Letters on Partial Birth Abortion

Cardinal Bernardin
Cardinal Hickey
Cardinal Law
Cardinal Mahoney

Ms. Kate Britton
Rev. Anthony Campolo
Amb. Raymond Flynn
Rev. Jim Henry
Mr. Herb Hollinger
Rev. Rex Horne, Jr.
Rev. Bill Hybels
Rev. Fred Kammer
Rev. Gordon MacDonald
Mr. Greg Warner

Mr. Don Argue
Rev. Anthony Mangun

THE WHITE HOUSE

WASHINGTON

March 10, 1997

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

Dear Cardinal Law:

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

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

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

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

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

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

Sincerely,

Bill Clinton

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THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Joseph Cardinal Bernardin
Archbishop of Chicago
Post Office Box 1979
Chicago, Illinois 60690

Dear Cardinal Bernardin:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

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

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

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

Dear Cardinal Hickey:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

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

Dear Cardinal Law:

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Roger Cardinal Mahony
Archbishop of Los Angeles
1531 West Ninth Street
Los Angeles, California 90015-1194

Dear Cardinal Mahony:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Kate Britton
8708 Brook Road
McLean, Virginia 22102

Dear Kate:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Anthony Campolo
Eastern College
10 Fairview Drive
St. Davids, Pennsylvania 19087

Dear Tony:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I know that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE
WASHINGTON, D.C.

The Honorable Raymond L. Flynn
American Ambassador
The Vatican
APO AE 09624

The Honorable Raymond L. Flynn
American Ambassador
The Vatican

Dear Ray:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Jim Henry
First Baptist Church
3701 L. B. McLeod Road
Orlando, Florida 32805-6691

Dear Jim:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Herb Hollinger
Baptist Press
Suite 750
901 Commerce Street
Nashville, Tennessee 37203-3699

Dear Herb:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Rex M. Horne, Jr.
Immanuel Baptist Church
1000 Bishop Street
Little Rock, Arkansas 72202

Dear Rex:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I know that you feel very strongly about this matter.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Bill Hybels
Willow Creek Community Church
67 East Algonquin Road
South Barrington, Illinois 60010

Dear Bill:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Fred C. Kammer, S.J.
President
Catholic Charities USA
Suite 200
1731 King Street
Alexandria, Virginia 22314

Dear Fred:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Gordon MacDonald
Grace Chapel
Three Militia Drive
Lexington, Massachusetts 02173

Dear Gordon:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Greg Warner
Associated Baptist Press
Post Office Box 23769
Jacksonville, Florida 32241

Dear Greg:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Don Argue
President
National Association
of Evangelicals
450 Gunderson Drive
Carol Stream, Illinois 60188

Dear Don:

I wanted to thank you for your thoughts regarding H.R. 1833, a bill banning a certain abortion procedure.

This is a difficult and disturbing issue, one which as you know I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Anthony Mangun
3411 Bayou Rapides Road
Alexandria, Louisiana 71303

Dear Anthony:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

Sincerely,

Bill Clinton

THE PRESIDENT HAS SEEN
7-12-96

THE WHITE HOUSE

WASHINGTON

July 12, 1996

MR. PRESIDENT:

You indicated in a recent margin note to Leon that you wanted to send the letter explaining your position on the partial birth bill to Jack Joyce, head of the bricklayers union.

The letter to Joyce is attached for your signature.

Todd Stern

cc: Chris/Sonnie
Sonnie should call him + follow up—
BC

S.O.P. from ORM

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WE 00

WE

THE WHITE HOUSE

WASHINGTON

July 12, 1996

Mr. John T. Joyce
President
International Union of Bricklayers
and Allied Craftsmen
815 15th Street, N.W.
Washington, D.C. 20005

Dear Jack:

I know that you are distressed about my veto of H.R. 1833, legislation banning a certain abortion procedure, commonly known as partial birth abortion. Inasmuch as my position on this bill has been widely misunderstood, I'd like to set it forth for you as clearly and directly as I can.

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

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

In April, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best

chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. It was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

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

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

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

At the same time, I cannot accept a ban on this procedure in those cases where it represents the best hope for a woman to avoid serious risks to her health.

I also understand that many who support this bill believe that a health exception would create a loophole that could be stretched to cover most anything -- such as youth, emotional stress, financial hardship or inconvenience.

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

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

That is why I implored Congress, by letter dated February 28 and in my veto message, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. Congress ignored my proposal, but I have continued to make it absolutely clear that if Congress will produce a bill that meets my concerns, I will sign it promptly.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury.

I continue to hope that a solution can be reached on this painful issue. And I hope that you now have a better understanding of my position.

Sincerely,

Bill Clinton

960715

- Jack -

These are hard cases. Of the 5 women who stood with me when I vetoed the bill, two identified themselves as strong pro-life Republicans who used the procedure only because their babies were certain to die and it was the only way they could have more children. Another said she prayed that she would die and her baby would live, but it was

Letters on Partial Birth Abortion

Cardinal Bernardin
Cardinal Hickey
Cardinal Law
Cardinal Mahoney

Ms. Kate Britton
Rev. Anthony Campolo
Amb. Raymond Flynn
Rev. Jim Henry
Mr. Herb Hollinger
Rev. Rex Horne, Jr.
Rev. Bill Hybels
Rev. Fred Kammer
Rev. Gordon MacDonald
Mr. Greg Warner

Mr. Don Argue
Rev. Anthony Mangun

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Joseph Cardinal Bernardin
Archbishop of Chicago
Post Office Box 1979
Chicago, Illinois 60690

Dear Cardinal Bernardin:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

Dear Cardinal Hickey:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

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

Dear Cardinal Law:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Roger Cardinal Mahony
Archbishop of Los Angeles
1531 West Ninth Street
Los Angeles, California 90015-1194

Dear Cardinal Mahony:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Kate Britton
8708 Brook Road
McLean, Virginia 22102

Dear Kate:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Anthony Campolo
Eastern College
10 Fairview Drive
St. Davids, Pennsylvania 19087

Dear Tony:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I know that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE
WASHINGTON, D.C.

The Honorable Raymond L. Flynn
American Ambassador
The Vatican
APO AE 09624

The Honorable Raymond L. Flynn
American Ambassador
The Vatican

Dear Ray:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Jim Henry
First Baptist Church
3701 L. B. McLeod Road
Orlando, Florida 32805-6691

Dear Jim:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Herb Hollinger
Baptist Press
Suite 750
901 Commerce Street
Nashville, Tennessee 37203-3699

Dear Herb:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Rex M. Horne, Jr.
Immanuel Baptist Church
1000 Bishop Street
Little Rock, Arkansas 72202

Dear Rex:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I know that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Bill Hybels
Willow Creek Community Church
67 East Algonquin Road
South Barrington, Illinois 60010

Dear Bill:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Fred C. Kammer, S.J.
President
Catholic Charities USA
Suite 200
1731 King Street
Alexandria, Virginia 22314

Dear Fred:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Gordon MacDonald
Grace Chapel
Three Militia Drive
Lexington, Massachusetts 02173

Dear Gordon:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Greg Warner
Associated Baptist Press
Post Office Box 23769
Jacksonville, Florida 32241

Dear Greg:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure. I understand that you feel very strongly about this matter.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Mr. Don Argue
President
National Association
of Evangelicals
450 Gunderson Drive
Carol Stream, Illinois 60188

Dear Don:

I wanted to thank you for your thoughts regarding H.R. 1833, a bill banning a certain abortion procedure.

This is a difficult and disturbing issue, one which as you know I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

The Reverend Anthony Mangun
3411 Bayou Rapides Road
Alexandria, Louisiana 71303

Dear Anthony:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

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

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

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

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

Sincerely,

Bill Clinton

Partial Birth -- Message

- President vetoed this bill for one reason -- it fails to include an exception permitting the use of this procedure in those rare cases where a physician says its use is necessary to avoid serious injury to a woman's health.

  He simply could not accept a law that would force women to endure serious risks to their health -- including the loss of the ability to ever have a child again.

- He told the Congress on February 28 that he would *sign* the bill if it included such an exception. Congress refused.

- Before vetoing this bill, the President met with women who underwent an "intact dilation and evacuation procedure. These women desperately wanted their babies; they were devastated to learn that their babies had fatal conditions; they wanted anything other than an abortion -- *several of them were pro-life* -- but they were advised by their doctors that this procedure was their best hope of preventing death or grave harm, including the loss of reproductive ability.

  For these women and others, this was not about choice. These babies were certain to perish before, during, or shortly after birth, and the only question was how much grave harm was going to be done to the woman.

- Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, poses a danger of grave harm to women. A ban of this kind, aside from violating the Constitution, would be the true inhumanity.

Carol - fyi
These are the notes
Todd had me xerox
for his mtg. Thought
you might want a
copy since they won't
be in the files.
T

QUESTIONS AND ANSWERS ON HR 1833
FOR INTERNAL USE ONLY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

POLITICS

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

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

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

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

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

- These statements underscore the fact that too many people are trying to play politics with this painful issue, and that is very regrettable.

- The President made clear that he couldn't sign the bill because it failed to protect women against serious risks to their health. He told the Congress that he would sign a bill if an exception were added to protect women against such serious health risks. And he is *still* ready to work with Congress to fashion a reasonable bill that sharply restricts the use of this procedure, while still protecting women.

- But Congress has rejected his proposals because too many there are more interested in creating a political issue than in solving a human problem.

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

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

Partial Birth -- Message

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TALKING POINTS ON H.R. 1833

- The President vetoed H.R. 1833 because the bill, which prohibits a certain kind of abortion procedure, fails to protect women from serious threats to their health, as both the Constitution and humane public policy require.

- The procedure described in the bill troubles the President deeply. He does not support use of that procedure on an elective basis. He would allow it only where necessary to save the life of the mother or prevent serious injury to her health.

- This bill went too far because it would ban use of the procedure even when it is the only or best hope of saving the woman's life or averting a serious threat to her health, including her ability to have children in the future.

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

- Criminalizing use of the procedure in such cases, where women and their families must make a tragic choice, poses a danger of grave harm to women. A ban of this kind, aside from violating the Constitution, would be the true inhumanity.

- That is why the President, by letter dated February 28, implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the physician, is necessary to preserve the life of the woman or avert serious adverse consequences to her health. A bill amended in this way would have struck a proper balance, remedying the constitutional and human defect of H.R. 1833.

- The charge that the President's proposed exemption would create a huge loophole, allowing the widespread use of this procedure, is simply not true. The President's exemption would apply only when there is serious harm to health. Surely Congress, working with this Administration, can write legislation making clear that serious harm to health means just that -- that it doesn't include, as some have suggested, youth, low income, or inconvenience. Attacks such as this trivialize profoundly tragic situations. All one needs to do is to listen to some of the women who have had this procedure to understand what kind of harm the President is talking about.

- The President will not sign a bill showing, as this one does, total indifference to the health of women. He will sign a bill amended to protect women from serious harm by allowing this procedure in rare cases. He regrets that Congress, more interested in creating a political issue than solving a problem, has so far rejected this approach.

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Partial Birth Letter
(4/17/96)

A great deal has been written in recent days and weeks about legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. In late March, Congress passed that legislation, H.R. 1833, and on April 10 I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

My position on this bill has been widely misrepresented and misunderstood. Some, including those more interested in creating a political issue than in putting real, meaningful limits on the use of this procedure, have deliberately distorted my views. But I know that a great many people of good faith -- and of all faiths -- are sincerely confused and distressed about the veto. It is to these people that I address these comments -- not because I believe that you will necessarily come to share my view, but so that you will understand the genuine basis of my position.

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

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

Last week, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. This was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. Here is what one of them had to say:

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about

shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus."

Some have raised the question whether, as a matter of medical practice, this procedure is ever the safest for a woman. I can only say that there are many doctors -- some of whom testified before Congress -- who believe that this procedure is, in certain rare cases, the safest one to use. In those rare cases, where a woman's serious health interests are at stake, I believe her doctors, in the best exercise of their medical judgment, should have the option to use the procedure.

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

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

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

I also understand that many who support this bill believe that any health exception is untenable. In a letter sent to me on April 16 by our leading Cardinals, they contend that a "health" exception for the use of this procedure could be used to cover most anything -- for example, youth, emotional stress, financial hardship or inconvenience.

That is not the kind of exception I support. I support an exception that takes effect *only* where a woman faces real, serious adverse health consequences. Those who oppose this procedure may wish to cite cases where fraudulent health reasons

are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. *It is in those cases that I believe an exception to the general ban on the procedure must be allowed.*

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

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

As I said at the outset of this letter, I know that many people will continue to disagree with me about this issue. But they should all know the truth about where I stand: I do not support the use of this procedure on demand. I do not support the use of this procedure on the strength of mild or fraudulent health complaints. But I do believe that we cannot abandon women in grave danger of serious injury whose afflicted babies are certain to die in the immediate aftermath of birth, if not before. That, in my judgment, would be the true inhumanity.

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together.

Sincerely,

April 17, 1996

'96 APR 17 P6:04

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN AND DON BAER

SUBJECT: SUMMARY OF CONTINUING FOLLOW-UP ON H.R. 1833

CC: LEON PANETTA, HAROLD ICKES AND EVELYN LIEBERMAN

Following up on your discussions with us, we have held a meeting with relevant members of the White House staff concerning the necessary next steps on the veto of H.R. 1833 and the April 16th letter from the Catholic Cardinals. The following summarizes our proposed strategy to put forward your position to both the Catholic community and more general audience.

I. COMMUNICATIONS

A. A strong letter from you on this subject is being forwarded under separate cover. We view this letter as a key vehicle for clearly setting forth your position on the issue; the Administration's efforts during Congress' passage of the legislation; and, most important, your reasons for the veto, as articulated at last week's event.

One open issue is to whom your letter should be directed. Some of the staff (including George Stephanopoulos and Vicki Radd) recommend that the letter be sent to the Cardinals as a response to their letter. This alternative would get the most press coverage, but at the possible risk of further engaging the Cardinals (as Melanne Verveer and John Hart fear). Other options (which would get the full letter published) include submitting the letter to a national newspaper as a letter to the editor or as an op-ed carrying your byline. Finally, we could simply release it as an open letter. (Religious leaders like Joan Campbell prefer this approach.) Ultimately, we will ensure that this letter is distributed as widely as possible -- to both general and religious (including Catholic) media outlets, as well as through Public Liaison.

B. Father Robert F. Drinan has agreed to write an op-ed supporting your position. We will be working with him on its content, and will help with its placement this week. (Melanne Verveer also has a call in to Mary McGrory to discuss her column.)

C. A briefing is being organized for targeted Cabinet members and other high-level Administration officials (including Secretaries Cisneros, Shalala and Pena, EPA

Administrator Browner and Peace Corps Director Gearan) who can serve as key surrogates -- both publicly and behind the scenes -- to defend the Administration's position on this issue. This briefing will include a discussion of the most effective ways to deploy these surrogates.

D. To educate all Administration spokesmen and all surrogates, as well as the general public, we have in draft form the following materials: (1) a one-pager of talking points explaining your position and record on this issue (attached); (2) the legislative history of H.R. 1833, including the Administration's efforts; and (3) a review of your record (as both President and Governor) on abortion. Staff is now working on preparing "Q's and A's" on the issues, including questions that allow correction of some of the misstatements of fact now in circulation.

E. Additional policy and communications options are under discussion by relevant staff. We hope to have staff recommendations soon about such related areas as your position against assisted suicide (also mentioned in the Cardinals' letter) and the Administration's continuing efforts to facilitate adoption and prevent teen pregnancy.

II. OUTREACH

A. The Office of Public Liaison will develop a comprehensive list of Administration and external surrogates to assist in the weeks ahead to explain your position and response on the issue. This list will include elected officials, physicians and women.

B. Public Liaison will continue to broaden its outreach activities:

1. To convey your position and rationale to the Catholic lay community by sending the new materials to our Catholic surrogates nationwide.

2. To follow-up on our 200-person mailing last week to the heads of the major non-Catholic denominations.

3. To broaden support from the physician and health provider community and widen the distribution of supportive statements from the American College of Obstetricians and Gynecologists, the American Medical Women's Association, the American Nurses Association and individual physicians who have written letters to editors across the country.

4. To develop a longer-term strategy within the women's and choice groups to ensure their ongoing grassroots education initiatives.

4-18-96

Edit &
return
to me

THE WHITE HOUSE

WASHINGTON

April 12, 1996

It gives me great pleasure to join all Americans in welcoming to Atlanta the athletes, coaches, families, and fans who have traveled from across the globe for the Games of the XXVIth Olympiad.

Uniting the nations of the world in the name of peaceful competition and athletic ~~distinction~~ excellence, the Olympics have always brought out the best in ~~those representing their nations.~~ This Centennial Olympiad promises to add to that great legacy, bringing the world's finest athletes together in one of America's most dynamic cities.

I salute these athletes for the commitment and hard work that have brought them to this pinnacle of competition. Their skill and endurance will be tested against the best competitors in the world, and I know that they will rise to the challenge and bring honor to their countries. I commend the spectators as well, both those in Atlanta and those watching from every corner of the globe, for their enthusiasm and support for the Olympic ideal. By celebrating these Olympic Games together, we will ~~bear witness to~~ the struggle ~~for~~ to excel~~lence~~, the camaraderie of sport, and the indomitable nature of the human spirit.

Best wishes for an exciting and fulfilling Olympic experience.

witness once again

those who compete and those who cheer them on -

DO
BURKHARDT

Don -
Needs
immediate
attention -
Matthews is a
close Bartus
friend,
I.

4/25/96
Send to Donskind for
reply?

Yes ✓

No

Clear ALL
LETTERS ON THIS
ISSUE with me.
C. I.

Prompt copy of attached letter must be answered w/ packet of info sent on veto

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96 APR 25 P2:59

April 23, 1996

Ms. Nancy Hernreich
White House
West Wing
Washington, D.C. 20500

RE: Rob Brothers

Dear Nancy:

I have enclosed with this letter a personal letter to the President from my good friend, Rob Brothers. Rob is the President of the First National Bank of Rogers and I know has been a Bill Clinton supporter for at least the last sixteen years. Rob is also a devout Catholic. I had a very anguished conversation with Rob last week in which it was clear that he was heartsick over a recent decision by the President. I encouraged Rob to not close the door on his relationship with Bill Clinton, but to write a letter to the President that outlined how he felt. I assured Rob I would get the letter to the President.

As you can see, I have not opened the letter. I do not know what it says. However, I know that it is heartfelt and sincere and I would appreciate your seeing to it that the President gets it. As always, your help in these matters is greatly appreciated. Best regards.

Sincerely yours,

MATTHEWS, CAMPBELL, RHOADS
McCLURE & THOMPSON, P.A.

David R. Matthews

DRM:sah

ROBERT V. BROTHERS
13881 Harris Road
Rogers, Arkansas 72756

4-22-96

Mr. President,

I have been a supporter of yours for years — I do not want to overplay this support, but do want you to know that I have been a financial contributor, albeit a small one, but most importantly, I have cast my vote for you in each election you've been involved in for the past sixteen years. We have not always agreed on all issues, but I have always been able to look at the overall body of good works which I feel you've tried to accomplish.

Perhaps the single most troubling philosophical issue on which we differ, is the "pro-choice" position on abortion. I have been able to look past this issue in the past, but am now vexed by your veto of the Partial-Birth Abortion Ban Act. I have read the news accounts and searched for an acceptable explanation. I know that it is a decision you agonized over and prayed about; but this is such a gruesome procedure, and despite its supposedly narrow application, I must tell you that this veto has rendered me incapable of supporting you in the upcoming election. Life in all of its forms is <u>precious</u>, even though it may not be "good", "viable", or "perfect".

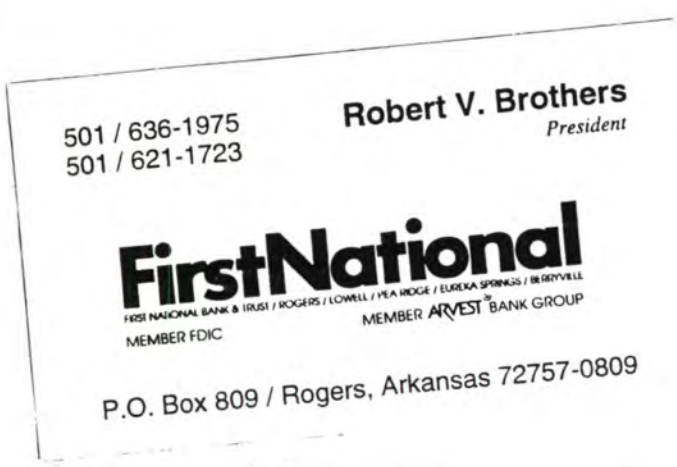
My one vote may not matter, but I fear it's (you)

representative of many others. I am not sure what can be accomplished by writing this letter, but I did want to personally let you know of the depth of my feelings. I also know that the issues can be extremely complex and that, of necessity, politics must always be played — but for me the complexity has been swept away, and the simple decision that remains is to give each life the chance to be all that God intended it to be.

Mr. President, I do want to thank you for the tremendous dedication and sacrifice you've made to be our President — my heart goes out to you for the loss of your friends and fellow servants. Keep on fighting the good fight — there are many issues I support you on — this one is just so personal, it has now overcome the others.

Bob Brothers

ROBERT V. BROTHERS
13881 Harris Road
Rogers, Arkansas 72756



THE WHITE HOUSE

WASHINGTON

May 13, 1996

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

Dear Bishop Browning:

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

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

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

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

Last month, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. This was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

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

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

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

At the same time, I cannot and will not countenance a ban on this procedure in those cases where it represents the best hope for a woman to avoid serious risks to her health. I recognize that there

are those who believe it appropriate to force a woman to endure real, serious risks to her health -- including, sometimes, the loss of her ability to bear children -- in order to deliver a baby who is already dead or about to die. But I am not among them.

I also understand that many who support this bill believe that any health exception is untenable. In a letter sent to me on April 16 by our leading Catholic Cardinals, they contend that a "health" exception for the use of this procedure could be stretched to cover most anything -- for example, youth, emotional stress, financial hardship or inconvenience.

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

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

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

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

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

Sincerely,

Bill Clinton

THE MOST REVEREND EDMOND L. BROWNING
PRESIDING BISHOP, THE EPISCOPAL CHURCH
THE EPISCOPAL CHURCH CENTER
815 SECOND AVENUE • NEW YORK, NY 10017
212/867-8400

May 8, 1996

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

Dear President Clinton:

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

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

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

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

Faithfully yours,

+Edmond L. Browning

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

ABORTION AND BIRTH CONTROL

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

General Convention 1994 (A-054s)

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

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

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

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

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

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

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

June 7, 1996

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

Dear Dr. Henry:

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

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

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

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

In April, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live.

These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. It was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

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

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

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

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

I also understand that many who support this bill believe that any health exception is, as you suggest, a "loophole...to include any reason the mother so desires," such as youth, emotional stress, financial hardship or inconvenience.

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

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

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

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity.

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together. Thank you again for your letter. I hope that you now have a better understanding of my position.

Sincerely,

Bill Clinton

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 5, 1996

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

Dear Mr. President,

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

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

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

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

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

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

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

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

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

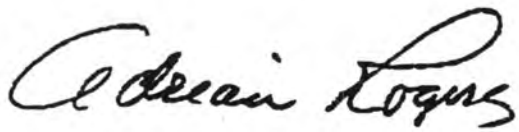
We pray for you and for the awesome responsibilities of the high office which God has allowed you to hold. We know these duties can only be fulfilled responsibly by God's grace and wisdom. God bless you, Mr. President, and God bless America.

Franklin Paschall W. A. Criswell

Dr. Franklin Paschall, Pres 1967 & 1968 Dr. W. A. Criswell, Pres. 1969 &1970

James L Sullivan

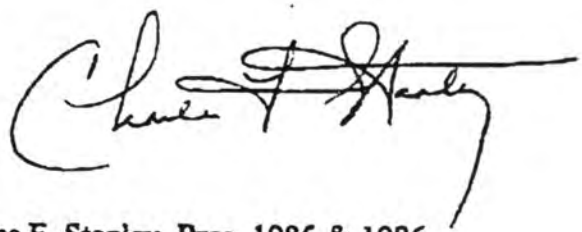
Dr. James Sullivan, Pres. 1977



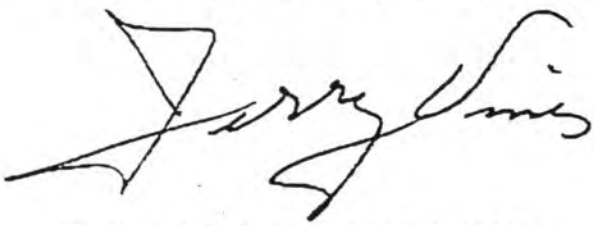
Dr. Adrian Rogers, Pres. 1980, 1987, 1988

Dr. Bailey Smith, Pres. 1981 & 1982

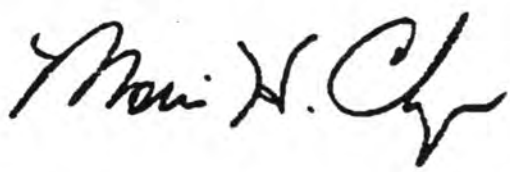
Dr. James T. Draper, Jr., Pres. 1983 & 1984



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

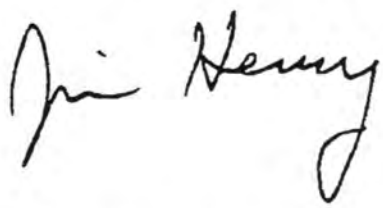


Dr. Jerry Vines, Pres. 1989 & 1990



Dr. Morris Chapman, Pres. 1991 & 1992

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



Dr. James Henry, Pres. 1995 and 1996

THE WHITE HOUSE

WASHINGTON

June 7, 1996

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

Dear Dr. Henry:

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

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

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

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

In April, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live.

These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. It was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

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

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

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

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

I also understand that many who support this bill believe that any health exception is, as you suggest, a "loophole...to include any reason the mother so desires," such as youth, emotional stress, financial hardship or inconvenience.

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

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I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together. Thank you again for your letter. I hope that you now have a better understanding of my position.

Sincerely,

Bill Clinton

THE PRESIDENT HAS SEEN
6/7/96

THE WHITE HOUSE

WASHINGTON

June 6, 1996

MR. PRESIDENT:

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

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

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

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

Todd Stern

THE WHITE HOUSE

WASHINGTON

June 7, 1996

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

Dear Dr. Henry:

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Sincerely,

Bill Clinton

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 5, 1996

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

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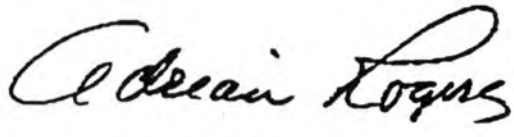
Franklin Paschall W. A. Criswell

Dr. Franklin Paschall, Pres 1967 & 1968

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

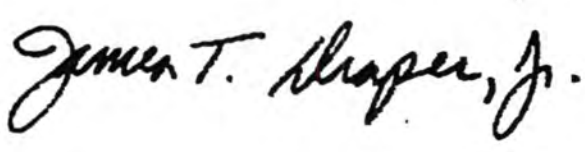
James L Sullivan

Dr. James Sullivan, Pres. 1977

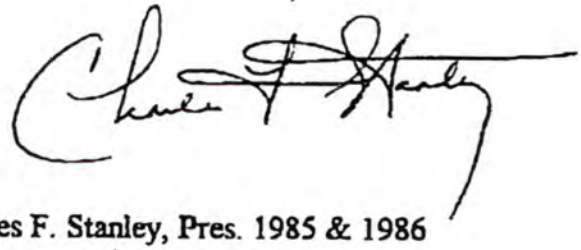


Dr. Adrian Rogers, Pres. 1980, 1987, 1988

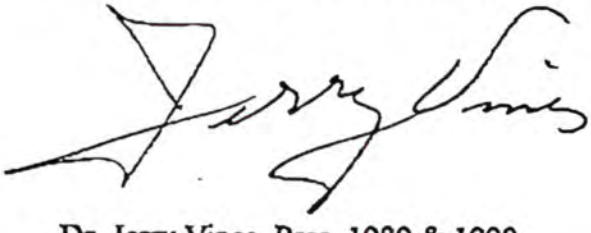
Dr. Bailey Smith, Pres. 1981 & 1982



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



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



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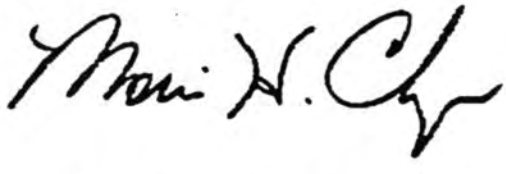
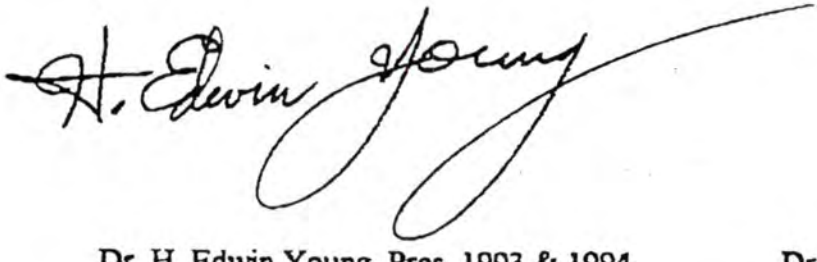
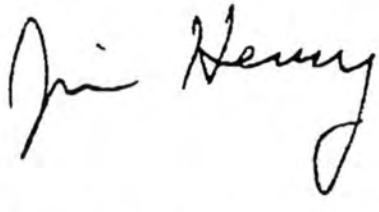


Dr. Morris Chapman, Pres. 1991 & 1992



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



Dr. James Henry, Pres. 1995 and 1996

~~TNC~~

TODD's edits hand carried to

DAN BURKHARDT

6-4-96 3:12pm

THE WHITE HOUSE

WASHINGTON

May 31, 1996

Mr. John M. Doe
Title
Organization
Business Adr1
Business Adr2
Business City, BState BZip-BZip9

Dear John:

I appreciate knowing your views on the extremely complex issue of abortion. I have long maintained that abortion should be safe and legal, as required by the Constitution, but that we should do everything in our power to make it rare.

Recently, I vetoed H.R. 1833, the so-called "partial birth abortion ban." Because my position on this bill has been widely misunderstood, I'd like to explain it as clearly as I can.

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

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

~~Recently~~, I met several women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death

In April,

(5/31/96)

or grave harm which, in some cases, would have included an inability to bear children. For these women, this was not about choosing against having a child. Their babies were certain to perish before, during, or shortly after birth. The only question was how much grave damage they were going to suffer.

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

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor believes that a woman's life is at risk, but not when the doctor believes that she faces real, grave risks to her health. I support an exception that takes effect only where a woman faces real, serious adverse health consequences.

Insert A

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

I believe that we should work to create a society in which fewer abortions are needed. Since I became President, I have fought for improved and expanded family planning services and education programs. I have also worked to prevent teenage pregnancies by promoting efforts to teach young people about personal responsibility and help them make the right choices. It is by advancing these efforts and by encouraging adoption, rather than criminalizing women and their doctors, that we can create a better future for our children.

Insert B

I am grateful for your perspective, and I'm glad you took the time to let me know how you feel.

Sincerely,

(5/31/96)

cases where use of the procedure is necessary to avert serious adverse

Insert A

Some have cited cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure must be allowed.

Insert B

In short, I do not support the use of this procedure on demand or on the strength of mild health complaints. But I do believe that we cannot abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. I continue to hope that a solution can be reached on this painful issue.

Once again, I appreciate hearing your views and I am grateful that you took the time to write.

P-300 ABORTION ISSUE

THE WHITE HOUSE

WASHINGTON

May 31, 1996

Mr. John M. Doe
Title
Organization
Business Adr1
Business Adr2
Business City, BState BZip-BZip9

Dear John:

I appreciate knowing your views on the extremely complex issue of abortion. I have long maintained that abortion should be safe and legal, as required by the Constitution, but that we should do everything in our power to make it rare.

Recently, I vetoed H.R. 1833, the so-called "partial birth abortion ban." Because my position on this bill has been widely misunderstood, I'd like to explain it as clearly as I can.

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

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

Recently, I met several women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death

(5/31/96)

or grave harm which, in some cases, would have included an inability to bear children. For these women, this was not about choosing against having a child. Their babies were certain to perish before, during, or shortly after birth. The only question was how much grave damage they were going to suffer.

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

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor believes that a woman's life is at risk, but not when the doctor believes that she faces real, grave risks to her health. I support an exception that takes effect only where a woman faces real, serious adverse health consequences.

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

I believe that we should work to create a society in which fewer abortions are needed. Since I became President, I have fought for improved and expanded family planning services and education programs. I have also worked to prevent teenage pregnancies by promoting efforts to teach young people about personal responsibility and help them make the right choices. It is by advancing these efforts and by encouraging adoption, rather than criminalizing women and their doctors, that we can create a better future for our children.

I am grateful for your perspective, and I'm glad you took the time to let me know how you feel.

Sincerely,

P-300 ABORTION ISSUE

THE WHITE HOUSE

WASHINGTON

May 23, 1996

Mr. John M. Doe
Title
Organization
Business Adr1
Business Adr2
Business City, BState BZip-BZip9

Dear John:

Because my position on this bill has been widely misunderstood, I'd like to explain it as clearly as I can.

I appreciate knowing your views on the extremely complex issue of abortion. I have long maintained that abortion should be safe and legal, as required by the Constitution, but that we should do everything in our power to make it rare.

Recently, I vetoed H.R. 1833, the so-called "partial birth abortion ban." ~~I would like to ensure that my reasons for doing so are clearly understood.~~

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

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

(5/23/96)

Recently, I met several women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. For these women, this was not about choosing against having a child. Their babies were certain to perish before, during, or shortly after birth. The only question was how much grave damage they were going to suffer.

A2k #

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

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

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I am grateful for your perspective, and I'm glad you took the time to let me know how you feel.

Sincerely,

(5/23/96)

Insert A

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

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

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

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

I do not, incidentally, contend that this procedure, today, is always used in circumstances that meet my standard. The procedure may well be used in situations where a woman's serious health interests are not at issue. But I do not support such uses, and I would sign appropriate legislation banning them.

At the same time, I cannot accept a ban on this procedure in those cases where it represents the best hope for a woman to avoid serious risks to her health.

I also understand that many who support this bill believe that any health exception is untenable. In a letter sent to me on April 16 by our leading Catholic Cardinals, they contend that a "health" exception for the use of this procedure could be stretched to cover almost anything -- for example, youth, emotional stress, financial hardship, or inconvenience.

Letters on Partial Birth Abortion

Cardinal Bernardin
Cardinal Hickey
Cardinal Law
Cardinal Mahoney

Ms. Kate Britton
Rev. Anthony Campolo
Amb. Raymond Flynn
Rev. Jim Henry
Mr. Herb Hollinger
Rev. Rex Horne, Jr.
Rev. Bill Hybels
Rev. Fred Kammer
Rev. Gordon MacDonald
Mr. Greg Warner

Mr. Don Argue
Rev. Anthony Mangun

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Joseph Cardinal Bernardin
Archbishop of Chicago
Post Office Box 1979
Chicago, Illinois 60690

Dear Cardinal Bernardin:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

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

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

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

Dear Cardinal Hickey:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

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

Dear Cardinal Law:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Roger Cardinal Mahony
Archbishop of Los Angeles
1531 West Ninth Street
Los Angeles, California 90015-1194

Dear Cardinal Mahony:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

April 10, 1996

Kate Britton
8708 Brook Road
McLean, Virginia 22102

Dear Kate:

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

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. I am against late-term abortions and have long opposed them, except where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health, and I would sign such a bill now if it were presented to me.

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Bill Clinton