Barbara D. Woolley
07/21/97 06:47:54 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Elena Kagan/OPD/EOP, Maria Echaveste/WHO/EOP

cc: Marjorie Tarmey/WHO/EOP
Subject: American College of OBGYNs - Policy on Abortion - Update

ACOGs Executive Board recently met to reaffirm position.

"continues to affirm the legal right of a woman to obtain an abortion prior to fetal viability. ACOG is opposed to abortion of the healthy fetus that has attained viability in a healthy woman. Viability is the capacity of the fetus to survive outside the mother's uterus. Whether or not this capacity exists is a medical determination, may vary with each pregnancy and is a matter for the judgment of the responsible attending physician."

The American College of Obstetricians And Gynecologists

DISTRICT II • NYS

152 Washington Avenue
Albany, New York 12210
(518) 436-3461
FAX: 518-426-4728

August 1, 1996

William Jefferson Clinton
The President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20100

Dear Mr. President:

The American College of Obstetricians and Gynecologists (ACOG), District II, an organization representing more than 3,000 physicians practicing in New York State, does not support HR 1833, the "Partial-Birth Abortion Ban Act of 1995." As an organization dedicated to improving women's health care, ACOG, District II is disturbed that Congress would take any action that would supersede the medical judgement of trained physicians and would criminalize medical procedures that may be necessary to save the life of a woman. Further, this legislation employs terminology that is not even recognized in the medical community to define what procedures doctors may or may not perform. This clearly demonstrates why Congressional opinion should never be substituted for professional medical judgement. For these reasons, ACOG, District II supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

John G. Boyce, MD
Chairperson

The American College of Obstetricians And Gynecologists

DISTRICT II • NYS

152 Washington Avenue
Albany, New York 12210
(518) 436-3401
FAX 518-426-4728

August 1, 1996

William Jefferson Clinton
The President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20100

Dear Mr. President:

The American College of Obstetricians and Gynecologists (ACOG), District II, an organization representing more than 3,000 physicians practicing in New York State, does not support HR 1833, the "Partial-Birth Abortion Ban Act of 1995." As an organization dedicated to improving women's health care, ACOG, District II is disturbed that Congress would take any action that would supersede the medical judgement of trained physicians and would criminalize medical procedures that may be necessary to save the life of a woman. Further, this legislation employs terminology that is not even recognized in the medical community to define what procedures doctors may or may not perform. This clearly demonstrates why Congressional opinion should never be substituted for professional medical judgement. For these reasons, ACOG, District II supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

John G. Boyce, MD
Chairperson

The American College of Obstetricians and Gynecologists

DISTRICT I

Office of the Chairman
Massachusetts Section

Joseph K. Hurd, Jr., MD
Lahey Clinic
41 Mall Road
Burlington, MA 01805
(617) 273-8560

August 1, 1996

William Jefferson Clinton
The President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20100

Dear Mr. President:

The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 37,000 physicians dedicated to improving women's health care, does not support HR 1833, the Partial-Birth Abortion Ban Act of 1995. The College finds it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, HR 1833 employs terminology that is not even recognized in the medical community -- thus demonstrating that Congressional opinion should never be substituted for professional medical judgment. Accordingly, ACOG supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

Joseph K. Hurd Jr, M.D.

Joseph K. Hurd, Jr., M.D.
Chairman
Massachusetts Section

August 2, 1996

William Jefferson Clinton
The President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20100

Dear Mr. President:

The Pennsylvania Section of the American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 1,700 physicians dedicated to improving women's health care in the state of Pennsylvania, does not support HR 1833, the Partial-Birth Abortion Ban Act of 1995.

The PA Section of ACOG finds it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, 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.

Accordingly, the PA Section of ACOG supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

Owen C. Montgomery, MD
Section Chairman

Kristi Wasson
Executive Director

PENNSYLVANIA
SECTION
OF ACOG

777 EAST PARK DRIVE
P.O. BOX 8820
HARRISBURG, PA 17105-8820
888-PA OBGYN (726-2496)
717-558-7841 FAX

The American College of Obstetricians and Gynecologists

DISTRICT VIII

New Mexico Section
Office of the Chairman
Luis B. Curet, MD
University of New Mexico
Department of Ob-Gyn
2211 Lomas Boulevard NE
Albuquerque, NM 87131
(505) 272-6386 - Fax (505) 272-6385

August 1, 1996

William Jefferson Clinton
The President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20100

Dear Mr. President,

The New Mexico section of ACOG fully supports your decision to veto HR 1833, the Partial-Birth Abortion Ban Act of 1995. We find it very disturbing that Congress would take any action that would supersede the medical judgement of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman.

I am sending a copy of this letter to the New Mexico members of Congress hoping that you all will consider our views in this matter.

Respectfully,

Luis B. Curet, M.D.
Chairman, NM ACOG

Jen Klein

PHACT

DATE: July 23, 1996
CONTACT: 703/683-5004

Physicians Ad Hoc Coalition for Truth

CONGRESSIONAL ADVISORY

PHYSICIANS' CONGRESSIONAL BRIEFING WEDNESDAY IN ADVANCE OF PARTIAL BIRTH ABORTION VETO OVERRIDE

President Clinton has publicly endorsed the medical conclusion that women carrying children diagnosed with certain severe genetic abnormalities have no medical choice but partial birth abortion. He has stated that without partial birth abortion, a mother of such a child risks having her body ripped "to shreds," with the result that "you can never have another baby even though the baby you were carrying couldn't live."

Women who've been in this situation, yet did not have the partial birth abortion, are concerned about the President's medical misstatements and inaccurate claims, which are potentially dangerous to women and their children. These women will also brief Congressional Members.

WHAT? Leading doctors in the fields of obstetrics and perinatology have formed the Physicians' Ad-hoc Coalition for Truth (PHACT) about Partial Birth Abortion. Physicians from the coalition will brief members of Congress on the medical facts regarding the procedure: that partial birth abortion is *never* medically indicated for women, even in cases of severe fetal abnormality; it is not even a procedure recognized by the medical community or the American College of Obstetricians and Gynecologists (ACOG).

WHO? Members from PHACT who will conduct the briefing are Dr. Curtis Cook, Maternal Fetal Medicine, Butterworth Hospital, Michigan State College of Human Medicine; Dr. Nancy Romer, fellow ACOG, clinical professor in Dept. of Ob/Gyn at Wright State University School of Medicine, and vice-chair, Dept of Ob/Gyn at Miami Valley Hospital (both in Dayton, OH); Dr. Joseph L. DeCook, Fellow, American College of Obstetricians and Gynecologists.

The physicians will be joined by several women who found they were carrying children with conditions incompatible with life outside the womb, such as anencephaly, Trisomy, encephalocoles and body stalk anomaly. None of these women had an abortion, and none suffered serious health consequences or saw their fertility impaired. They will share their personal experiences, and release correspondence to President Clinton seeking a meeting to correct the President's medical misstatements.

Representatives Charles Canady (R-FL), author of the Partial Birth Abortion Ban Act, and Tom Coburn (R-OK), himself a practicing ob/gyn, will host the briefing.

WHEN: Wednesday, July 24, 1996, 2 – 3 p.m

WHERE: Room 2237 Rayburn House Office Building

CONTACT: Cesca Turner or Michelle Powers (703) 683-5004

Nancy [illegible] M.D.
Fellow, American College of Obstetricians & Gynecologists
Clinical Professor, Ob/Gyn
Wright State University
Chairman, Dept. of Ob/Gyn
Miami Valley Hospital, OH

Francis Smith, M.D.
Director of Medical Education
Dept. of Obstetrics & Gynecology
St. Elizabeth Medical Center,
Chicago, IL
Member, Association of Professors of Ob/Gyn

Janet Rosen, M.D.
Professor, Ob/Gyn
New York Medical College
Chief, Ob/Gyn
St. Vincent's Hospital & Medical Center, NYC

Curtis R. Cook, M.D.
Maternal Fetal Medicine
Butterworth Hospital
Michigan State College of Human Medicine

Joseph L. DeCook, M.D.
Fellow, American College of Obstetricians & Gynecologists

William Baker, M.D.
Associate Professor,
Ob/Gynecology
Wright State University, OH

Richard Verhoeven, M.D.
Visiting Scholar
Center for Church & State
Yale
Vanderbilt University

for 973-3070

Congress of the United States
House of Representatives
Washington, DC 20515

July 18, 1996

Briefing by Doctors and Women on Partial-Birth Abortion

Dear Colleague:

We would like to invite you and your staff to a briefing by doctors and women on the truth about partial-birth abortion. The briefing will take place on Wednesday, July 24, from 2:00 - 3:00 p.m. in 2237 Rayburn H.O.B.

As you know, President Clinton vetoed H.R. 1833, the Partial-Birth Abortion Ban Act, and the House will soon vote on whether to override the President's veto. During his veto of the act, the President surrounded himself with several women and claimed that the women had no choice but to preserve their health by having partial-birth abortions. The President said that women carrying children with genetic abnormalities must have access to partial-birth abortion or risk having doctors "rip [their] bodies to shreds."

Leading doctors in the fields of obstetrics and perinatology are forming the Physician's Ad-hoc Coalition for Truth (PHACT) about partial-birth abortion. Several of these doctors will brief us on the medical facts about partial-birth abortion -- that the procedure is never medically indicated for women, even in cases of severe fetal abnormality. (Of course, statements by practitioners show that the overwhelming majority of partial-birth abortions are purely elective.)

The doctors of this new coalition will be joined by several women who, like the women appearing with President Clinton at the White House veto event, found they were carrying children with conditions incompatible with life outside the womb, such as anencephaly, trisomy, encephaloceles and body stalk anomaly. Each of these mothers delivered their children alive, and not one suffered impaired fertility or serious health consequences. These mothers have asked to meet with President Clinton as living proof that partial-birth abortion is never necessary.

Please feel free to contact Keri Harrison at 6-7680 if you have any questions. We hope you will take some of your valuable time to attend this informative briefing on the truth about partial-birth abortion.

Sincerely,

Chas. T. Canady
Charles T. Canady
Member of Congress

Tom A. Coburn
Tom A. Coburn, M.D.
Member of Congress

Jennifer k -
This is what NARAL developed for mbrs, based on results of- focus groups.
NLM

NARAL *Promoting Reproductive Choices*

96 MAY 25 P5 : 08

RESPONSES TO TOUGH QUESTIONS ON THE LATE-TERM ABORTION BAN BILL

How do you justify your vote for the "partial birth" abortion procedure?

A.
First of all, I am opposed to abortion in the third trimester-- except when the life or health of the woman is at risk. In fact, that's the law of the land today. But the bill we voted on was far too extreme and dangerous for women whose life or health was at risk, and that is inexcusable.

The decision whether or not to have an abortion is extremely complicated, especially late in a woman's pregnancy. I've spoken with doctors. I've spoken with women who've had the procedure, who desperately wanted to have a child, but who were put in a tragic situation beyond their control. Based on medical advice from their doctors, many chose to have an abortion in the third trimester. In these rare and tragic cases, the decision whether or not to have an abortion belongs to the woman-- not the politicians, and not the government. I believe abortion must remain a private matter between a woman and her doctor-- not her member of Congress.

B.
First of all, I am opposed to abortion in the third trimester-- except when the life or health of the woman is at risk. In fact, that's the law of the land today. But the bill we voted on was far too extreme and dangerous for women whose life or health was at risk, and that is inexcusable.

The decision whether or not to have an abortion is extremely complicated, especially late in a woman's pregnancy. Let me tell you a story. I met recently with Coreen Costello. Seven months into her third pregnancy, ultrasound revealed that her fetus had a severe and fatal neurological disorder. The Costellos desperately wanted a third child, but after some very difficult soul-searching and agonizing over their options, they decided that abortion was the safest course for Coreen's health and future fertility.

After talking to Coreen, I'm more convinced than ever that abortion must remain a private matter between a woman and her doctor-- not her member of Congress.

National Abortion and Reproductive Rights Action League

1156 15th Street, NW Suite 700 Washington, DC 20005

Phone (202) 973-3000 Fax (202) 973-3096

Some pro-life groups have circulated detailed diagrams of the so-called "D and X" procedure used in partial-birth abortions. Do you condone this procedure?

I'm not a doctor, so I'm not in a position to tell you what is the best medical procedure for a woman. I'm an elected official and I don't presume to make medical decisions. I have talked with many women and many doctors who deal with these issues every day. And here's what they have told me-- there are times where an abortion late in pregnancy is the safest course of action for a woman who wants to protect her health and her ability to bear children in the future.

Some people argue that doctors who perform this procedure are committing infanticide. Do you agree?

Again, I'm not a doctor, so I'm not really qualified to answer that kind of question. I'm not in favor of third-trimester abortions-- except when the life or health of the mother is at risk. The bill that I voted against, and the President vetoed, failed to provide exceptions for cases in which a woman's health or future fertility are at risk. To ban a life-saving medical procedure that will best preserve a woman's chance to have a healthy pregnancy in the future is the antithesis of family values.

Are you comfortable with your vote on this issue?

Absolutely. It is clear to me that there are times when a late-term abortion is the safest course of action to protect the life or health of a woman. A total ban on late-term abortions would hurt the few women who need this procedure.

As I said, I do not support "abortion on demand" in the third trimester. But the decision whether or not to have an abortion rightfully belongs with the woman-- not with the politicians, and not with the government. Abortion must remain a private matter between a woman and her physician-- not her member of Congress.

The Catholic Bishops and other religious leaders are vowing to mobilize Catholics and other pro-life voters this fall in retaliation for President Clinton's veto of the late-term abortion ban. Are you worried that Catholic voters might not support you or the President at the polls in November?

A.
No. I have nothing but respect for any woman-- Catholic or otherwise-- who exercises her free choice to carry her pregnancy to term. That is her choice, I respect it, and I will work to preserve it.

But what the Catholic Bishops are doing is virtually unprecedented in modern politics. They are trying to impose their morality on the rest of us. And I have to say their attack and language is insulting to women. Instead of trying to accuse women of having abortions for petty reasons, they should be showing compassion to these women who have been caught up in the most tragic of circumstances, forced to make this heart-breaking, soul-searching decision.

B.
No. I have nothing but respect for any woman-- Catholic or otherwise-- who exercises her free choice to carry her pregnancy to term. That is her choice, I respect it, and I will work to preserve it.

But what the Catholic Bishops are doing is virtually unprecedented in modern politics. They are trying to impose their morality on the rest of us. And I respectfully disagree with them.

This is an issue on which good people of all faiths disagree. Religious leaders from the Rev. Edmond L. Browning, Presiding Bishop of the Episcopal Church, to Rabbi Alex Schindler, President of the Union of American Hebrew Congregations, are publicly supporting the president's veto, saying:

> "We are convinced that each woman who is faced with such difficult moral decisions must be free to decide how to respond, in consultation with her doctor, her family, and her God."

Does your vote in favor of late-term abortions mean that you're in favor of "abortion on demand?"

That's not what this was about. Late-term abortions are already exceptionally rare-- as they should be. The bill we voted on would have stripped a woman of her right to the safest medical procedure even when her health or future ability to have a child was at risk. That is an attack on women who find themselves in difficult, tragic circumstances who have been forced to make the most trying decision they ever will face. We should show them compassion, not vilify them.

April 10, 1996

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear President Clinton:

On behalf of the 152,000 members of the American Association of University Women, we applaud your veto of HR 1833, legislation that would have banned a late-term abortion procedure without regard to a women's health or future fertility. Your veto demonstrates a compassion for women in these tragic circumstances.

In Roe v. Wade, the U.S. Supreme Court recognized a woman's constitutional right to choose whether to have an abortion. **HR 1833 presented a direct constitutional challenge to Roe v. Wade by selectively denying some women the safest medical procedure for legal abortion, regardless of the health consequences to the woman. In Roe, the U.S. Supreme Court established that, after viability, abortion may be banned as long as an exception is provided for cases in which the woman's life or health is at risk. This provision was explicitly reaffirmed by the Court in Planned Parenthood v. Casey. However, HR 1833 provided no exception for cases in which the banned procedure is necessary to safeguard a woman's health.**

Although very few abortions occur late in pregnancy, when the need arises women should have access to the safest procedure for their particular medical circumstances. **Women facing later term abortions because of health risks or fetal abnormality often wish to have children in the future. HR 1833 would have endangered women's health and seriously limited a women's future reproductive choices.**

The Senate passed a narrow life endangerment amendment, yet the bill was still fundamentally flawed. This legislation subjected physicians to criminal penalties, including jail. HR 1833 was the first time that Congress criminalized an abortion procedure. Further, HR 1833 was an unprecedented intrusion by Congress into medical decision-making that ignored the physician's judgement as to what is in the best interests of his or her patient. It was unwise and potentially harmful for Congress to interfere with professional medical judgements and outlaw treatment options that may best preserve a patient's health.

Again, thank you for protecting women's reproductive rights with your veto of this legislation aimed at eliminating a woman's right to choose. If you staff needs further information on this issue, please call Nancy Zirkin, Director of Government Relations, at 202/785-7720.

Sincerely,

Jackie DeFazio
President

January 26, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Smith/Dole Amendment to H.R. 1833

Attached, fyi, are one-pagers from NARAL and the Women's Legal Defense Fund that you may not have seen that discuss the language of the Smith/Dole Amendment passed by the Senate (adds a life exception to H.R. 1833). They are helpful in showing how the groups are talking about the amendment and why it is not a straightforward life exception, and of course is not a health exception either.

DISTRIBUTION:
Carol Rasco
Jeremy Ben-Ami
Jennifer Klein
James Castello
Elena Kagan
George Stephanopoulos
Alexis Herman
Betsy Myers
Judy Gold
Janet Murguia
Barbara Chow
Tracey Thornton
Peter Jacoby
Martha Foley
Nancy Ann Min
John Hart

→ To James C.
JBA

THE SMITH/DOLE AMENDMENT

* This amendment masquerades as a "life exception," but in fact it would jeopardize -- not preserve -- women's lives.

* It would not prevent the doctor who terminated Coreen Costello's pregnancy from being convicted: her life was threatened because of the pregnancy itself, specifically the condition of the fetus that made safe childbirth impossible. But this amendment requires that the woman's life be endangered by a "physical disorder, illness, or injury." A pregnancy is not a physical disorder, illness, or injury.

* It does not provide an exception to preserve the woman's health, no matter how seriously or permanently the woman's health or future fertility will be damaged.

* It is not clear how much of a risk to a woman's life is enough to prevent conviction under this amendment. A thirty percent chance that she will die? A 50/50 chance that she will die? Or must there be an even greater likelihood that she will die? Who decides whether the risk to her life is great enough?

* It leaves no room for the best medical judgment of the attending physician and the other specialists who have been called upon to advise the woman prior to the procedure.

  ** Before women undergo these procedures, they consult several specialists to find out what their medical options are. These specialists may reasonably conclude that, under the circumstances, intact D&E (dilation and evacuation) is the procedure most likely to save her life. (Even these specialists may disagree on the extent of the risk to the woman's life, because these are not determinations that can be reduced to a mathematical equation.) But if the judge or jury choose to rely on the testimony of one doctor who expresses a contrary opinion, a court could still convict a doctor who acted in good faith, using her or his best medical judgment, and whose efforts resulted in saving the woman's life.

* Medically sound judgments made prior to the procedure by those actually involved in treating the woman will be disregarded in favor of after-the-fact second-guessing by others.

* Given the uncertainties explained above, doctors will not risk going to jail and will not perform abortions that some prosecutor or court may later determine come within the ambit of this vague prohibition and meaningless exception. This means that women and their families will find it even more difficult, if not impossible, to find a doctor who will perform a late-term abortion, and women's lives will be put in even more jeopardy.

WLDF 12/6/95

NARAL *Promoting Reproductive Choices*

SMITH/DOLE AMENDMENT TO HR 1833
MISLEADING "LIFE EXCEPTION"

- The Smith/Dole amendment claims to create an exception when a woman's life is endangered by a "physical disorder, illness or injury." However, in the majority of cases where an abortion is needed to save a woman's life, her life is endangered by the *pregnancy*, which is neither a disorder, illness, or injury.
    - It would not prevent the doctor who terminated Coreen Costello's pregnancy from being convicted: her life was threatened because of the pregnancy itself, specifically the condition of the fetus that made safe childbirth impossible.
- The Smith/Dole amendment does not provide an exception to preserve the woman's health, no matter how seriously or permanently the woman's health or future fertility would be damaged.
- The Smith/Dole amendment would only permit a physician to perform the prohibited procedure "if no other medical procedure would suffice to save the woman's life." This language would require a physician to use an alternative procedure not addressed by the bill that could render the woman sterile, result in major surgery, and increase the health risks to her substantially, so long as the woman would survive. Even though a safer procedure is available.
- The Smith/Dole amendment would require physicians to choose more dangerous medical procedures in cases where a woman's health is already compromised. Restricting medical options that endangers women's health is unconstitutional. In every case addressing the abortion issue, from *Roe v. Wade* to *Planned Parenthood v. Casey*, the Supreme Court has consistently stated that the government can restrict, even ban post-viability abortions, but the government cannot restrict abortion in cases where the procedure is necessary to preserve a woman's health or life. The Smith/Dole amendment disregards over two decades of Supreme Court precedent, and creates dangerous public health policy.

National Abortion and Reproductive Rights Action League

1156 15th Street, NW
Suite 700
Washington, DC 20005

Phone (202) 973-3000
Fax (202) 973 3096

January 16, 1996

cc: Jennifer Klein

Planned Parenthood®
Federation of America, Inc.

March 29, 1996

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

Yesterday's passage of the House bill banning the dilation and extraction (D&X) abortion procedure (the inappropriately named "Partial Birth Abortion Act") may well be the first step in a long-term strategy to eliminate women's right to choose by banning abortion procedures one by one. The congressmen who most strongly supported this bill made it very clear that they are opposed to **all** abortions, regardless of the procedure used. On behalf of the more than five million Americans who receive medical care and educational services from Planned Parenthood each year, I am writing to thank you for your February 28, 1996, letter to Rep. Henry Hyde, in which you indicated your decision to veto this bill if it did not include exceptions to preserve the health and life of the woman involved. We appreciate being able to count on you to veto this legislation, which is completely indifferent to the health and future fertility of women.

We understand your concerns about this procedure, particularly in light of the often inaccurate and inflammatory statements that have been made by its supporters. I hope you will have the opportunity to also hear the stories of several of the women who have had the procedure and testified about its importance in their lives. For example, Coreen Costello and Mary-Dorothy Line, two women who describe themselves as adamantly opposed to abortions, testified last week that they very reluctantly decided to undergo the D&X procedure only after they learned that their desperately wanted babies could not survive. Both praised their physician for his caring and humanity. Both women became pregnant again within a few months and are today looking forward to the births of healthy babies.

We appreciate your leadership on this controversial issue, and would be happy to provide any information that might be helpful, including the names of women who can describe personally the importance of keeping this procedure available when needed. If your staff have any questions, please have them call Dr. Diana Zuckerman, our national policy director, at 202/785-3351.

Sincerely,

Jane M. Johnson

Jane Johnson
Interim Co-President

cc: Ms. Debbie Fine, Domestic Policy Council

1120 Connecticut Avenue, N.W., Suite 461, Washington, DC 20036 (202) 785-3351 FAX (202) 223-4748

March 29, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Attached Letter From Planned Parenthood on HR 1833

Attached is a letter to the President from Planned Parenthood thanking him for his letter to Members of Congress last month on HR 1833, and for his leadership on this issue. Their letter also raises their hope that he can meet with women who have had the procedure. National Planned Parenthood expects that their local affiliates will be sending similar letters over the next couple of days.

DISTRIBUTION:
Carol Rasco
Jeremy Ben-Ami
George Stephanopoulos
Jack Quinn
Elena Kagan
Jennifer Klein
Alexis Herman
Betsy Myers
Judy Gold
Todd Stern
Nancy Ann Min
Martha Foley

Planned Parenthood®
Federation of America, Inc.

March 29, 1996

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

Yesterday's passage of the House bill banning the dilation and extraction (D&X) abortion procedure (the inappropriately named "Partial Birth Abortion Act") may well be the first step in a long-term strategy to eliminate women's right to choose by banning abortion procedures one by one. The congressmen who most strongly supported this bill made it very clear that they are opposed to all abortions, regardless of the procedure used. On behalf of the more than five million Americans who receive medical care and educational services from Planned Parenthood each year, I am writing to thank you for your February 28, 1996, letter to Rep. Henry Hyde, in which you indicated your decision to veto this bill if it did not include exceptions to preserve the health and life of the woman involved. We appreciate being able to count on you to veto this legislation, which is completely indifferent to the health and future fertility of women.

We understand your concerns about this procedure, particularly in light of the often inaccurate and inflammatory statements that have been made by its supporters. I hope you will have the opportunity to also hear the stories of several of the women who have had the procedure and testified about its importance in their lives. For example, Coreen Costello and Mary-Dorothy Line, two women who describe themselves as adamantly opposed to abortions, testified last week that they very reluctantly decided to undergo the D&X procedure only after they learned that their desperately wanted babies could not survive. Both praised their physician for his caring and humanity. Both women became pregnant again within a few months and are today looking forward to the births of healthy babies.

We appreciate your leadership on this controversial issue, and would be happy to provide any information that might be helpful, including the names of women who can describe personally the importance of keeping this procedure available when needed. If your staff have any questions, please have them call Dr. Diana Zuckerman, our national policy director, at 202/785-3351.

Sincerely,

Jane M. Johnson

Jane Johnson
Interim Co-President

cc: Ms. Debbie Fine, Domestic Policy Council

FYI
cc: Barbara
Elena
JB
Jen K/Ken
Judy Gold

C · R · L · P

THE CENTER FOR REPRODUCTIVE LAW AND POLICY

120 WALL STREET

NEW YORK

NEW YORK 10005 USA

212/514-5534

212/514-5538 *fax*

February 27, 1996

Deborah Fine
c/o The White House Staff
1600 Pennsylvania Ave.
Washington, DC 20055

Dear Debbie:

Pro-choice groups, with the support of the british medical establishment, in Britain have recently defeated an effort by anti-choice legislators to enact a "partial birth abortion" ban similar to HR 1833. Attached are the position papers of the British Medical Association, the Royal College of Obstetricians and Gynecologists, and the Birth Control Trust of Britain. I thought you might find them of interest.

Thank you for your time and attention, and please inform us if we can be of further assistance.

Sincerely,

Kathryn Kolbert

Kathryn Kolbert

British Medical Association

BMA House Tavistock Square London WC1H 9JP
Switchboard: 0171 387 4499
Secretary: Dr E M Armstrong BSc FRCP (Glas) FRCGP

BMA

PARLIAMENTARY BRIEF

Partial-birth Abortion (Prohibition) Bill

The Partial-birth Abortion (Prohibition) Bill seeks to make it an offence to perform the partial-birth procedure, which would reduce the sphere of clinical judgement in determining when using the procedure is appropriate. The BMA opposes the Bill.

Doctors should be able to carry out the most appropriate treatment in the best interests of their patients.

The partial-birth procedure is rarely used in this country. However, there are circumstances when it is the most appropriate procedure to use. This may be, for example, if the fetus is grossly hydrocephalic or to relieve physical distress to the woman if the fetal head became trapped during a late abortion.

Partial-birth abortion is not a term used by UK gynaecologists. The procedure is a modified form of dilatation and evacuation that has been developed in the United States.

The BMA is very concerned about legislation which would restrict doctors' ability to act in their patients' best interests. Furthermore, passage of the Bill would set a precedent in Parliament for restricting the scope of clinical judgement.

In those rare cases where the procedure is considered by the clinical team to be the most appropriate, there are several benefits:

- Painful and prolonged abortion labour is avoided;
- The removal of the fetus is accomplished quickly under anaesthesia;
- The fetus is intact (other than the collapse of the cranium);
- Examination by a pathologist is possible.

The BMA represents doctors who hold a wide diversity of moral views about abortion, and the Association itself makes no policy statement about the morality of abortion. The BMA considers that there are circumstances in which abortion is acceptable but also supports the rights of doctors to abstain from participating in abortions on grounds of conscience. **The Bill would not limit the number of abortions carried out, but would merely limit the methods used, irrespective of clinical judgement.**

Issued by: The Public Affairs Division, British Medical Association,
BMA House, Tavistock Square, London WC1H 9JP

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February 1996

BRIEFING TO MEMBERS OF THE HOUSE OF LORDS

FROM THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Partial-birth Abortion (Prohibition) Bill

1. *Partial birth abortion* is a term created by the pressure groups in the USA who oppose abortion on principle but is known to gynaecologists in that country as intact dilatation and evacuation. The juxtaposition of birth and abortion is unusual as birth is the act of parturition or childbirth, whereas abortion normally refers to delivery of an embryo or fetus, that is much earlier in pregnancy. It was developed so that women having pregnancy terminated because the fetus was severely abnormal could be spared the distress of an abortion labour. It has the further advantage of allowing thorough pathological examination of the relatively undamaged aborted fetus. Almost all the pregnancies terminated in this way in the USA were between 18 and 25 weeks. The proposed Bill defines partial birth abortion as an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

2. *Partial birth abortion* is a procedure unlikely to be used in Britain except under rare circumstances.

3. The definition in the Bill of *partial birth abortion* would create uncertainty among gynaecologists as to whether certain procedures that occasionally become necessary during legal termination of pregnancy would be criminal acts. For example, does "partially vaginally delivers a living fetus" mean that the doctor must have used an instrument to pull part of the living fetus from the uterus into the vagina or would the fetus be considered to have been "delivered" in this way if the doctor had induced an abortion labour with drugs and the resulting uterine contractions had led to the part of the living fetus passing into the vagina and becoming arrested there? During medically induced abortion the complete expulsion of the fetus can be delayed by the failure of the cervix to dilate fully, or by being prevented by part of an abnormal fetus being too large to enter the birth canal. When this happens, operative removal of the fetus from the vagina relieves the woman's distress and may be essential to prevent rupture of her uterus. This can involve perforating the head or other action to reduce the dimensions of the fetus. It could be difficult in a court of law to establish exactly when the fetal death occurred. Clause 1(3) of the Bill states that the consent of the Attorney General would be necessary before proceedings could be brought; but doctors dealing with emergency situations should not feel threatened by the possibility of a criminal prosecution.

4. The point at which the fetal heart stops is uncertain in many abortion procedures. For example, in vacuum aspiration in pregnancies of less than 9 weeks the very small intact fetus might pass through the suction tube and the heart might not stop until it is outside the womb; in abortion labour induced with drugs at 16-21 weeks the fetus may occasionally have a beating heart until just after complete expulsion from the vagina (after 21 weeks, because of the possibility that the fetus could survive by breathing, it is necessary to use a more complicated technique that ensures that the fetal heart stops *in utero*).

5. The College considers the Partial-birth Abortion (Prohibition) Bill should not be supported for the following reasons:

- Medical practitioners should not feel vulnerable to a criminal charge when providing accepted and appropriate treatment under certain unavoidable clinical circumstances.

  The primary role of Parliament is to define the grounds for which abortion is permitted. It is difficult in statute law to provide workable and unambiguous descriptions of medical techniques. As abortion under certain circumstances is legal then the methods offered for such abortion should be determined by the medical profession, taking into account their safety and effectiveness as shown by clinical research. The prohibition of a particular technique by statute would interfere with this process and could result in a rigidity of practice that would not be in the best interests of the women being treated.

- Legal abortion necessarily results in the death of the fetus. From the ethical point of view it is not relevant whether the fetal heart stops *in utero* or when the fetus is in the process of passing from the uterus into the vagina. Paradoxically, *partial birth abortion* could be considered more respectful to the fetus than established methods of abortion, such as vacuum aspiration and dilatation and evacuation, in which the fetus is removed from the uterus in fragments.

  No facts have been presented to justify prohibiting *partial birth abortion*. Members of the Royal College of Obstetricians and Gynaecologists will always practice within the law to provide as beneficial a service to their patients as possible. The successful passage of this proposed Bill will cause unnecessary extra mental and physical trauma to women occasionally during both abortion and childbirth.

February 1996

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Charity Registration 264235

Patrons Lady Houghton The Hon Sir Charles Morrison

Briefing on Partial-birth Abortion (Prohibition) Bill

The Rt Hon, the Lord Braine of Wheatley (formerly Sir Bernard Braine MP), a leading member of the All Party Parliamentary Pro-Life Group, has introduced a Private Members Bill into the House of Lords to amend the Abortion Act 1967 so as to prohibit 'partial-birth abortion'. The first reading was on 13 December 1995 and the Bill will be debated for the first time when it receives its second reading. This is expected to take place in February although the date of the second reading has not yet been announced.

In the Bill, 'partial-birth abortion' is defined as 'an abortion in which the person performing the abortion vaginally delivers a living fetus before killing the fetus and completing the delivery'. 'Partial-birth abortion' is not a term used by gynaecologists. It refers to a modification of the dilatation and evacuation abortion procedure known in the USA as 'intact dilatation and evacuation'.

Intact dilatation and evacuation involves the dilatation of the cervix, over a period of up to three days. The abortion takes place when the cervical canal is wide enough for the body of the fetus to be pulled into the vagina. Because the cervix is not completely open it is not possible for the fetal head to pass through so the base of the skull is perforated to release brain tissue. The fetal skull then collapses and allows the abortion to be completed swiftly with minimum risk to the woman. During the abortion the woman is either under general anaesthesia or has a local anaesthetic and sedation.

This method has been used in the USA, usually for the abortion of severely abnormal fetuses between 18 and 24 weeks gestation, as an alternative to either medical abortion or a standard dilatation and evacuation in which the fetus is removed from the uterus in fragments. The procedure has some advantages for the woman in certain circumstances. For example, if a woman is undergoing a late abortion for fetal abnormality, this method spares her a long painful labour yet allows her to be delivered of a fetus which is intact (except for the collapse of the cranium) and so can be examined in detail by a pathologist.

Intact dilatation and evacuation is not performed routinely in Britain. However, there are circumstances when a gynaecologist might find it necessary to carry out such a procedure. For example, this method of abortion might be appropriate during the induction of a third trimester abortion when the fetus is grossly hydrocephalic or to relieve physical distress to the woman if the fetal head became trapped during a medically induced second trimester abortion.

Opposition to intact dilatation and evacuation

The anti-choice movement in the US have argued that 'partial-birth abortion' should be banned because it involves the killing of a fetus that is in the process of birth and so is even less ethical than killing a fetus in utero.

In November 1995, Congress passed the Partial-Birth Abortion Ban Act 1995, but the legislation has yet to receive the President's signature. It is not clear whether he will exercise his right of veto.

However, the successful lobby by the anti-choice movement on this issue in the US seems to have prompted the attempt to outlaw the procedure in the UK. Lord Braine's Bill is undoubtedly influenced by the American legislation: the definition of 'partial-birth abortion' is phrased in an identical manner.

The consequences of outlawing intact dilatation and evacuation

Although intact dilatation and evacuation is used here only on rare and sometimes unplanned emergency occasions it would be wrong to conclude that a ban on the procedure would have no practical consequences. The issue is important for the anti-choice movement because it provides an opportunity to (i) encourage public revulsion at an abortion procedure, and (ii) attempt to undermine confidence in the adequacy of existing legislation to regulate abortion practice.

Emotive, grisly descriptions of abortion procedures are frequently included in anti-choice literature in attempts to shock and repulse those who read it. It is considered an important tactic by those who campaign against abortion as they believe that pro-choice campaigners attempt to 'deny the reality of abortion'. Parliamentarians who oppose abortion in principle frequently use opportunities on the floor of both Houses to describe in detail the way in which abortions are carried out. A discussion of 'partial birth abortion' will provide a platform for a highly emotive discussion.

When faced with lurid descriptions of abortion methods, it is important to consider that a detailed description of any surgical procedure–for example the removal of a breast–would be distressing to those who are unaccustomed to dealing with such matters.

It is important to note that the sponsor of this Bill is opposed in principle to legal abortion whether or not the procedure is conducted by this method.

The consequences of Lord Braine's Bill

If Lord Braine's Bill were to become law it could have the following consequences:

i. The denial of the freedom to choose the method of abortion most appropriate to a specific clinical situation could undermine the ability of clinicians to act in the interests of their patients. A gynaecologist/obstetrician could be convicted of a criminal offence even when his or her peers consider the action taken to be the safest and most appropriate management of an abortion. The clinical decisions taken by doctors could be influenced by their fear of prosecution.

ii. Women undergoing late abortions may suffer unduly if they are denied the opportunity to benefit from a procedure that is considered by clinicians to be appropriate but is forbidden in law.

iii. The definition of 'partial birth abortion' (as indicated above) has a theoretical potential to limit abortions in early pregnancy as occasionally with early medical abortion (up to 9 weeks) or vacuum aspiration (up to 13 weeks) an intact fetus may be expelled or aspirated and the heart may not stop until a minute or so after it has left the uterus.

Ann Furedi
January 1996

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Patrons Lady Houghton The Hon Sir Charles Morrison

Sample letter to Peers.

House of Lords
London SW1A 0PW

6 February 1996

Dear

Arguments against Partial-Birth Abortion (Prohibition) Bill

On Wednesday 14 February the Partial-Birth Abortion (Prohibition) Bill, a Private Members Bill introduced by The Rt Hon. the Lord Braine of Wheatley will receive its second reading. This Bill aims to prohibit a procedure which is not used and not likely to be used routinely in this country. In the opinion of Birth Control Trust were this Bill to become law it would be detrimental to the reproductive health of women.

Parliament has defined the grounds for which abortion is permitted but, wisely, has not specified the methods that doctors should use. The details of the methods used for abortion should be determined by the medical profession. Medical practitioners have a duty to provide treatment that has been shown by clinical research to be effective and safe, and which is accepted as appropriate by a respected body of opinion. It is difficult in drafting statute law to provide workable and unambiguous descriptions of medical techniques and to allow for the beneficial changes in practice that result from clinical research. A statute that attempts to prevent the use of a particular method would interfere with this process and because of problems of definition would be harmful to women being treated.

A major problem is that procedures that could fall within the definition of the Bill can be virtually unavoidable when certain uncommon emergencies arise during the termination of pregnancies of more than about 18 weeks duration, and when labour becomes obstructed because a fetus is seriously abnormal, it is difficult to know at what point in an abortion the fetal heart stops and to what extent the necessary actions taken by the doctor to evacuate the uterus could be interpreted as *the partial vaginal delivery of the fetus*. A doctor faced with an emergency while carrying out a lawful termination or an obstetric emergency should not have his freedom to act in the best interests of his patient restricted by the possibility of criminal prosecution. The Bill attempts to allow for this by providing that prosecutions should only be with the consent of the Attorney General. But, if the doctor were to be accused of an offence under the Bill there would be considerable delay before the Attorney General made his decision. Anticipation of the anxiety and uncertainty that this process would entail would impede doctors having to make immediate clinical decisions and would be likely to lead to inappropriate and less safe practice.

New law should be justified by evidence that there is a need to control some activity that is harmful to society as a whole. There is no evidence that partial-birth abortion has resulted in harm to women in the USA where almost all abortions by this method have been at 18 to 25 weeks. The fetus always dies during an abortion and detailed descriptions of what happens to the fetus are understandably distressing, particularly if the reasons for the abortion are not explained or given proper weight. There is no ethical distinction between a procedure that results in fetal death *in utero* and one in which the fetal heart stops while the fetus is partly in the uterus and partly in the vagina.

The Royal College of Obstetricians and Gynaecologists and the British Medical Association have expressed their intention to oppose this Bill which is an attempt to reintroduce the topic of abortion with the expectation that emphasis on the details of this particular method will attract support for further legislation to limit the availability of legal abortion. The present abortion law was accepted by a majority of both Houses in 1990; nothing has changed since then to justify any amendment.

I hope that you feel able to attend the debate on Wednesday and that you will oppose this attempt to limit the availability of legal abortion.

Yours sincerely,

David Paintin FRCOG
Chairman: Birth Control Trust.
Emeritus Reader in Obstetrics and Gynaecology
Imperial College of Medicine at St Mary's London

February 26, 1996

MEMORANDUM FOR LEON PANETTA

FROM: ALEXIS HERMAN
BETSY MYERS

RE: ROLL-OUT OF SO-CALLED "PARTIAL BIRTH ABORTION" IN THE PRO-CHOICE COMMUNITY

This memo provides you with a description of the Administration's notification of the pro-choice community of the Administration's most recent position on the so-called "partial birth abortion" amentment.

I. The Administration's message to the pro-choice community

To be inserted by Deb Fine and Elaina Kagen

II. Roll-out

The following strategy is to insure the best possible rollout of the Administration's above position on the so-called "partial birth" abortion amendment in the pro-choice community by, 1) letting these women leaders know that the President is committed to supporting the constitutional guarantee of a woman's right to choose; 2) making sure that the President has consulted with the most knowledgeable leaders in the pro-choice community just as he did in the religious community; and 3) enlisting the help of these most key leaders in supporting the Administration's position by bringing them in early enough to ensure that they do not feel blindsided.

A. Meetings

Meeting with Choice Coalition core group and other key leaders on this issue with Jack Quinn, Nancy Ann Min, Melanne Verveer, James Costello, Elaina Kagen and Betsy Myers at 3:30 pm on Tuesday, February 27, room 180. (see attached list of participants)

B. Phone calls

Caller	Name	Number
Nancy Ann	Jo Blum Political Director, NARAL It is important that Leon speak to Jo no matter who else speaks to Kate because of the legislative significance of what Jo has to say.	(202) 973-3003

Nancy Ann	Coreen Costello Former right-to-lifer who underwent procedure and is a media darling	(818) 879-8420
~~Alexis~~	Maxine Waters (D-CA) Expert on this issue, important for outreach to California and women of color constituents.	(202) 225-2201
Alexis	Carol Moseley-Braun (D-IL)	(202) 224-2854
Melanne	Sen. Barbara Boxer (D-CA)	(202) 224-3553
Melanne	Sen. Diane Feinstein (D-CA)	(202) 224-3841
Melanne	Sen. Olympia Snowe (R-ME)	(202) 224-5344
Melanne	Sen. Patty Murray (D-WA)	(202) 224-2621
Melanne	Nita Lowey (D-NY)	(202) 225-6506
Betsy	Roberta Haberly Sen. Mikulsi's A.A.	(202) 224-4654
Betsy	Gloria Steinem President and Founder, Voters for Choice	(212)551-9787
Betsy	Kristina Kiehl Longtime women's activist, Voters for Choice founder, extremely influential in California, big Dem.	(415) 344-4488
Betsy	Ellie Smeal Executive Director, The Feminist Majority	(703) 522-2214
Betsy	Kathryn Kolbert Executive Director Center for Reproductive Law and Policy Leading legal scholar and litigator on reproductive rights issues, argued Casey before the Supreme Court,is excellent on the big picture	(215) 233-1057
Jeremy Benami	Vicky Wilson Nurse who had to have procedure and is very knowledgeable on tough medical questions; testified before Senate	(209) 264-8287
Jeremy	Estelle Rogers Director, Reproductive Freedom Project/ACLU	(202) 675-2323
Jen Klein	Marcy Love President, Personal PAC Leading Republican woman for Clinton/Gore in '92 in Illinois	(708) 446-3588

Letter - fax to me

Judy Gold

Jen	Vicki Saporta Executive Director, National Abortion Federation Most important leader on this issue and also has extroardinary respect in the labor community. The Choice Coalition views Vicki and Jo as the standard bearers.	202) 667-5881 X219
Jen	Julie Burton Executive Director, Voters for Choice Trained legislators on this issue; got the vote out for Wyden from the pro-choice community	(202) 588-5200
TBD	Sen. Daschle	(202) 224-2321
TBD	Sen. Kennedy	(202) 224-4543
TBD	Sen. Specter	(202) 224-4254
TBD	Sen. Lautenberg	202) 224-4744

Participants for Choice Coalition Meeting
February 27, 3:30 pm
OEOB Room 180

White House:

Jack Quinn
Elaina Kagen
James Costello
Melanne Verveer
Alexis Herman
Nancy Ann Minn
Betsy Myers
Jen Klein

Groups:

Julia Scott, National Black Women's Health Project
Jeanie Rosoff, Alan Gutmacher Institute
Nancy Zirken, American Association of University Women
Harriet Trudell, Feminist Majority
Kathryn Kolbert, Center for Reproductive Law and Policy
Vicki Saporta, National Abortion Federation
Patricia Reuss, NOW Legal Defense Fund
Judith DeSarno, National Family Planning and Reproductive Health Association
Margaret Conway and Diana Zuckerman, Planned Parenthood
Liz Simons, Reproductive Freedom Project/ACLU
Jo Blum and Kate Michelman, NARAL
Marcia Greenberger,National Womens Law Center
Judy Lichtman, Women's Legal Defense Fund
Frances Kissling, Catholics for a Free Choice
Patricia Ireland or Lisa Bennett-Haigney,NOW
Kate Michelman, Executive Director, NARAL
Marybeth Cahill,Political Director, Emily's List