe and effective nonsurgical method of early abortion. The use of mifepristone requires a woman to make three visits to a clinic or doctor's office. The drug combination may be used to terminate a pregnancy effectively from the time a woman knows she is pregnant up to 49 days after the beginning of her last menstrual period. Nonsurgical abortion is also referred to as medical abortion.

- Mifepristone is an effective and nonsurgical method of early abortion that has been in use since 1981. The drug was approved for use in France, Great Britain, and Sweden following extensive clinical trials that demonstrated its safety and effectiveness. In September 1996 the FDA issued an "approvable letter" for the use of mifepristone and misoprostol for early abortion, but the agency is awaiting more information about its manufacture and labeling before it gives mifepristone final approval and allows it to be prescribed to American women outside of clinical trials.

- The amendment also would preclude the FDA from approving methotrexate for use as an alternative to surgical abortion. Methotrexate, again in combination with misoprostol, is used most effectively to terminate a pregnancy up to 49 days after the first day of the woman's last menstrual period. The FDA has already approved methotrexate for uses such as cancer treatment; the Coburn amendment would block the FDA from approving its use for medical abortion, including efforts to provide labeling for this use.

- In seeking to ban the FDA from approving medical abortion, anti-choice lawmakers want to subject the already rigorous, scientific evaluation of the FDA to a highly political screen. The FDA is required through scientific research to find a drug safe and effective before it can be approved and marketed in this country. The Coburn amendment would make FDA approval

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contingent on politics rather than science.

- The Coburn amendment would rein in scientific progress towards the development of other medical abortion alternatives by precluding FDA approval. For many years, with much effect, women's advocates have urged the government to address the deficit of research into women's health -- identifying the rarity of studies on women and gaps in treatment options in such matters as contraceptive alternatives. Rather than continuing to address this inequality, the Coburn amendment boomerangs us back in time -- explicitly freezing us in our tracks with respect to alternatives to surgical abortion.

- This amendment blocks options for women seeking alternatives to surgical abortion. A woman has a constitutional right to choose, one that may not be unduly burdened before a fetus is viable. The proposed ban on FDA funding would impose an undue burden on those women seeking an early, medical abortion. For some women, for whom surgical abortion poses risks or is otherwise inappropriate, the amendment would unconstitutionally restrict their right to choose. For others who live far from clinics, it would preclude the possibility of receiving mifepristone or methotrexate in their physician's office.

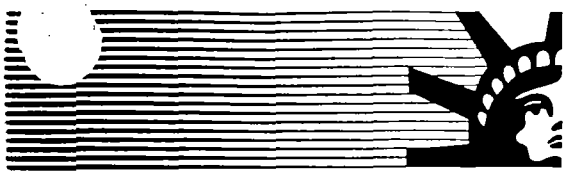
- Anti-choice proponents of this measure are interested in banning all abortions. Mifepristone and methotrexate offer the promise of very early abortion, abortion that can be conducted in the privacy of a medical office or a woman's home. During House floor debate, anti-choice proponents made apparent that they want to burden women's choices by saying that medical abortion is "too easy" -- though it typically requires three visits to a clinic or physician's office.

- This amendment fits into a larger pattern of anti-choice politics, which seeks to stop abortion and often catches medical advancements in the crossfire. Other potential uses of mifepristone include treating endometriosis, uterine fibroids and certain breast cancer tumors, decreasing the replication of HIV, reducing the symptoms of certain types of Cushing's syndrome and accelerating the healing of wounds and burns. Proponents of this amendment are reducing women's options by precluding scientific developments, just as they have impeded research that could lead to other health advances and more contraceptive alternatives. Other Congressional bans, such as on human embryo research, have stymied developments that could lead to treatments and cures for diseases such as Parkinson's, Alzheimer's and diabetes.

- Don't allow anti-choice politicians to halt beneficial medical developments and efforts to broaden women's reproductive health options. Vote against efforts to tie the FDA's approval process to anti-choice politics.

NARAL 9/30/98

NARAL *Promoting Reproductive Choices*



MIFEPRISTONE AND THE IMPACT OF ABORTION POLITICS ON SCIENTIFIC RESEARCH

ANTI-CHOICE FORCES IMPAIR MEDICAL ADVANCES

- Mifepristone (formerly known as RU 486), used in combination with a prostaglandin, is an effective nonsurgical method of early abortion that has been in use outside of the United States since 1981.
- 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 women access to nonsurgical methods of abortion.
- Final U.S. Food and Drug Administration approval of mifepristone is expected in late 1999, but is threatened by anti-choice majorities in the U. S. House and Senate.
- Delays in the approval process resulting from anti-choice politics will undermine reproductive health and deny American women an important health care option.

MIFEPRISTONE IS SAFE AND EFFECTIVE

- Over 500,000 women have safely used mifepristone in Europe.
- U.S. clinical trials have tested a mifepristone/misoprostol combination that was sucessful and safe and have resulted in very high patient satisfaction.
- In France, the drug combination is 87 percent successful within three days and 97 percent successful within two weeks.

MIFEPRISTONE MAY HAVE NUMEROUS OTHER MEDICAL USES

- Drugs similar to mifepristone can help to induce labor, ready the cervix for dilation, and treat medical problems such as infertility, endometriosis, and certain types of tumors.
- Research indicates that mifepristone may be useful in treating AIDS.
- Mifepristone could potentially be used to treat Cushing's disease and glaucoma.
- Mifepristone also has potential as a contraceptive for both women and men and has proven virtually 100 percent effective in clinical trials as an emergency contraceptive.

DO SOMETHING! **Call 1-877-YOU-DECIDE (1-877-968-3324) or log-on to www.naral.org.**

For a complete factsheet on Mifepristone and the Impact of Abortion Politics on Scientific Research, please contact the NARAL information line at (202) 973-3018.

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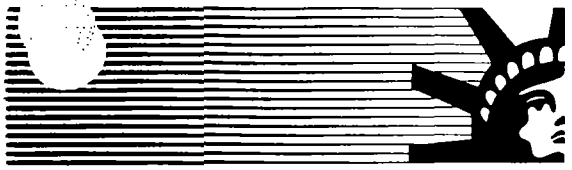
1/7/99

NARAL *Promoting Reproductive Choices*



MIFEPRISTONE AND THE IMPACT OF ABORTION POLITICS ON SCIENTIFIC RESEARCH

Opposition to the right to choose abortion has impaired medical advances and scientific research in the United States. Use of mifepristone (formerly known as RU 486) in combination with a prostaglandin is an effective nonsurgical method of early abortion that has been in use since 1981. Mifepristone was approved for use in France, Great Britain, and Sweden following extensive clinical trials that demonstrated its safety and effectiveness. If the mifepristone/prostaglandin regimen became widely available internationally, it could reduce the estimated 20 million unsafe abortions occurring annually worldwide by giving women an alternative to surgical abortions conducted under dangerously unhygenic conditions.[1] 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 women access to nonsurgical methods of abortion.

During the Bush Administration, the U.S. Food and Drug Administration (FDA) issued an "import alert" which helped ensure that mifepristone would not be available in the United States for any purpose. A U.S. District Court that examined the "import alert" concluded, "[T]he 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 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. From 1994-1995, the Population Council conducted clinical trials on mifepristone in the United States. In 1996, the FDA Advisory Committee for Reproductive Health Drugs recommended approval of mifepristone as a safe and effective nonsurgical method of abortion. In September 1996, the FDA issued an "approvable letter" for the drug, one of the last procedural steps before final approval, which is expected in late 1999.

These significant gains are now threatened by the anti-choice majorities in the United States House and Senate. In the 105th Congress, the House adopted an amendment offered by Rep. Tom Coburn (R-OK) to bar the FDA from expending any funds to test, develop, or approve drugs that could cause an abortion, such as mifepristone. They cite no precedent for Congress inserting itself into the

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scientific decision-making process of the FDA to deny Americans access to a safe and effective drug. Anti-choice forces will likely renew such efforts to block the introduction of mifepristone in the 106th Congress.

- Over 500,000 women have safely used mifepristone in Europe.[3]

- U.S. clinical trials tested a mifepristone/misoprostol combination that has been used safely and successfully in Europe.[4] The U.S. clinical trials involved 2,100 women across America. The *New England Journal of Medicine* reported in 1998 that a regimen of mifepristone and misoprostol was successful in medically terminating a pregnancy of 49 or fewer days duration in 92 percent of cases, and that the regimen was safe, with side effects consisting of heavy bleeding, cramping, and nausea.[5] Another recent article based on these clinical trials, from the *Archives of Family Medicine*, reports very high patient satisfaction with the regimen.[6]

- The regimen used in the U.S. clinical trials (as well as in France and Great Britain) requires at least three visits to the clinic. The process begins with counseling, a physical examination and a determination of the length of the pregnancy. At the first visit an initial dose of mifepristone is taken orally. Two days later, at the second visit, a prostaglandin called misoprostol is administered orally or in suppository form. A third visit, approximately twelve days later, ensures that the abortion is complete.[7]

- In France, where mifepristone is administered up to seven weeks from the start of the last menstrual period, 87 percent of women have complete abortions within three days. Within two weeks, 97 percent of women who receive the drug combination have complete abortions.[8] The rates were somewhat lower in the U.S. clinical trials, but the study's authors suggest that the 92 percent success rate may be due to lack of provider experience with medical abortion in the United States as well as to the rigorous design of the study.[9]

- Mifepristone is an antiprogestin and works to terminate pregnancies by breaking down the uterine lining necessary to sustain a pregnancy. As an antiprogestin, it may have numerous other medical uses as well.[10]

  - Antiprogestins such as mifepristone can help to induce labor, ripen the cervix for dilation, and treat medical problems such as infertility, endometriosis, and certain types of tumors, including breast cancer, meningioma, and fibroid tumors.[11]

  - Research published in 1995 indicates that mifepristone may be useful in treating AIDS, but researchers in the United States have been stymied in

pursuing many medical leads because an independent source of the drug was unavilable.[12]

- Mifepristone also works to some degree as an antiglucocorticoid, meaning it may interfere with certain adrenal gland hormones involved in regulation of tissues throughout the body. Potential applications as an antiglucocorticoid include the treatment of Cushing's disease and glaucoma.[13]

- Mifepristone also has potential as a contraceptive for both women and men and has proven virtually 100 percent effective in clinical trials as an emergency contraceptive.[14]

Any delays in the approval process for mifepristone resulting from anti-choice politics will undermine reproductive health and will deny American women an important health care option currently available to women in Europe.

1/7/99
NOTES:

1. World Health Organization, "Pregnancy is Special -- Let's Make it Safe," *Safe Motherhood*, vol. 25 (1998): 1, 8. Estimates of yearly deaths worldwide from unsafe abortion range from 60,000 to 200,000. Ingar Brueggemann, Secretary General, International Planned Parenthood Federation, "Safe Motherhood as the Cornerstone of Sexual and Reproductive Health," April 7, 1998; *A New Agenda for Women's Health and Nutrition*, (Washington, D.C.: World Bank, 1994), 20.

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

3. Estimate from Christina Horzepa, the Population Council, telephone conversation with Elizabeth A.. Cavendish, November 20, 1998.

4. The Population Council, "Status of Mifepristone in the United States," May 1996 (factsheet).

5. Irving M. Spitz et al., "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States," *The New England Journal of Medicine*, vol. 338, no. 18 (April 30, 1998): 1241.

6. Beverly Winikoff, M.D. et al., "Acceptability and Feasibility of Early Pregnancy Termination by Mifepristone-Misoprostol," *Archives of Family Medicine*, vol. 7 (July/Aug. 1998): 360.

7. Hazem El-Refaey, M.D. et al., "Induction of Abortion with Mifepristone (RU 486) and Oral or Vaginal Misoprostol," *New England Journal of Medicine*, vol. 332, no. 15 (Apr. 13, 1995): 984; The Population Council, "Medical Abortion with Mifepristone and Misoprostol," Sept. 1995 (factsheet).

8. Remi Peyron, M.D. et al., "Early Termination of Pregnancy with Mifepristone (RU 486) and the Orally Active Prostaglandin Misoprostol," *New England Journal of Medicine*, vol. 328, no. 21 (May 27, 1993): 1510.

9. Irving M. Spitz et al., "Early Pregnancy Termination," 1246.

10. Institute of Medicine, "Clinical Applications of Mifepristone (RU 486) and Other Antiprogestins: Assessing the Science and Recommending a Research Agenda -- Summary," (Washington, D.C.: 1993), 1-3, 6, 13.

11. Institute of Medicine, "Clinical Applications of Mifepristone;" The Population Council, "Other Potential Uses of Mifepristone," February 1997 (factsheet); Arne Radestad and Marc Bygdeman, "Cervical Softening with Mifepristone (RU 486) After Pretreatment with Naproxen," *Contraception*, vol. 45 (1992): 221; Marja-Liisa Swahn, Marc Bygdeman, and Kristina Gemzell Danielsson, "Various Uses of Mifepristone in Gynaecology and Obstetrics," *Reproductive Health Matters*, no. 8 (November 1996): 122.

12. The Population Council, "Other Potential Uses of Mifepristone."

13. Institute of Medicine, "Clinical Applications of Mifepristone," 1, 13; The Population Council, "Other Potential Uses of Mifepristone."

14. Anna Glasier, M.D., et al. "Mifepristone (RU 486) Compared with High-Dose Estrogen and Progestogen for Emergency Postcoital Contraception," *New England Journal of Medicine*, vol. 327, no. 15 (Oct. 8, 1992): 1042.

May 21, 1999

Dear Representative:

When the House considers the FY 00 Agriculture Appropriations bill, it is possible that an amendment will be offered which would restrict the Food and Drug Administration's ability to research, develop, and approve new drugs for the chemical inducement of abortion. **We urge you to oppose any amendment that does this.**

The Food and Drug Administration is charged with assuring the integrity of the drug approval process. The FDA's conclusion that a drug is safe and effective for its intended use is based on the scientific merits, according to the agency's strict protocols. The scientific research presented to the FDA is the only evidence on which the agency should grant approval of a drug.

This consistency allows the American public and health care professionals to have confidence in the drugs they use. It also assures drug manufacturers, stockholders, and third party payers that appropriate standards for use have been verified. Many countries around the world rely on the United States' stringent drug review process.

Attempting to legislate any drug's approval or disapproval is inappropriate and starts down a slippery slope of prohibiting development in certain drug categories. Not only does it threaten the credibility of the drug approval process, it would impede development of pharmaceuticals that may be used either as contraceptives or to treat different diseases not related to reproduction. If disease or condition specific approval is dictated by legislative action, drug researchers' efforts to develop new therapies will be stymied. Bypassing the FDA's approval process will prevent the agency from insuring that the greatest number of patients has access to appropriate health care options.

We urge you to oppose attempts to undermine the integrity of the drug approval process. Science, not politics, should determine the appropriate criteria for drug approval.

Sincerely,

American College of Obstetricians and Gynecologists
American Medical Association
American Public Health Association
Physicians for Reproductive Choice and Health
American Medical Women's Association
American Society for Reproductive Medicine
National Association of Nurse Practitioners in Women's Health

May 21, 1999

Dear Representative:

When the House considers the FY 00 Agriculture Appropriations bill, it is possible that an amendment will be offered which would restrict the Food and Drug Administration's ability to research, develop, and approve any drug that may induce an abortion. This amendment is seeking to deny women access to mifepristone, a drug commonly known as RU-486, by circumventing the FDA. **We urge you to oppose any amendment that does this.**

The Food and Drug Administration's drug approval process rests on thoughtful and objective scientific evaluation of a drug's safety, efficacy, and acceptability. The FDA's assessment that a a drug is safe and effective for its intended use is based on the scientific merits, according to the agency's strict protocols. Americans and health care professionals trust that the drugs they take and prescribe are appropriately evaluated by the FDA. In attempting to legislate against mifepristone's approval, Congress threatens the integrity of the FDA and its routine approval process.

This action also threatens the health of Americans. For many women, a medical alternative to surgical abortion in this stage of pregnancy represents a major scientific advance. Mifepristone can be used in the earliest stages of pregnancy and may offer women more privacy when making this decision. In 1996, the FDA found mifepristone, which has been available to women in Europe for 10 years, to be safe and effective for early medical abortion and deemed it "approvable." Final approval is pending on details of manufacture and distribution.

Anti-choice politics have frozen progress on critical research and clinical testing that could lead to medical advances for women and men. Mifepristone, for example, has shown potential for use in treating breast cancer, endometriosis, uterine fibroids, Cushing's syndrome, brain tumors and glaucoma. By blocking mifepristone's testing and use, abortion opponents would effectively forestall promising research in these areas.

This provision could have dangerous implications for the development of drugs that are used for purposes other than terminating a pregnancy. Many drugs, including chemotherapy and anti-ulcer medication, have the side effect of inducing abortion. New developments in the treatment of these and other conditions would be prohibited under the broad scope of this amendment.

(continued)

For more than a decade, abortion opponents have attempted to impose their extremist beliefs on all Americans and deny women access to mifepristone. They have used every means available to prevent clinical study and testing of mifepristone in the United States because they oppose abortion regardless of the method. Now they are scrambling to prevent American women from getting access to mifepristone by legislative action. Their strident opposition to abortion at any time, for any reason, must not be permitted to hamper scientific processes and the advancement of health any longer.

Please oppose any attempt to deny American women access to mifepristone for early medical abortion.

Sincerely,

American Association of University Women
American Civil Liberties Union
American Public Health Association
American Society for Reproductive Medicine
American Medical Women's Association
Americans for Democratic Action
Catholics for a Free Choice
Center for Reproductive Law and Policy
Feminist Majority Foundation
Midwives for Choice
National Abortion and Reproductive Rights Action League
National Abortion Federation
National Association of Nurse Practitioners in Women's Health
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Organization for Women
NOW Legal Defense & Education Fund
National Partnership for Women and Families
National Women's Law Center
People for the American Way
Physician Assistants for Choice
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Population Action International
Religious Coalition for Reproductive Choice
Republican Pro-Choice Coalition
The Alan Guttmacher Institute

FAX COVER SHEET

DATE: _____

TO: Kelly O'Dea

OFFICE: _____

FROM: Alex PHONE: _____

THIS IS PAGE ONE OF _____ TOTAL PAGES

COMMENTS:

Kelly --

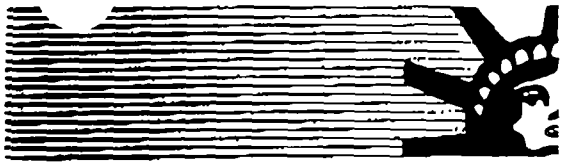
Attached are the Memos we sent down - Complete packets are on their way via messenger

Alex

National Abortion and Reproductive Rights Action League, 1156 15th Street, NW, Suite 700, Washington, D.C. 20005

* MY PHONE #: 202-973-3007 * Fax Numbers: 202-973-3070 or 3098

NARAL *Promoting Reproductive Choices*



TO: Agriculture Appropriations and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 24, 1999
RE: ***FY 2000 Agriculture Appropriations Bill***

On Tuesday, May 25, the House is scheduled to consider the FY2000 Agriculture Appropriations bill. Last year, Representative Tom Coburn offered an amendment prohibiting the Food and Drug Administration (FDA) from using funds to test, develop, approve or manufacture drugs for early, medical abortion, including mifepristone (commonly known as RU-486). It is likely that there will be an attempt to offer a similar amendment when this bill is considered on the floor. ***NARAL urges you to oppose any amendment banning the FDA from approving drugs used for medical abortion.*** **NARAL will score this vote in our 1999 Congressional Record on Choice.**

Mifepristone is an effective and nonsurgical method of early abortion that has been in use since 1981. The drug was approved for use in France, Great Britain, and Sweden following extensive clinical trials that demonstrated its safety and effectiveness. In September 1996 the FDA issued an "approvable letter" for the use of mifepristone and misoprostol for early abortion, but the agency is awaiting more information about its manufacture and labeling before it gives mifepristone final approval and allows it to be prescribed to American women outside of clinical trials. It is possible that final approval of mifepristone could come as early as the end of this year.

Recognizing that mifepristone would expand women's choices and make it more difficult to target women seeking abortion for violence and harassment, anti-choice forces have worked to deny American women access to nonsurgical methods of abortion. Mifepristone offers the promise of very early abortion, and abortion that can be conducted in the privacy of a medical office and in the safety of a woman's home.

Bans such as this threaten to reduce women's options by precluding scientific developments, just as research that could lead to more contraceptive alternatives has been impeded. Other bans, such as on human embryo research, have stymied developments that could lead to cures and treatments for diseases such as Parkinson's, Alzheimers and diabetes. ***Don't allow anti-choice politicians to halt beneficial scientific developments and efforts to broaden women's reproductive health options.***

Attached for your information are talking points on mifepristone and information about last year's Coburn amendment. If you have any questions, please contact Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

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E-Mail: naral@naral.org

NARAL ***Promoting Reproductive Choices***

TO: Defense and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 25, 1999
RE: ***FY 2000/2001 Defense Department Authorization Act***

Later this week, the House is scheduled to consider HR 1401, the FY 2000/2001 Defense Department Authorization bill. At this time, two important reproductive health care issues may arise:

- Although Representative Loretta Sanchez succeeded during Subcommittee in repealing the ban on *privately-funded* abortions at military hospitals overseas, the full Committee passed an amendment restoring this ban. During floor consideration, Representative Sanchez plans to offer an amendment to repeal the ban on *privately-funded* abortions at overseas military hospitals. ***NARAL urges you to support the Sanchez amendment and will be scoring this vote in our 1999 Congressional Record on Choice.***

  The Sanchez amendment restores the ability of our female service members and female dependents stationed overseas to exercise their constitutional right to choose safe abortion services. It does not require the Department of Defense to pay for abortions -- it simply repeals the current ban on *privately-funded* abortions at U.S. military facilities overseas. Military women should be able to depend on their base hospitals for all their medical services. The Sanchez provision restores access to the same range and quality of health care services that they can obtain in the U.S.

  Without the Sanchez amendment, women who have volunteered to serve their country will continue to be discriminated against by being prohibited from exercising their legally protected right to choose simply because they are stationed overseas.

- The Subcommittee also approved an amendment offered by Representative Steve Kuykendall making DoD abortion funding consistent with the current Hyde Amendment, which requires Medicaid funding for low-income women, not only in the case of life endangerment, but also in cases of rape and incest. Current law allows DoD to pay for abortion services only in cases of life endangerment.

  Pro-choice members of the full Committee successfully blocked an anti-choice effort to entirely eliminate these newly won exceptions for rape and incest. But, anti-choice lawmakers then further restricted the exception language to prevent publicly-funded abortions at overseas hospitals for victims of rape and incest,

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unless the rape or incest was "forcible" and "reported to a law enforcement agency."

Rape is by definition a forcible act. Incest is by definition an egregious assault. The women who have been victimized by these crimes should not have to endure reporting requirements just to obtain needed medical services. The actions of the anti-choice members of the Armed Services Committee endanger the health and lives of U.S. servicewomen and military dependents. **NARAL opposes these onerous restriction to DoD funding for abortion in cases of rape and incest.**

The United States is entrusted with providing health care for women and men who dedicate their lives to military service and their dependents. Women in the military who have been victimized by rape or incest, particularly those women who are further isolated by serving overseas, must have control over any resulting pregnancy. Under current law, in the Medicaid context, women whose pregnancies result from rape or incest may obtain an abortion as part of their comprehensive health care provided by the Government. Women in the military deserve no less.

Women who have been raped often face additional victimization caused by the insensitivity of police, medical personnel, and the criminal justice system. These problems may be particularly acute in the international context. The military should do everything in its power to alleviate, not exacerbate, these indignities -- providing needed medical services is an important step.

Attached are talking points on *privately-funded* abortions in military hospitals overseas. If you have any questions, please call Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

NARAL *Promoting Reproductive Choices*

TO: Defense and Reproductive Health Staff
FROM: Allison Herwitt, Director of Government Relations
Terri McCullough, Legislative Representative
DATE: May 24, 1999
RE: ***FY 2000/2001 Defense Department Authorization Act***

This week, the Senate is scheduled to consider the FY 2000/2001 Defense Department Authorization bill. The bill leaves in place current law, which bans privately-funded abortions for servicewomen and military dependents at overseas military hospitals. During floor consideration, Senators Patty Murray and Olympia Snowe plan to offer an amendment to repeal this ban. ***NARAL urges you to support the Murray-Snowe amendment.***

Without the repeal of this ban, women who have volunteered to serve their country will continue to be discriminated against by being prohibited from exercising their legally protected right to choose simply because they are stationed overseas.

- The Murray-Snowe amendment will restore the ability of our female service members and female dependents stationed overseas to exercise their constitutional right to choose safe abortion services.

- This amendment does not require the Department of Defense to pay for abortions -- it simply repeals the current ban on *privately*-funded abortions at U.S. military facilities overseas. No federal funds will be used for abortion services.

- Military women should be able to depend on their base hospitals for all their medical services. This amendment gives them access to the same range and quality of health care services that they could obtain in the U.S. In many countries where our forces serve, that quality of care is not available. Abortion is an extremely safe procedure when performed by trained medical professionals. However, in the hands of untrained medical professionals, or in unsterilized facilities, abortion can be dangerous and risky to a woman's health.

- No medical providers will be forced to perform abortions. All branches of the military have provisions that permit medical personnel who have moral, religious, or ethical objections to abortion not to participate in the procedure. The Murray-Snowe amendment preserves these provisions.

Attached is more information on this prohibition. If you have any questions, please call Allison Herwitt at 973-3003 or Terri McCullough at 973-3047.

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NATIONAL CONFERENCE OF CATHOLIC BISHOPS
Secretariat for Pro-Life Activities
3211 Fourth Street, N.E. Washington, DC 20017-1194 (202) 541-3070 FAX (202) 541-3054

May 19, 1999

Dear Appropriations Committee Member:

During consideration of the Treasury/Postal Appropriations bill this week, please vote to strike the contraceptive/abortifacient coverage mandate that became law under last year's Omnibus Appropriations bill.

This mandate requires most health plans participating in the Federal Employees Health Benefits (FEHB) Program to pay for prescription drugs approved by the FDA as "contraceptive" – including abortifacients such as the so-called "morning after pill" or "Emergency Contraception (EC)."

Since the vast majority of these health plans have long provided coverage of a wide range of genuine contraceptives, the chief effect of the new coercive mandate is to force plans to cover new "morning-after" drug regimens such as Preven, which can be ingested up to three days after unprotected intercourse or "contraceptive failure" to ensure the death of a developing embryo. If the drug is used after "contraception" has failed, then clearly it can work after conception to interrupt the development of a newly conceived life. The radical nature of this new regimen is increasingly clear:

- The latest edition of a prominent embryology textbook reports: "The administration of relatively large doses of estrogens ("morning after" pills) for several days, beginning shortly after unprotected sexual intercourse, usually does not prevent fertilization, **but often prevents implantation of the blastocyst.**" K. Moore and T. Persaud, *The Developing Human: Clinically Oriented Embryology* (6th ed.: 1998), p. 58.

- A recent survey of Planned Parenthood clinics and other Title X family planning providers in Michigan found as follows: Only 26% completely agree that so-called "emergency contraception" is "*primarily* a form of contraception," while 20% generally believe it is "*primarily* an abortion-inducing agent." J. Winchester Brown and M. Boulton, "Provider Attitudes Toward Dispensing Emergency Contraception in Michigan's Title X Programs," *Family Planning Perspectives*, Jan./Feb. 1999, pp. 39-43. This is not a view held only by pro-life groups.

  — accurate # are 60% vs. 20%

- Wal-Mart, the nation's fifth largest distributor of pharmaceuticals, has announced it will not dispense the "emergency contraception" regimen in its stores. Wal-Mart does dispense contraceptives, but clearly sees this regimen as something different and far more controversial.

Abortion advocacy groups have worked to require coverage of "EC" not because it is so much in demand, but because government coercion is the only reliable means to force this new regimen into the mainstream of American medicine. Ironically this effort is spearheaded by groups enjoying the self-description of "pro-choice."

The existing mandate is especially onerous due to its inadequate protections for individuals and organizations with conscientious objections to such drugs. Protection for organizational conscience is provided only for specifically religious health plans, ignoring conscientious objection based on moral convictions. Even individual health care providers are protected only if they conscientiously object to "prescribing" these drugs -- so that professionals such as nurses or pharmacists, who do not "prescribe" such drugs and devices but may have to dispense or administer them, are not protected from discrimination based on their beliefs. Even outside the context of a government mandate, several pharmacists' careers have been endangered once they refused on moral grounds to fill prescriptions for abortifacient "emergency contraception" (see J. Allen, "'Morning-after pill' battles flare: Patients, doctors, druggists in birth-control tug of war," *Washington Times*, May 27, 1997, p. A3).

Health plans and providers should not be forced to traffic in elective drugs or devices that are antithetical to their beliefs, and taxpayers should not be forced to subsidize them.

Before the mandate was enacted last year, most federal health plans offered contraceptive coverage, and federal employees had complete freedom to choose among hundreds of plans based on whether they desired such coverage or not. That was a genuinely "pro-choice" policy. There was, and is, no demonstrated need to force such controversial coverage on unwilling health plans and consumers.

We urge you to support a motion to strike this mandate.

Sincerely,

Gail Quinn
Executive Director

N•C•C•R

A coalition of cancer organizations joining together to advocate for cancer research

May 24, 1999

The Honorable Rosa DeLauro
United States House of Representatives
Washington, D.C. 20515

Dear Representative DeLauro,

On behalf of the National Coalition for Cancer Research (NCCR), I am writing to express our concern regarding any attempts to attach a provision to the Agriculture Appropriations bill which would restrict the Food and Drug Administration's ability to research, to develop, and to approve new drugs for the chemical inducement of abortion. A similar provision was debated and dropped last year. We are very concerned that the amendment will be re-offered this year. We strongly urge you to oppose this language, which would have a detrimental effect on the review and approval of cancer therapies.

The Food and Drug Administration is charged with assuring the integrity of the drug approval process based upon two standards- safety and efficacy. The FDA's conclusion that a drug is safe and effective for its intended use is based on the scientific merits according to the agency's strict protocols. The scientific data presented to and reviewed by the FDA is the only evidence on which the agency should grant approval of a drug.

Our FDA review process and its protection of public health is unparalleled; it is the gold standard throughout the world. The scientific integrity of the FDA review process allows the American public and health care professional to have confidence in the drugs they use. It also assures drug manufacturers, stockholders, and third party payers that appropriate standards for use have been verified. Many countries around the world rely on the United States' stringent drug review process.

Attempting to legislate any drug's approval or disapproval is inappropriate and starts down a slippery slope of prohibiting development in certain drug categories. Not only does it threaten the credibility of the drug approval process, it would impede development or pharmaceuticals that may be used either as contraceptives or to treat different diseases not related to reproduction, such as cancer. If disease or condition-specific approval is dictated by legislative action, drug researchers' efforts to develop new therapies will be stymied. Bypassing FDA's approval process will prevent the Agency from ensuring that the greatest number of patients has access to appropriate health care options.

We urge you to oppose attempts to undermine the integrity of the drug approval process. Science, not politics, should determine the appropriate criteria for drug approval.

Sincerely,

Carolyn R. Aldigé

Carolyn R. Aldigé
President, NCCR

426 C STREET, N.E.
WASHINGTON, D.C.
20002
(202) 544-1880

456-7311
Attn: Jenny Lawson

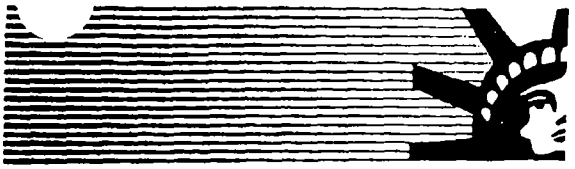
Amendment to H.R. 1906, as Reported

Offered by Mr. Coburn of Oklahoma

Insert before the short title the following new section:

Sec. ___. None of the funds appropriated or otherwise made available by this Act may be used by the Food and Drug Administration for the testing, development, or approval (including approval of production, manufacturing, or distribution) of any drug for the chemical inducement of abortion.

NARAL *Promoting Reproductive Choices*



DATE _____ Fax Cover Sheet

TO Jenny ORGANIZATION _____

FAX _____ PHONE _____

FROM Allison PHONE _____

This page is 1 of ____ total pages. RETURN FAX 202/ 973-3070

Comments

DoD Target List

National Abortion and Reproductive Rights Action League, 1156 15th Street, NW, Suite 700, Washington, DC 20005
http://www.naral.org, Naral@naral.org Main Telphone 202, 973-3000

** PLEASE DO NOT DISTRIBUTE **

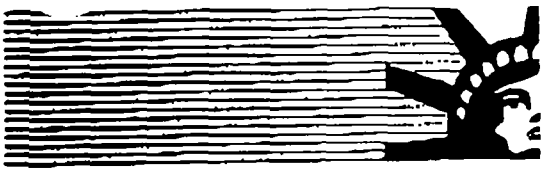
Senate DoD Target List- 106th Congress

PRO (48)	LIKELY PRO (1)	UDECIDED (1)	LIKELY ANTI (2)	ANTI (48)
Akaka (D-HI)	Edwards (D-NC)	Bayh (D-IN)	Fitzgerald(R-IL)	Abraham (R-MI)
Baucus (D-MT)			Voinovich (R-OH)	Allard (R-CO)
Biden (D-DE)				Ashcroft (R-MO)
Bingaman (D-NM)				Bennett (R-UT)
Boxer (D-CA)				Bond (R-MO)
Bryan (D-NV)				Breaux (D-LA)
Byrd (D-WV)				Brownback (R-KS)
Chafee (R-RI)				*Bunning (R-KY)*
Cleland (D-GA)				Burns (R-MT)
Collins (R-ME)				Campbell (R-CO)
Conrad (D-ND)				Cochran (R-MS)
Daschle (D-SD)				Coverdell (R-GA)
Dodd (D-CT)				Craig (R-ID)
Dorgan (D-ND)				Crapo (R-ID)
Durbin (D-IL)				DeWine (R-OH)
Feingold (D-WI)				Domenici (R-NM)
Feinstein (D-CA)				Enzi (R-WY)
Gorton (R-WA)				Frist (R-TN)
Graham (D-FL)				Gramm (R-TX)
Harkin (D-IA)				Grams (R-MN)
Hollings (D-SC)				Grassley (R-IA)
Inouye (D-HI)				Gregg (R-NH)
Jeffords (R-VT)				Hagel (R-NE)
Johnson (D-SD)				Hatch (R-UT)
Kennedy (D-MA)				Helms (R-NC)
Kerrey (D-NE)				Hutchinson (R-AR)
Kerry (D-MA)				Hutchison (R-TX)
Kohl (D-WI)				Inhoffe (R-OK)
Landrieu (D-LA)				Kyl (R-AZ)
Lautenberg (D-NJ)				Lott (R-MS)
Leahy (D-VT)				Lugar (R-IN)
Lieberman (D-CT)				Mack (R-FL)
Lincoln (D-AR)				McCain (R-AZ)
Levin (D-MI)				McConnell (R-KY)
Mikulski (D-MD)				Murkowski (R-AK)
Moynihan (D-NY)				Nickles (R-OK)
Murray (D-WA)				Reid (D-NV)
Reed (D-RI)				Roberts (R-KS)
Robb (D-VA)				Roth (R-DE)
Rockefeller (D-WV)				Santorum (R-PA)
Sarbanes (D-MD)				Sessions (R-AL)
Schumer (D-NY)				Shelby (R-AL)
Snowe (R-ME)				Smith (R-NH)
Specter (R-PA)				Smith (R-OR)
Stevens (R-AK)				Thomas (R-WY)
Torricelli (D-NJ)				Thompson (R-TN)
Wellstone (D-MN)				Thurmond (R-SC)
Wyden (D-OR)				Warner (R-VA)

Italics denote Members placed in a column because of votes taken while in the House.

NARAL -5/20/99

NARAL *Promoting Reproductive Choices*



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TO Jenny Lewis ORGANIZATION _____

FAX _____ PHONE _____

FROM Allison PHONE 973-3003

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Comments

National Abortion and Reproductive Rights Action League, 1156 15th Street, NW, Suite 700, Washington, DC 20005
http://www.naral.org, Naral@naral.org Main Telphone 202, 973-3000

According to the Code of Federal Regulations, the Department of Health and Human Services defines pregnancy as "confirmation of implantation...."

- Pregnancy encompasses the period of time from confirmation of implantation (through any of the presumptive signs of pregnancy, such as missed menses, or by a medically acceptable pregnancy test), until expulsion or extraction of the fetus.

  45CFR46.203

The American College of Obstetricians and Gynecologists Committee on Terminology also defines the beginning of pregnancy as implantation of the blastocyst:

- Pregnancy is the state of a female after conception and until termination of the gestation.
- Conception is the implantation of the blastocyst. It is not synonymous with fertilization. Synonym: Implantation.

  Hughes EC, ed, *Obstetric-Gynecologic Terminology*, Philadelphia: F.A. Davis Company, 1972.

Additional medical resources confirm that pregnancy begins at implantation:

- Fertilization of the human ovum by a spermatozoan occurs in the fallopian tube within a short time (minutes to at most a few hours) after ovulation; and 6 days after fertilization, the blastocyst begins to implant in the endometrium, and pregnancy has begun.

  Cunningham GF, et al, *Williams Obstetrics*, twentieth ed., Stamford, Connecticut: Appleton & Lange, 1997.

Statement on Contraceptive Methods

Debate on several pieces of legislation have recently raised questions regarding how different methods of contraceptives work. This document summarizes what is known about each method.

Essential steps necessary for pregnancy include:

1. normal maturation of sperm and egg,
2. release of sperm,
3. release of egg (ovulation),
4. transport of sperm through the woman's vagina, cervix, uterus and Fallopian tube,
5. final maturation of sperm in preparation for fusion and fertilization
6. transport of the egg from the ovary into the Fallopian tube,
7. fusion of sperm with egg and normal steps in fertilization,
8. transport of the fertilized egg from the Fallopian tube to the uterus,
9. maturation and cell division leading to the blastocyst stage,
10. readiness of the uterine lining for implantation, and
11. implantation of the blastocyst into the lining of the uterus at the conclusion of which pregnancy is established.

Barrier methods such as the male and female condoms and the diaphragm and cervical cap, along with female and male sterilization, impose a physical barrier between sperm and egg and thereby prevent fertilization. The contraceptive effectiveness of abstinence, periodic abstinence, and withdrawal also depends on their role in preventing contact between sperm and egg.

The mechanism of action of hormonal contraceptives such as oral contraceptive pills, emergency contraceptive pills, injectable and implant hormone products, and of IUDs (intrauterine devices), cannot be described quite so simply. Each of these methods involves multiple biologic effects that potentially could alter several of the steps involved in becoming pregnant. Oral contraceptives (the "Pill") containing estrogen and progestin are highly effective in preventing ovulation, which is considered their primary mechanism of action. In addition, Pill hormones also result in thick cervical mucus that interferes with sperm transport and may have an effect on fluids in the uterus and Fallopian tubes and on transport for sperm an egg in the Fallopian tube. These hormones may also affect sperm final maturation and

readiness of the uterine lining for implantation.

Hormonal contraceptives that contain only progestin, such as mini-pills, implants, and injectables, as well as emergency contraceptive treatment using hormone pills, also act by blocking ovulation. For these methods, however, the other mechanisms described for Pills also pertain and are believed to play a more important role than is the case for Pills. Women using mini-pills and implants, especially, are somewhat more likely to ovulate than are Pill users or injectable users, and emergency contraceptive hormone treatment is in some cases provided after ovulation has already occurred. Thus, the contraceptive efficacy of these methods may involve inhibition of fertilization or steps subsequent to fertilization. Once implantation has occurred and pregnancy is established, none of these methods is effective in interrupting pregnancy or causing abortion.

Two IUDs are currently available in the United States; one releases the hormone progesterone and the other releases copper. Progesterone release causes thickened cervical mucus that blocks sperm transport; the release of copper alter fluids in the Fallopian tubes and uterus in a way that interferes with sperm and egg transport and function. Both can act by inhibiting fertilization, which is considered their primary mechanism of action. In addition, both also alter the lining of the uterus in a way that may be unfavorable for implantation; this effect is probably responsible for the high level of efficacy when copper IUD insertion is used for emergency contraception. Insertion of an IUD in early pregnancy is contraindicated because it may lead to spontaneous abortion and may also result in uterine infection associated with incomplete spontaneous abortion.

In summary, the primary contraceptive effect of all the non-barrier methods, including emergency use of contraceptive pills, is to prevent ovulation and/or fertilization. Additional contraceptive actions for all of these also may affect the process beyond fertilization but prior to pregnancy. For some methods these actions may be significant in contributing to their overall contraceptive efficacy.

7/98

Emergency Contraception Is Just That, Contraception!

Don't Restrict Federal Employees' Access to Preventive Health Care

The Treasury-Postal Appropriations Bill for FY 1999 included a provision requiring health plans participating in the Federal Employee Health Benefits Program that cover prescription drugs to also include coverage of contraception. The funding measure explicitly excluded coverage for abortion.

Contraception includes drugs and devices approved by the Food and Drug Administration (FDA) for use in preventing pregnancy. Emergency contraception *prevents* pregnancy – that is, it works ***before*** a pregnancy is established, not afterwards. **Emergency contraception does not interrupt or disrupt an already-established pregnancy and is not the same as a medical abortion.** Emergency contraception can be used after having unprotected sex or if a method of birth control fails and a woman does not want to become pregnant.

What are emergency contraceptives?

The birth control pills that can be used as emergency contraceptive pills are the same pills used for daily birth control, just taken in a higher dose. Generally, a high dose of birth control pills can be taken within 72 hours of unprotected intercourse. A second dose of the pills is taken 12 hours after the first dose. The number of pills in the dose depends on the brand of the Pill being used. This method is sometimes referred to as the "morning after" pill, even though it can be used up to 72 hours after unprotected sex. In September of 1998, the FDA approved an application from Gynetics, Inc. to market the first separately packaged oral contraceptive pills (known as PREVEN) labeled specifically for postcoital emergency use.

Other options for emergency contraception include the use of progestin-only minipills within 72 hours of unprotected sex or insertion of a copper-releasing intrauterine device within 5 days after unprotected sex. All of these methods are highly effective at preventing pregnancy.

How do emergency contraceptives work?

Depending on the time during the menstrual cycle that they are taken, emergency contraceptive pills and emergency minipills (progestin-only birth control pills) may inhibit or delay ovulation, inhibit fertilization, or they may alter the endometrium (the lining of the uterus), thereby inhibiting implantation of a fertilized egg.

When a copper-T IUD is used as emergency contraception (far less common than emergency contraceptive pills), the copper can prevent sperm from fertilizing an egg and can also alter the endometrium, thereby inhibiting implantation of a fertilized egg.

Why is emergency contraception important?

Each year, millions of couples have unprotected intercourse and are left, in the days that follow, with the fear of pregnancy. Almost half (48 percent) of pregnancies are unintended in the United States. For couples who did not use any contraception or experienced contraceptive failure, emergency contraception provides a practical option to avoid pregnancy. Emergency contraception is also essential for women who have been sexually assaulted. **Using one of the emergency contraceptive measures would reduce a woman's risk of pregnancy by at least 75 percent.** This does not mean that 25 percent of women will become pregnant. Rather, if 100 women have unprotected sex once during the second or third week of their menstrual cycle, about 8 will become pregnant. If those same women had used emergency contraceptive pills or minipills, only two would have become pregnant.

Does use of emergency contraception cause an abortion?

No. Use of emergency contraception does not cause an abortion. In fact, emergency contraception prevents pregnancy and thereby reduces the need for abortion.

Will women stop using other forms of contraception if emergency contraception becomes too easily available?

Emergency contraception is not a logical choice for ongoing protection, given that failure rates are much higher than for any method of regular contraception. It is also more expensive than most other forms of contraception. However, emergency contraception can serve as a bridge to establishing effective use of contraceptives. Many women who do not normally come for family planning visits – women who are at great risk of unintended pregnancy – end up using some form of everyday contraception after seeing a clinician for emergency contraception.

How is RU-486 different from PREVEN emergency contraceptive pills?

RU-486, also known as mifepristone, is a completely different drug from PREVEN or other birth control pills currently used for emergency contraception in the United States. RU-486, approved for use in other countries for medical abortion, belongs to a new class of drugs known as antiprogestins, and is not currently available in this country.

5/99

How Emergency Contraception Works

Emergency Hormonal Contraception

Emergency hormonal contraception is a sequence of two increased doses of certain oral contraceptives. The most common emergency contraception pills are "combination pills" that contain estrogen and progestin (synthetic hormones like the ones produced by a woman's body). Progestin-only pills — "mini-pills" — may be used by women who cannot take estrogen.

Emergency contraceptive pills are not effective if the woman is pregnant. They act by delaying or inhibiting ovulation, and/or altering tubal transport of sperm and/or ova (thereby inhibiting fertilization), and/or altering the endometrium (thereby inhibiting implantation).[3] Emergency contraception prevents pregnancy and the need for abortion — it is not a form of abortion.[3,10,12,13]

Some clinicians will want to review a medical history before prescribing the medication. Some may want to get informed consent by signature or over the telephone.

Emergency IUD Insertion

The IUD, used as a regular method of contraception, "alters tubal and uterine transport and affects the sperm and ovum so fertilization does not occur."[14] Post-coital emergency contraceptive insertion of an IUD may involve the same mechanism in some cases, but it is more likely to interfere with implantation.[3]

Methods of Emergency Hormonal Contraception Available in the United States

Yuzpe Regimen – This is the most common method of emergency contraception. It is named for Canadian Professor A. Albert Yuzpe, who published the first studies demonstrating the method's safety and efficacy in 1974. This regimen of ECPs uses two doses of oral contraceptive pills that combine estrogen and certain progestin hormones.[4] Many different prescription products contain the appropriate hormone combination and can be used as ECPs.

- Many common oral contraceptive pills can be used as ECPs, although their manufacturers do not label the pills for this use. "Off-label" use of approved medications is legal and commonplace in American medicine. Further, in February 1997, the FDA declared ECP use of birth control pills following the Yuzpe regimen to be safe and effective. At that time, six suitable pill brands were available on the U.S. market.[3] As of September 1998, four additional brands had become available, expanding the list of combination-hormone pill brands suitable for use as ECPs to ten:

Pill Brand	Manufacturer	Pills per Dose
Alesse	Wyeth-Ayerst	5 pink pills
Levlen	Berlex	4 light orange pills
Levlite	Berlex	5 pink pills
Levora	Watson	4 white pills
Lo/Ovral	Wyeth-Ayerst	4 white pills
Ovral	Wyeth-Ayerst	2 white pills
Ovrette	Wyeth-Ayerst	20 white pills
Nordette	Wyeth-Ayerst	4 light orange pills
Tri-Levlen	Berlex	4 yellow pills
Triphasil	Wyeth-Ayerst	4 yellow pills
Trivora	Watson	4 pink pills [15]

- The PREVEN™ Emergency Contraceptive Kit, produced by Gynétics, Inc., contains Yuzpe regimen ECPs (two pills per dose), a pregnancy test, and instructions for use. It is approved by the FDA and is the only available product specifically labeled and marketed for emergency contraception.

- Progestin-only ECPs – Plans have been announced by the Women's Capital Corporation, of Washington, DC, to seek FDA approval of an ECP without estrogen, containing only the progestin hormone levonorgestrel.[16] Off-label administration of this method is possible currently in the U.S., but requires taking twenty Ovrette oral contraceptive pills followed by another dose of twenty Ovrette pills twelve hours later.[3]