

PARTICIPANTS IN MEETING WITH THE PRESIDENT BEFORE VETO OF H.R. 1833

April 10, 1996

Following are brief summaries of the stories that will be told to the President today by families who have made the difficult decision to terminate wanted pregnancies using the procedure banned in H.R. 1833.

THE COSTELLOS: COREEN, JIM, CARLYN AND CHAD; AGOURA, CALIFORNIA.

Coreen Costello had already gone through two easy deliveries of her children--Carlyn who is now six years old and Chad who is eight--when she became pregnant with her third. She and her husband Jim planned a home delivery for their expected daughter, Katherine Grace.

In Coreen's seventh month of pregnancy, a routine ultra-sound revealed that the fetus suffered from a rare and lethal combination of neuromuscular disorders. In addition, the fetus was wedged against Coreen's pelvis and amniotic fluid was pooling in Coreen's uterus, putting dangerous pressure on her lungs and other organs. The Costellos' doctors told them that Katherine Grace could not survive, and that the condition of the fetus made giving birth very dangerous for Coreen. Several specialists told her that it was impossible to deliver vaginally without causing uterine rupture, and that the medical risks of a caesarian section in her condition were also too great. After long and painful thought, Coreen and her husband Jim decided that she would have an abortion to protect her health and potentially save her life.

In her testimony to Congress, Coreen said; "There was no reason to risk leaving my children motherless if there was no hope of saving Katherine." She has said separately that: "I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies." Coreen is pregnant again and is due in June.

MARY-DOROTHY AND BILL LINE; SHERMAN OAKS, CALIFORNIA.

The Lines were expecting their first child. Then, late in Mary-Dorothy's second trimester of pregnancy, she and her husband Jim were told that their expected son had a fatal condition: an advanced case of hydrocephaly (excessive fluid in the brain), no stomach, and no ability to swallow. Their doctors told the Lines that he might die *in utero*. When fetal demise occurs *in utero*, poisons can be introduced into the woman's bloodstream, possibly causing a woman's blood clotting mechanisms to shut down, leading to uncontrollable bleeding. In addition, the abnormal size of the baby's head due to hydrocephaly made normal labor very dangerous because of the risk of rupture to her cervix and uterus. Several specialists recommended that they terminate the pregnancy.

Mary-Dorothy has said that; "...[m]any people do not understand the real issue -- it is women's health; not abortion and certainly not choice. We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with

the families they affect. It is not the place for government." The Lines are again expecting a child in September.

VIKKI STELLA; NAPERVILLE, ILLINOIS.

At 32 weeks of pregnancy, Vikki and Archer Stella were excited about the expected birth of their first son. After a routine ultra-sound, the fetus was diagnosed with nine major anomalies, including a fluid-filled cranium with no brain tissue. According to her doctor, this fatal condition, in conjunction with Vikki's diabetes, made options that might have worked for other women, such as caesarian section or prolonged labor, extremely dangerous for Vikki. The Stellas, along with their doctor, made the difficult decision for her to undergo the procedure described in H.R. 1833 to protect Vikki's health and life.

Vikki has said that "[t]his wasn't a choice. There were no choices. My child was going to die, and there was nothing I could do to stop that. But my kids needed me and this was the safest procedure." The Stellas had two daughters at the time of this tragedy--Lindsay is eleven years old and Natalie is seven--who were excited to have a younger brother. Eventually, Vikki became pregnant again, and in December she gave birth to their son, Nicholas.

TAMMY AND MITCHELL WATTS; APTOS, ARIZONA.

Tammy and Mitchell Watts were excited about the anticipated birth of their first child, a girl. At a routine ultra-sound in the seventh month of Tammy's pregnancy, the Watts were devastated to learn that the fetus suffered from trisomy-13, a severe chromosomal disorder which affected all her major organs and functions. Medical specialists told the Watts that the fetus would not survive, and that she would likely die *in utero*. This, as with Mary-Dorothy Line, could lead to release of poisons into her bloodstream or hemorrhaging. In addition, Tammy was also at risk for cervical rupture.

Tammy has said; "...after our experience, I know more than ever that there is no way to judge what someone else is going through. Until you've walked a mile in my shoes don't pretend to know what this is like for me." The Watts decided to protect Tammy's health and minimize their expected daughter's suffering.

NATIONAL
ABORTION
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Claudia Ades: at 26 weeks of pregnancy, Claudia Ades' son was diagnosed with trisomy-13, a devastating and lethal genetic disorder. In addition to a fluid filled nonfunctional brain, he had a malformed heart with a large hole between the chambers that was preventing normal blood flow; his other major organ systems were also severely damaged. The condition was fatal and there was a strong likelihood that, with three months left in the pregnancy, that fetal demise would occur *in utero*. When this happens, the fetus begins to break down and toxins can escape into the woman's bloodstream. Hemorrhage and infection can result, including the extremely dangerous condition known as diffuse intravascular coagulopathy, in which the body's clotting mechanisms shut down. In such cases, an emergency hysterectomy is often required to save the woman's life.

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TESTIMONY OF CLAUDIA CROWN ADES
SUBCOMMITTEE ON THE CONSTITUTION
HOUSE JUDICIARY COMMITTEE
March 21, 1996

I would like to thank the Committee for giving me the opportunity to submit testimony. My name is Claudia Crown Ades. I live in Santa Monica, California. I have been married to Richard Ades for five joyous years.

Three years ago, when I was 26 weeks into what seemed a perfect pregnancy, I made the decision along with my doctor not to have an amniocentesis. At 33, there seemed no need. Then one day, feeling anxious and worried about declining that test, I went to my doctor. There was no basis for my anxiety; it was just an instinct. However, to set my mind at ease, I was sent to a radiologist, an ultrasound expert. "Don't worry," my doctor told me. "He can see a vein out of place." I was never expecting what came next.

The radiologist spent far too long conducting what was supposed to be a routine examination of a healthy baby. He told us that he wanted to review the images and that he would call us. The next day, when we returned from Rosh Hashana services, there was a message on the answering machine. "I'd like you to come back in so that my partner can take a look at your ultrasound. Please don't worry. I don't think it's anything," he said. You can't tell a pregnant woman not to worry.

His partner, who wrote the authoritative book on ultrasound, immediately determined that there was a sac of fluid in my baby's brain. He called it a Dandy Walker Syndrome. He also told us that many people walk around with Dandy Walker Syndrome without any impairment. On the other hand, it could be more serious and he referred us to a perinatologist for more expert opinion. The doctor put his hand on Richard's shoulder and told him not to lose hope and that everything could be ok. You don't console someone if nothing is wrong.

Because of his suspicions, which we were unaware of at the time, the perinatologist rearranged her schedule to see me the next day resulting in an agonizing night of emotional torture.

The next day, we went into the perinatologist's office, apprehensive about what we might discover. She prepped me for an ultrasound. Within thirty seconds, the perinatologist said "I concur with your doctor". Concur with what? At this point we had no idea.

This was when our worst fears were realized. At that moment we learned that our son's Dandy Walker Syndrome was more serious than we had known. In addition to a fluid filled nonfunctional brain, he had a malformed heart with a large hole between the chambers that was preventing normal blood flow. He had also developed an extremely large cyst filled with intestinal matter, and hypertelorism eyes which was another indication of severe brain damage. We later found out that these symptoms added up to Trisomy 13, a fatal chromosomal disorder.

With each new bit of information, the tears flowed harder. Richard was holding me. I thought we were the only parents in the world who had ever heard such devastating news about their

child. What were we going to do? We loved this baby. We wanted this baby desperately. This was our son. We were preparing our family and our world for him. And now, we had to prepare for a tragedy. Away went the baby name books. Away went the shower invitations. Away went the first birthday

party, the baseball games, the bar mitzvah. Away went our dream.

Along with the tears, the questions flowed. Could a cardiologist fix our son's heart? Could a neurosurgeon repair his brain? Could an eye surgeon help him to see? Could this baby survive? Was there anything, anything at all, that could be done? The answers were emphatically no. It was our worst nightmare and it was real. Even if my son survived the pregnancy, he had no chance of life. Every day meant pain and torture for him. As his mother, I could not, in good conscience, allow my child to suffer.

By this time, a geneticist had joined us to discuss our options. We went through them all. I could carry to term. I could have a cesarean. I could induce pre-mature labor in the maternity ward. All of these posed high risks for me, and more pain and suffering for my son. The doctors felt that a procedure called an Intact Dilation and Extraction (Intact D& E) would be the safest for me, my baby, and for my future children. This is when we learned about Dr- McMahon and his clinic.

When I first met Dr. McMahon, I asked him only one question: "Would my baby be in any pain?" This kind and gentle man assured me he wouldn't. He specialized in severe anomaly cases like ours: families in crisis and tragedy. He explained the procedure step by step to me and my husband. He set our minds at ease. We knew my baby and I were in good hands.

The procedure was difficult and it was painful. Dr. McMahon put me under anesthesia and inserted laminaria to slowly dilate my cervix. He and his staff were compassionate and patient as they painstakingly determined how wide my cervix had to be to safely and gently remove my baby and prevent my uterus from tearing. Living ten minutes away, Richard and I were lucky enough to go home between each treatment. This is a luxury other families did not have. Many of Dr. McMahon's patients came from out of state, some from other countries. Being able to go to my own comforting home was a luxury I relished.

The entire process took three days. There were no scissors stabbed in the back of his head, no brains sucked out, no skull crushed, and no pain to my baby.

Ironically, the final day of the procedure was Yom Kippur, the holiest day of the Jewish year. On Yom Kippur, we are asked to mourn those who have passed and pray to God to inscribe us into the Book of Life. I prayed more than one person can pray. I was praying for all of us.

Although I never imagined I would be faced with such a decision, I can honestly say that for many reasons. I feel very blessed. First, that I was able to find out when I did. Second, that I had access to the finest medical care in the world. And third, that I live in a place where my rights as an individual have not been compromised.

Though I hope and pray that no one has to go through what my husband and I have, there are people who will. Many families who are opposed to abortion have chosen this procedure and have come to realize its necessity. The point is, it can happen to anyone -- to you, your wife, your sister, your daughter, your friends. All women should have the protection, the guidance and the access that modern medicine allows. This procedure is designed to protect the integrity of the family. H.R. 1833 is designed to destroy it.

Thank you.

TESTIMONY OF RICHARD ADES
SUBCOMMITTEE ON THE CONSTITUTION
HOUSE JUDICIARY COMMITTEE
MARCH 21, 1996

My name is Richard Ades. I have been married to Claudia Crown Ades for five great years. I am a writer/producer. My wife is a personal manager. I have lived in California for twenty years, she for fourteen. I want to thank you for the opportunity to submit my testimony to this committee regarding H.R. 1833.

As a man, as a husband, as a father, I think it is imperative that our side of the story be heard. I have major concerns with this legislation and what it will mean to our wives, our sisters and our daughters. This is not a women's issue. This was my baby too. This is a family issue. This is not a choice issue. This is a health issue for everyone.

The procedure under assault in H.R. 1833 protected my wife's health and possibly saved her life. It allowed my son's suffering to end. It allowed us to look forward to a growing family. It was the safest medical procedure available to us.

In October 1992, when Claudia was twenty-six weeks pregnant, we discovered that the baby she was carrying, our son, was afflicted with Trisomy 13. Our son's symptoms included a fluid-filled non-functional brain, a malformed heart with a large hole between the chambers that prevented normal blood flow, an extremely large cyst on the chest filled with intestinal matter, hypertelorism eyes and many more devastating anomalies. Our son would not live. This was certain. The only question left was when he would die and what would be the repercussions to my wife's health.

After consulting our team of specialists, including: perinatologists, geneticists, obstetricians and radiologists, we chose to end our son's suffering by having an Intact Dilation and Extraction (Intact D&E). We discussed it extensively with our family, clergy, and doctors. With all due respect, we did not consult our legislators. This was a personal decision to make with our family. We chose to undergo this procedure because it was the safest, most humane method of treatment available considering the grave circumstances in which we found ourselves, through no fault of our own.

This was the best way to terminate this very wanted pregnancy without risking my wife's health. As her loving husband, this was my greatest concern.

As Claudia will tell you, in our initial consultation with our doctor, Dr. McMahon, she had one major concern: "Would my baby be in pain?" Dr. McMahon assured us that he wouldn't and gave us a detailed explanation of the procedure, and why the baby would not suffer. Indeed, this was the most compassionate way we could choose to end our son's suffering.

I, on the other hand, had two major concerns: The baby and his mother -- my wife. Anytime any person goes in for a surgical procedure, there is reason for concern and lots of questions. I was a wreck. I already knew that the baby's torture would end quickly, but what about my wife?

Would there be complications? How would her recovery be? I, as Claudia's husband, wanted to be assured that she was in good hands, that the best medical techniques known would be employed and that she would be in the same exact health as before she became pregnant. All of this was promised.

The clock ticked painfully slowly each time Claudia was in with Dr. McMahon, It was Yom Kippur. I was in the waiting room coming to understand that bad things happen to good people like us, and that in many instances we don't have control over our own lives. But that when these things do happen, having optimal remedies, solutions, or resolutions is of paramount importance.

I don't know what I would have done without this medical option. I knew that my son's fetal abnormalities were so severe that we had already lost him. I knew that on top of the grief of losing my son, I could not bear losing my wife. I knew that the other options presented to us also offered irreconcilable problems to Claudia's health and our ability to continue our quest to have children. I knew, after all the discussions, deliberations and questioning that both Claudia and I did, that an Intact D & E was the safest, most humane procedure available to our family. For that, I am grateful.

As a father and as a husband, my duty is to my family. I have upheld that duty by insisting that my wife and son receive the best medical care possible. I have extended that duty by telling my story to anyone who will listen on behalf of the fathers and mothers that come after us. I press upon you, members of the United States Congress, to uphold your duty by voting against H.R. 1833.

Thank you for your compassion and understanding.

STORIES OF WOMEN

Mary-Dorothy Line. Mary-Dorothy Line is a registered Republican and a practicing Catholic. Late in her second trimester of pregnancy, she was told that her baby had an advanced, textbook case of hydrocephaly (excessive fluid in the brain), no stomach, and no ability to swallow. Her son's condition was fatal, and she was told by her doctors that he might die *in utero*. When fetal demise occurs *in utero*, poisons can be introduced into the woman's bloodstream. Fetal demise may also cause a woman's blood clotting mechanisms to shut down, leading to uncontrollable bleeding. In addition, the abnormal size of the baby's head due to hydrocephaly made normal labor very dangerous because of the risk of rupture to her cervix and uterus.

Mary-Dorothy Line is expecting another baby in September. **She has said that "[m]any people do not understand the real issue -- it is women's health; not abortion and certainly not choice.** We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with the families they affect. It is not the place for government."

Vikki Stella. At 32 weeks of pregnancy, Vikki Stella's son was diagnosed with nine major anomalies, including a fluid-filled cranium with no brain tissue. Because she is diabetic and because the baby's head was larger than normal, Vikki's health would have been put at risk by a caesarian section or by prolonged labor.

Vikki had two little girls at the time of this tragedy. **She has said that "[t]his wasn't a choice. There were no choices. My child was going to die, and there was nothing I could do to stop that. But my kids needed me and this was the safest procedure."** In December, she gave birth to a healthy son.

Tammy Watts. At 27 weeks of pregnancy, an ultrasound revealed that Tammy's daughter had trisomy-13, a severe chromosomal disorder which affected all her major organs and functions. The baby would not survive more than a few hours after birth, and specialists told Tammy that the baby was likely to die *in utero*. This, as with Mary-Dorothy Line, could lead to release of poisons into her bloodstream or hemorrhaging. In addition, Tammy was also at risk for cervical rupture.

Coreen Costello. Coreen Costello, a pro-life Republican and mother of two, was told at 27 weeks of pregnancy that her daughter suffered from a rare and lethal combination of neuromuscular disorders. In addition, the baby was wedged against Coreen's pelvis and amniotic fluid was beginning to pool in Coreen's uterus, putting dangerous pressure on her lungs and other organs. Numerous specialists told her that it was physically impossible to deliver the baby vaginally without causing uterine rupture and that the medical risks of a caesarian section in her condition were also too great.

Coreen testified that her doctor told her and her husband that "This is about Coreen now." She also said that "[w]hen she say the anguish on [her] doctor's face, I knew that we had no other choice. . . . It wasn't up to us. There was no reason to risk leaving my children motherless if there was not hope of saving Katherine." Coreen is pregnant again and is due in June.

March 20, 1996

President William J. Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

I am writing to you not only as a concerned woman for America, but also as a mother.

I recently received a copy of your letter regarding the proposed legislation on late term abortions, H.R. 1833, and I have to tell you that after reading it I became horribly nervous. I was dumfounded to realize that your understanding of this bill is not at all what is really happening when families like mine are faced with this most tragic, heartwrenching situation. This bill paints me and other women as cruel, inhuman, immoral people with no regard for life, which is the farthest thing away from the truth.

In October of 1994, my husband Mitchell and I were elated to find out we were expecting our first child. We immediately started planning for our new family by picking out names, baby room furnishings, and wondering if we would have a boy or a girl. Our dreams were finally going to become a reality.

We went through all of the prenatal testing, all of which came out fine. That is until early March of 1995. During a routine seven month ultrasound, my doctor found an opening in my child's abdomen. During the three dizzying days that followed, we were seen by several specialists. In the end they had determined that our child had a devastating lethal anomaly known as Trisomy-13. Our child would not live.

With much counseling from doctors and genetics specialists, we came to the extremely difficult decision of ending our very wanted and planned pregnancy. We put our emotions aside the best that we could and decided as a family that we could not allow our child's suffering to continue, it had already gone on too long. Along with this knowledge also came the harsh reality that even if I had chosen to go on with the pregnancy, it could very well have killed me.

On Friday, March 17, we were able to hold our child, kiss her, love her, and say goodbye... to our Mackenzie. Because this medical procedure is done the way that it is, that was possible.

I cannot explain the heartache. There are no words. There is nothing I can tell you or show you that would allow you to feel what I feel. Think about the worst thing that has ever happened in your life and multiply it by a million. Maybe then you would be close.

Situations like ours are private tragedies, and they should not be subject to public debate. But, I am willing to come before you to tell my story so that other families like mine don't suffer greater tragedies in the future.

Imagine the woman that is walking around today in America thinking everything is alright with her unborn child, but will tragically find out that all of her prenatal testing has failed her, and she is now faced with the hardest decision of her life. Now imagine, that this same woman after making her choice has to also endure the knowledge that The President, although vetoing the bill that would have made this procedure illegal, did so in such a way that on top of all the emotions she is already experiencing, she must now feel shameful and ugly and yes, immoral.

Mr. President, I do understand that this being an election year, the Republican party is placing tremendous pressures on you with regards to the whole abortion issue, especially this one. I plead with you to listen to the families. Hear their stories which are not so different from mine, I promise you, they will change your life forever. Then, instead of allowing America to think of us as horrible individuals, again with no regard for life, we will be honored for our courageousness and will be known as mothers, fathers and families who made the most loving decision they could.

Please remember our daughter, Mackenzie, and how much we will always love her. This was not an easy decision, but one that was based entirely on love and compassion. I would have given my life and traded places with her, but that is not the way God intended it to be.

We have hopes for children someday soon. Someday, we'll tell them this story. We'll tell them about their big sister, and how she changed our lives--and how, in a way, she went to Washington. We pray this story has a happy ending. We pray to be able to tell our children, "And when the President heard, REALLY HEARD, the truth, that the President, one kind and good man, heard our pleas and stood up to Congress, and not only vetoed the horrible bill, but also told all the American people what this procedure really is, why and when it is performed and under what circumstances it is necessary, and to keep all of these courageous families in their prayers.

With much respect,


Tammy Lou Watts
Tempe, Arizona

Draft - Just typed Notes

APRIL 9, 1996

MEMORANDUM TO Jen Klein

FROM: Judy Gold

SUBJECT: Women Participants for H.R.1833 Veto
(This memo has not been proofed-it is for your eyes only)

Below and attached are summaries of the stories, medical conditions and testimonies of the two women participants that we have already chosen as well as information on other women patients. In addition the attached materials contain physician statements and the California Medical Association's opposition to the bill, all of which touch upon the health risks on this issue.

Vicki Saporta, Executive Director of NAF and who has been working since June to locate patients, develop their testimony and prepare them for the media, unequivocally recommends Viki Wilson as the best patient/spokesperson. In light of our time constraints this morning she recommended Tammy Watts and Vikki Stella, who she also thinks are excellent spokeswomen. With the veto being moved to tomorrow, she hopes we will add Ms. Wilson.

As you know, the President received a letter from a patient in Maryland who he had suggested may be a good participant. Betsy has Todd and Nancy Herenreich looking into who this women is. As we discussed on the phone, I have provided you with the information on Viki Wilson anyway so we can be prepared. I have also provided you with the information on Ms. Line in case you want it for an additional story. In any event, we need to know soon about Ms. Wilson if we are going to be able to get her here.

Ms. Wilson is a pediatric nurse and practicing catholic and mother of two children. Ms. Wilson's health would have been endangered had she not had this procedure. She was at risk of in utero fetal death which results in a release of harmful toxins in to the mothers bloodstream. She was also at risk of cervical rupture which results in severe blood loss, that can be fatal. (Her story is set forth in the attached article)

Ms. Wilson is scheduled to be interviewed by 60-Minutes later this week. Taping is the 17th and the advance interview is this week.

Ms. Saporta feels that it is important to understand that while Ms. Wilson is the best spokesperson/patient on this issue, NAF has consistently brought forth at least two patients at a time. NAF has found that grouping the patient/spokespersons significantly increases the power of the message and places the women as well as the listener at ease. It also illustrates that the risks to the women's life and health are not unique to one patient but a common thread.

Her recommendation for a spokesperson/patient (other than Ms. Wilson) was equally strong for Vikki Stella, Tammy Watts and Mary Dorothy-Line. Ms. Stella's story is attached. In short she is a diabetic and was diagnosed as carrying a fetus with 9 major anomalies. As a diabetic, it is vital to minimize bleeding and consequently the intact D&E procedure was recommended. (Her story and testimony are attached)

Ms. Line's health was in danger as well for the same reasons as Ms. Wilson. (Her story is set forth in the attached letter to the editor that ran in yesterday's Chicago SunTimes.)

Ms. Watts ,who was diagnosed as carrying a fetus with Trisomy-13, was also in danger of experiencing an in utero death. She was also at risk of rupturing her cervix and hemorrhaging. Her story and testimony are attached as well. Ms. Watts is also scheduled to appear on the same 60-Minutes segment as Ms. Line.

Apparently in utero death of the fetus and the resulting complications to the mother's health is a common health risk to women when there are severe fatal fetal anomalies.

Ms. Saporta appeared on CNBC's Chris Mathew's show at 8:00 EST. last night to talk about the late term abortion ban and the President's veto. She spoke about how the legislation jeopardizes women's health and trivializes the circumstances under which women and families have to make this tragic choice. She also spoke about the president's compassion and heroism in vetoing this legislation.

Ms. Saporta is in the process of developing her own nationwide media roll-out of patients, families, and physicians supporting the President's veto. This roll-out will include a fax alert reaching thousands of providers/health care professionals encouraging them to contact their local media supporting the veto. Ms. Saporta will provide talking points, sample op-eds and sample letters to the editor. She also plans to distribute a press release making patients available for radio, TV and print interviews. She will do detailed and persistent follow up. As much advance notice as possible will only enhance her efforts.

Ms. Saporta is doing her best to procure a Doctor's written statement as to the medical necessity of each of these women's

treatment.

WEST

he Agony



Because Viki Wilson's unborn child had a serious abnormality, carrying it to term could imperil Viki's own life and health.

So she made the painful decision to have a late-term abortion. But new legislation in Congress would have taken the decision out of her hands.

Choice

Viki Wilson made a choice that saved her health and perhaps

The Death of

On one set of photographs Baby Abigail is adorable.

A sweet newborn, swaddled in pink and blue flannel, she has a flume of black hair peeking from under a white cap, tiny interlocking fingers, serene face, eyes gently closed. Her grandma, sister, brother and parents are taking turns holding the 3-pound, 8-ounce, 17-inch-long bundle.

"She looks like a perfect little baby," says her mother, Viki Wilson. "She looks like my father, like my son, Jon, when he was born."

In another set of photographs, Baby Abigail is disturbing.

Floating over an inky backdrop, the nude newborn is the color of concrete, with skin tightly wrapping her miniature rib cage. The closed eyelids are puffy and the pursed mouth hints dubiously at a smile. Abigail's skull is bare and from its rear hangs a large dark sac of rubbery flesh. It contains her brain.

"Sometimes I get tangled up in the rhetoric," her mother says. "She was born? She was born dead?" I guess I prefer to say she was born and then died because she definitely had a life inside my belly. I never had an aversion to hands and faces touching my belly to feel her kick. In that way she was connected to this family."

A little more than a year ago, Viki and her husband, Bill, a physician, were parents to two children—Jon, 10, and Kaitlyn, 8—and planning for a third. Early tests revealed a healthy girl was due May 8, Mother's Day 1994.

But in the eighth month of pregnancy, an ultrasound showed that the fetus had a fatal condition called encephalocele with microcephaly: Her brain was growing outside her skull. On April 8, 1994, a doctor induced labor and aborted Abigail.



Abigail was to have been born on Mother's Day 1994.

For more than a year afterward, Viki and her family endured a hell of guilt and depression, wondering, "Why Abigail? Why us?"

What did we do wrong?"

Viki couldn't release her grief, partially because she had trouble talking about it. And one haunting question rocked her center and shook her faith: "What was it all for?"

Then, in early June 1995, the Wilsons were contacted by James McMahon, the doctor who performed the abortion. He told them that Republican conservatives in Congress—a majority for the first time since Roe vs. Wade became law in 1973—were making aggressive legislative assaults against abortion.

They were intending to limit funds for family planning, have outlawed abortions for military personnel overseas, eliminated the service from federal employee health plans. And they were proposing to outlaw the medical procedure used in late-term abortions.

B Y D A V I D E . E A R L Y

er life. Is it right to deprive someone of that choice?

Baby Abigail



on, Kaitlyn, Viki and Bill Wilson were able to spend two hours with Baby Abigail, who was born dead.

PHOTOGRAPH COURTESY OF THE WILSON FAMILY

BABY



"I look at death as part of life," Viki Wilson says, here holding Abigail for the first and last time. "We needed that tangibility that she did exist."

like the one Viki Wilson had.

The bill was introduced by Rep. Charles T. Canady, a Republican from Lakeland, Fla., and chairman of the subcommittee on the Constitution. Canady was quickly pulling together a June 15 hearing on the procedure he had tactically dubbed "partial-birth abortion."

The doctor asked if he could pass Viki's name to the National Abortion Federation in Washington, D.C. Would she be willing to talk publicly about Baby Abigail? Although Wilson, a homemaker and part-time nurse, says she was a "non-political know-nothing" who barely watched television news and read the newspaper only casually, she agreed.

"I didn't know much but I knew this doctor was a hero," Wilson says. "If there was going to be legislation trying to make the procedure

illegal then I wanted to fight it. It gave my daughter death with dignity instead of subjecting her to a process that would have taken away all her dignity."

And so Viki Wilson, a practicing Catholic, agreed to enter the violent legal, ethical and medical fray where politicians challenge physicians and where organizations from the National Right to Life Committee, to Planned Parenthood, from the Christian Coalition to the Center for Reproductive Law and Policy continuously clash. At that moment, she found the answer to the question—"What was it all for?"—that had haunted her.

"I hate that Abigail had to die," says Wilson, 39, who lives in Fresno, in a warm, sprawling house that used to be a convent. "God put me through this because he knew I would be strong enough to be an advocate against

this bill. This has given me whole new justification for why I went through what I did."

REP. CANADY'S voice drips with disdain when he recalls how he first heard about the late-term procedure. It was during "that last Congress," he says.

Today when he talks about his controversial bill, H.R. 1833, which would charge physicians who perform a specific abortion technique with a felony, he says, "In this Congress we knew we could move it forward."

Canady's bill (and S. 939, the Senate version) marks the first time that Congress has attempted to outlaw a particular medical technique. It is no surprise that the legislation involves the most discomforting of all abortions—late term or after approximately 20 weeks.

The anti-abortion forces contend that thousands of late-term abortions are done each year, many on healthy fetuses. They say the fetuses feel pain and are usually alive until the abortionist kills them using the "partial birth" technique: The lower body of the fetus is pulled from the birth canal, then the doctor suctions the contents of its head to complete the removal.

"This procedure should not be allowed to take place in this country," Canady says. "It is barbaric and offends the conscience of people who understand what is happening."

According to pro-choice backers, fewer than 600 such late-term abortions are done annually in this country and most are to protect the health of the mother or because the fetuses have severe, often fatal abnormalities.

Intact dilation and extraction is the medical term for what conservatives are calling "partial birth" abortion, and reducing the size of the head is often necessary to complete removal of an intact fetus from the birth canal. Pro-choice lawyers say that if the doctor believes that is the most efficient medical technique to protect the health of the woman, it is within the law as established by the Roe decision and reaffirmed in 1992 by Planned Parenthood vs. Casey.

"I had hoped that members who took an oath of office would respect Supreme Court case law," says Kathryn Kolbert, vice president of the Center for Reproductive Law and Policy in New York. "But what is going on is politics and not responsible lawmaking. Therefore the zeal to keep this issue in the news has not only resulted in an unprecedented intervention into medical decision-making but bad law as well. Never in history has Congress ever told a doctor what he or she can do within their examining room."

Freshman Rep. Zoe Lofgren, who like Canady is a member of the House Judiciary Committee, sees the bill as a frightening first maneuver with a broader goal.

"What is really going on is that the majority in Congress opposes all abortion under all circumstances and they are making it illegal where there will be the least public uproar or outrage," says the San Jose Democrat, whose interest is also personal. Bill Wilson's mother is Susanne Wilson, a former Santa Clara County supervisor who served in local government with Lofgren for a dozen years.

"They are portraying it as if women in their ninth month are saying, 'Oops, maybe I don't want this kid after all,'" Lofgren says. "In most all these kind of cases they are wanted children and the families have gone from one doctor to another desperately looking for something to save the baby. These are women who are facing that nothing can be done to help their very sick babies."

But Doug Johnson, federal legislative director of the National Right to Life Committee, says such decisions are not valid just because

"This procedure should not be allowed to take place in this country," says Canady. "It is barbaric and offends the conscience of people who know what is happening."

the fetuses are flawed.

"Usually they involve women who are carrying babies with genetic disorders, babies who are going to be born alive with poor long-term prognosis," Johnson says. "The purpose then is not to save the mom but to terminate the life of a baby with profound disabilities. To get it over with. That is infanticide. That is prenatal euthanasia."

Lofgren calls that view ridiculous.

"It's not even an issue of whether to have a child," she says. "It's how is the child going to die?"

Canady's bill passed the Judiciary Committee July 18, and any day now will come up for consideration by the full House.

"As I heard that super-heated, ugly rhetoric being aimed at good people like Viki and Bill Wilson I realized that all these politicians have is a policy position against abortion," Lofgren says. "They don't have real stories like these people do."

VIKI AND BILL Wilson's real story began in August 1993 when they decided to get pregnant.

"I wanted a lot of kids," Viki says. "We have

this convent with all these rooms to fill. When I found myself 37 years old I figured I better get on the ball."

As a nurse since 1977, she knew that after the age of 35 the risks—of Down's syndrome, for example—increased. But her main concern was about her energy level. "A new baby means you are up around the clock," she says.

Nevertheless, Viki wanted as much early information as possible about the health of the fetus. She had worked as a nurse in a child rehabilitation ward, and knew as well anyone what can go wrong.

"I've seen kids born with congenital anomalies, with things like spina bifida and encephalitis," Viki says. "I had seen babies with defects so severe that they would never get off a respirator. The quality of life for this kind of child is not very pretty. And I also saw the strain between the parents of such children."

In her eighth week of pregnancy, Viki had a chorionic villus study. It showed that a healthy baby girl was on the way. In her 18th week, Viki had the alpha-fetoprotein test, a blood test, which looks for neural tube defects such as encephaloceles. An initial reading came back high, but a retest was normal.

While medical science has developed a vast, sophisticated prenatal technology, even massive abnormalities are sometimes not detected until the latter stages of pregnancy.

At 36 weeks, when Viki was "as big as a house," she went for a routine checkup. Dr. Alfred Peters found she had lost a little weight and that a previous measurement, from her belly button to her pubic bone, was off. He figured nothing was wrong but he wanted her to take an ultrasound a few days later.

Every year Viki's side of the family has a traditional Easter party at her house with about 50 guests. That she was due to have a baby the following month created heightened excitement at the party.

"Lots of people were coming up and touching my belly and laughing because the baby was moving around really strong and they could feel her," Viki recalls. "She was a big baby and everybody was putting in their two cents on what I should name her."

Viki's sister was in town from Santa Maria for the party and the following Tuesday the two women and their mom went for "the good time" of seeing the baby on a digital screen.

They laughed and talked as the bubbly technician rubbed transducer gel on Viki's stomach. When the image of the fetus came on the screen, the technician began pointing out each clear feature—beginning with perfect toes and feet and legs. She gave a good-natured hoot when she noted that it was *definitely* a girl.

"She said there is her heart and her liver and then, at the head, she went dead silent," Viki recalls. "Nothing."

The technician asked Viki's mom and sister

BABY

to move into a waiting room. A few minutes later Viki entered Peters' office. "How bad is it?", she asked.

"Bad," he said. He pointed at the pictures: "Here is her brain. But this is her head."

"It looked like she had two heads," Viki recalls. "I fell over."

Two-thirds of the brain was in a separate sac and the tissue remaining inside her head was improperly formed. "You could not discern a cerebrum from a medulla," Viki says. "You could not do a proper anatomy lesson with Abigail's brain."

Viki phoned Bill. "Tears were flooding out of every orifice of my face," she says. Bill, an emergency room physician, responded to the news with utter silence.

"I knew my child was going to die and I realized my biggest fear was coming to life," Viki says. "I was having one of those children like the ones I saw in the rehab-neonatal unit. I thought, 'Oh my God, it has happened to me.'"

In the waiting room Viki told her mother, "She is not going to make it."

Her mother fainted and Viki lost her footing. "My sister, the smallest of all of us, was trying to hold both of us up," Viki recalls. "It's a funny sight in retrospect, but that day it wasn't funny at all."

Peters sent Viki to a perinatologist. On the way over, in her brother-in-law's car, anger and sadness collided and filled Viki's head with questions: Can't we just get all of that brain and put it back in her head? Why did I have to go so long? Why can't I be pregnant for the rest of my life with her? Why did all those tests come back negative?

The perinatologist told the Wilsons it was the biggest encephalocele he had seen. When Bill saw the screen he wept, gripped Viki's hand and caressed her belly with his face.

"I kept telling myself this was in God's hands," says Bill, 45. "That was the only way I could go on. It was the toughest thing I ever went through. I thought I was going to break apart from sadness."

Later that day they met with Jamie Fisher, a genetic counselor who was seven months pregnant. "I kept praying that somebody would tell me, 'Oh, that was the wrong belly. That was the lady next to you,'" Viki says. "Though I wouldn't wish what I was going through on anybody."

The couple got an intensive lesson about the 400 fetal anomalies, about encephaloceles, about grieving when, as one pamphlet put it, "Hello Means Goodbye." They were

also told about the dire percentages of mortality even if some of the pregnancies make it to term. They were told that massive abnormalities increase the chances of something going wrong before or during birth that could cause hemorrhaging or a ruptured uterus. Bill asked medical questions. The answers clarified their options.

The Wilsons had held two baby showers and had finished a nursery for a girl. Now they cried. For hours, they talked about what they should do "as if we knew what the other was thinking and feeling," Bill says.

Finally, they agreed to end the pregnancy, finding it unbearable to go another month

*"I wanted to
stand on a cliff
and scream
to the world,
I am
Viki Wilson.
My daughter
died."*

knowing their baby had no chance of survival.

"I'd seen the devastation from the death of a child, and I was thinking of my two older children and how it would affect them," Viki says. "Bill delivered both our kids, and Katie and Jon were going to help deliver this baby. So all our dreams of a healthy, happy family in the delivery room came crashing in on us because our child was going to die."

THE GENETIC COUNSELOR told the Wilsons about Dr. James McMahon in Los Angeles, one of only three doctors in the United States who specialize in late-term abortions. McMahon, who has been doing abortions since 1972, primarily treats patients referred by other doctors.

That night Viki and Bill headed down Highway 5 with Viki at the wheel. "I needed a focus, some distance from being with myself," she says. They talked about the aunt at the Easter party who said her mom had always wanted a grandchild named Abigail. At the time Bill and Viki had said no.

But now they decided if the baby was named Abigail, her grandmother would recognize her in heaven. They also gave her the middle name, Jozette, of the godmother to the Wilson children.

In the passenger seat Bill wrestled his demons by sketching out poems. One began, "The possibilities are gone, the dreams undreamed. . ."

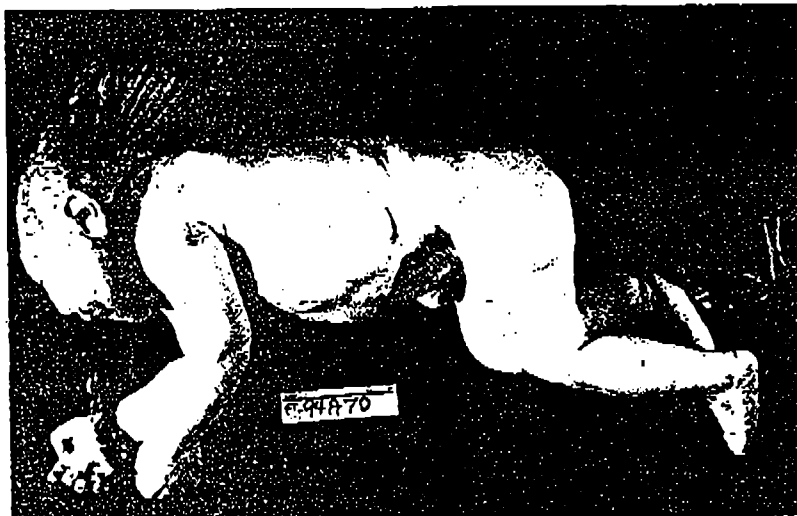
In Los Angeles they checked into a Radisson hotel and called home to ask Bill's mother if she would drive their children down from Fresno by Friday morning. The couple spent a sleepless night worrying about going to "an abortion clinic," where they might have to pass through a posse of angry protesters.

"Here I am 36 weeks along," Viki said. "How will I make them listen to me and understand?"

The West Los Angeles clinic turned out to be an oasis with high, ivy-covered walls surrounding an atrium of tropical plants. There were no protesters.

"From the first I felt this blanket of warmth over me," Viki says. "I had an innate feeling that everything was going to be OK somehow. I was no longer a nurse but a scared, vulnerable mother coming to terms with the reality that her child was going to die."

As soon as Viki and Bill met McMahon, 57, that sense of relief deepened. He was confident and unhurried, with a beard and gentle blue eyes. Almost all the patients who come to Eve Surgical



Baby Abigail's encephalocele is shown in clinical photograph McMahon took at autopsy.

enters are married women who want a child but have passed the 2-week point when severe genetic damage is discovered, he says. While Bill and McMahon discussed the clinical details Viki was comforted by McMahon's wife, Gail, nurse at the clinic.

Viki recalls the doctor telling her: "This was nothing wrong you did. This is just a pregnancy gone terribly wrong and I am here to help you. I don't mean to sound harsh but the baby is not the issue. My concern is you. You are my only patient here. I am going to do everything in my medical expertise and knowledge to get you through this physically and emotionally. If you decide to have a subsequent pregnancy you will be able to do it because this is the safest method known to medicine today."

McMahon explained that the movements by Abigail, celebrated by family and friends, had been seizures. He said that because of the anomaly, her head was stuck in Viki's pelvis. If she had gone into spontaneous labor, with the uterus contracting, the size and position of the anomaly could have ruptured Viki's uterus or caused a massive infection that could have left her unable to have more children.

IN LATE-TERM abortions, McMahon writes, "the risk is based on geometry. Something large must pass through something small. Specifically, the fetus must be brought out through a small, very vascular canal. Also in late pregnancy, the tissue integrity of the fetus is quite substantial compared to that of the cervix. This poses an increasing threat to the cervix as the gestation gets longer."

In simple terms McMahon adds the cervix with a laminaria, seaweed fluid that gently dilates the canal while shrinking the fetus. This process takes several days until the fetus can be tipped out of the lower uterus intact.

Usually the head of a late fetus is too large to fit through the cervix so he uses a needle to extract just enough fluid from the head to slip out.

"The fetus feels no pain through the entire series of procedures," McMahon has written. "This is

The movements by Abigail, celebrated by family and friends, had been seizures. Her condition could have ruptured Viki's uterus.

because the mother is given narcotic analgesia at a dose based upon her weight. The narcotic is passed, via the placenta, directly into the fetal bloodstream. Due to the enormous weight difference, a medical coma is induced in the fetus. There is a neurological fetal demise. There is never a live birth."

At 9 a.m. Wednesday, April 6, 1994, McMahon began the intact dilation and extraction. He repeated it that afternoon. He did it twice more Thursday and again Friday morning. McMahon told Viki on Friday afternoon she would be ready to deliver.

On the afternoon of April 8 Abigail was cleaned up, dressed in pajamas and wrapped in blankets with yellow and pink cartoons. A white cap was placed over her head before she was presented to the couple, Susanne Wilson, Katie and Jon.

"There were 12 to 14 people in the room when Jon was born," Viki says. "Just a few days before we

had been thinking of that same happy scene. Instead here are our kids coming in to see their dead sister."

The doctor hugged Viki and cried with her family. A Catholic, McMahon used holy water to perform a baptism before leaving the Wilsons to hold their child for the first and last time.

"People thought we were nuts to take pictures of us with Abigail," Viki says. "They thought it was sort of sick, asking, 'Why would you want to take pictures of a dead child?' I look at death as part of life. I know as my kids get older and I get older we'll want to remember. We need that tangibility that she did exist."

After two hours Gail McMahon came into the room to retrieve Abigail.

"When she reached out for the baby I suddenly thought, 'I'm going to bolt. I'm going to run out the door and take her and just run away from here. I've got her in my arms. I know she's dead but I want to take her and keep her,'" Viki says. "There is a picture of me holding her and when you look at that picture you can feel how much I didn't want to give her back. I knew that was it."

WHEN THE WILSONS returned to Fresno the following day, Viki's arms ached from being empty.

"I didn't sleep for three days. I went into the nursery room and sat there, not sobbing, but with so many tears flooding out I thought I would dehydrate. I wasn't eating or drinking anything. When the pictures came I held them against me. I pressed my nose in the clothes she had been dressed in and when that smell hit me, I felt total devastation and grief, like a pain in my chest. I couldn't breathe. I'd sit there staring at the crib thinking, she is never going to see this stuff everybody got for her."

When Viki tried to sleep she'd drift off for only a few minutes and dream about how she never heard the sound of a baby crying. She was in pain because her breasts continued to be engorged with milk. A cousin brewing herbal teas helped some, but mostly she lay down with bags of frozen peas on her chest.

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BABY*continued from page 15*

For four months she sat on her living room couch and fingered things she had collected that were part of Abigail. "That is how I got through the day." Sometimes she felt as if she was failing as a mother to her two children because it was so hard for her to be strong and loving, to give them the hugs and kisses they needed to get through their pain.

And though she and Bill are very close, she had trouble talking to him. He was open with his grief, but able to push through it.

"As an emergency room doctor I see, all the time, how easy it is to be here one day and gone the next," Bill says. "Most of the time it's due to pure circumstance and you can't do anything about it. You just have to say this is terrible but we will have good days again."

Viki, on the other hand, couldn't shake the feeling of doom. "So many times I wanted to stand on a cliff and scream to the world, I am Viki Wilson. My daughter died. See me. Hear me. Feel me."

But looking back, Viki says Bill's way of being both emotional and strong gave her something solid to hold on to. Finally, she

A playground fund raised thousands of dollars in Abigail's memory and named it after her.

got back on her feet knowing, "I am forever a changed individual."

Some good things have come from the loss. A local school playground fund raised thousands of dollars in Abigail's memory and named it after her. And the Wilsons deeply value the friendships forged in sadness with many other families who have been trekking up Capitol Hill, fighting lawmakers trying to block a woman's right to choose.

"It has really been a life-affirming experience," Viki says, "a huge catharsis to meet women who have been through this and who truly know what I'm talking about."

Viki has flown to Washington twice. She walked the hallways of Congress, chasing down anyone willing to listen to her story. She says she has been trans-

formed from "some little woman in Fresno" into a pro-choice warrior.

For a time she thought something else good had happened. Viki got pregnant while they were in Washington.

"We want this baby just as much as we wanted Abigail," Viki said in early summer. "God forbid anything should happen. But if it does I want to have the right to make whatever choices are best for all of us."

No one knows better than the Wilsons that stories don't always end happily. In late August Viki had a miscarriage.

"I feel like I've been in a constant two-year battle with fate," she says. "Bill and I talked about it long and hard and and we are going to try again."

DAVID E. EARLY is a staff writer for West.

Coreen Costello
Testimony Before the House Judiciary Subcommittee on the Constitution
Against H.R. 1833
March 21, 1996

My name is Coreen Costello. I live in Agoura, California, with my husband Jim and our son Chad and daughter Carlyn. Jim is a chiropractor and I love being a full-time, stay-at-home wife and mom. I am a registered Republican, and very conservative. I don't believe in abortion. Because of my deeply held Christian beliefs, I knew that I would never have an abortion. In fact, I remember a few years ago when I was nursing my son Chad, I watched a speech Congressman Hyde gave on C-SPAN against abortion. It was so eloquent, it moved me to tears. I even participated in the "Walk for Life" sponsored by our local Christian radio station.

Even now, I am amazed at the fact that I am here. I never would have believed that I would be testifying in Congress, supporting an abortion procedure.

In March of last year, we were joyfully expecting the arrival of our third child. Then on March 24, almost a year ago to the day, when I was seven months pregnant, I began having premature contractions and my husband and I rushed to the hospital.

During an ultrasound, the physician became very silent. Soon more physicians came in. Jim told me everything would be fine but I knew there was something very wrong. I went into the bathroom and sobbed. I begged God to let my baby be okay. I prayed like I've never prayed before in my life.

My husband reassured me that we could deal with whatever was wrong. We had talked about raising a child with disabilities and there was never a question that we would take whatever God gave us.

My doctor arrived at two in the morning. He held my hand, and informed me that they did not expect our baby to live. She was unable to absorb the amniotic fluid and it was puddling into my uterus. This poor precious child had a lethal neurological disorder and had been unable to move for almost two months. The movements I had been feeling over the last few months had been nothing more than bubbles and fluid. Her chest cavity was unable to rise and fall to stretch her lungs to prepare them for air. It was as if she had no lungs at all. Her vital organs were atrophying. Our darling little girl was going to die.

A perinatologist recommended terminating the pregnancy. For my husband and me, this was not an option. We chose to wait to go into labor naturally. We knew that it would not be long. Due to the excess amniotic fluid, a condition called polyhydramnios, premature labor was imminent. I wanted her to come on God's time -- I didn't want to interfere.

It was so difficult to go home and be pregnant and go on with life, knowing my baby was dying. I wanted to stay in bed. My husband looked at me and said, "Coreen, this baby is still with us. Let's be proud of her. Let's make these last days of her life as special as possible." I got out of bed and put on my best maternity clothes, and went out with my daughter Carlyn to get ready for her fifth birthday party. I could feel my baby's life inside of me, and somehow I still glowed.

At this time we chose her name -- Katherine Grace. "Katherine" meaning pure, and "Grace" representing God's mercy.

We went to many more experts over the next two weeks. It was discovered that Katherine's body was rigid and she was wedged in a transverse position. Most babies are in the fetal position, but Katherine's position was exactly the opposite. It was as if she were doing a swan dive -- the soles of her feet were touching the back of her head. Her body was in a U-shape. Due to swelling, her head was already larger than that of a full-term baby. I did exercises every day, trying to change Katherine's position so that she could be delivered naturally. The amniotic fluid continued to puddle into my uterus.

No one expected her to survive labor, but if she had survived a natural birth or a C-section, we knew she would have suffocated immediately after the umbilical cord was cut. She had no lungs. She couldn't take even one breath. More and more ultrasounds made that terrible truth clearer and clearer, that if she were born, her passing would not be peaceful or painless. But we kept praying for a miracle, hoping that she would be able to pass away with our arms wrapped tightly around her, hearing us telling her how much we loved her.

We went back to the hospital again and again, thinking I was in labor. We were completely prepared to bring her into the world, with the hope of having her with us even just for a moment. This was my mission. But it was not to be. We decided to baptize her in utero, while we knew she was still alive.

By this time, I'd seen my own obstetrician, two resident obstetricians at Cedars-Sinai, and four perinatologists. Each of these doctors had consulted with other experts. The doctors all agreed that our safest option was an intact D&E, but Jim and I couldn't face the horrible thought of having an abortion.

Finally, after two and a half weeks, I went to my own doctor again for another ultrasound. The polyhydramnios had grown even worse and my husband and our whole family were afraid for my health. I could not sit or lie down for more than ten minutes because the pressure on my lungs was so great. But I wasn't worried about myself -- I only thought of Katherine.

When Dr. Crane performed the ultrasound, Katherine's heart was barely beating. My doctor turned to my husband and said, "I can't deliver this baby. I could try, but I'm convinced we would end up doing a caesarean and under the circumstances, that is just too dangerous." He said, "I have to send you to Dr. McMahon."

I gasped out loud. Dr. Crane said to Jim, "This is about Coreen now." I began to cry. Again I said, "What about a caesarean?" Dr. Crane said, "I can't justify that risk to you. There is a safer way." When I saw the anguish on my doctor's face, I knew that we had no other choice. Dr. Crane supported us so much in our decision to have Katherine naturally, and he knew that we would have to live with our decision for the rest of our lives. When I saw the pain on his face, I knew I had to go. This wasn't a choice anymore. It wasn't up to us. There was no reason to risk leaving my children motherless if there was no hope of saving Katherine.

We drove to Los Angeles. I cried the whole way, patting my tummy and promising Katherine we would never let anyone hurt or devalue her. On the way, Jim was adamant that if we weren't comfortable, we would turn around and leave no matter what. There was no way he would let his little girl's life end in a way that didn't give her respect and dignity. I'd never felt so scared and sick to my stomach in my life. I kept asking God, "Why are you making this so difficult for us?"

We expected a cold gray building. . .we expected an abortion mill. We expected people who cared about me, but not about Katherine. When we arrived, the place was beautiful and peaceful. But when we walked in, I was still very defensive. I didn't trust these people.

The staff greeted us with such warmth and kindness. I was immediately taken in to see Gale McMahon, the clinic's head nurse. We started to talk, and Gale asked if we had named our baby. "Her name is Katherine Grace," I said and began to cry. When I looked up, she too had tears in her eyes. At that moment a little bit of my wall broke down.

Gale explained the procedure in detail. My husband asked a lot of questions. I was numb -- I just kept thinking about Katherine. We then went in to see Dr. McMahon. As he met with us, he performed another ultrasound. I can't tell you the compassion he had for us. He knew how much discomfort I was in from the polyhydramnios and the size of my uterus, and how much we were both suffering at losing our little girl. He was so gentle and kind.

Dr. McMahon immediately asked me the same question Gale had: "Have you named her?" He never referred to her as fetal tissue, or a fetus, or even just a baby. She was always Katherine.

He told us that my condition meant that we had to do this procedure right away. My uterus was far too full of fluid to wait. We asked if there was any way that Katherine could be born alive. He looked carefully at the ultrasound, measured her head and explained sadly how large it was, and said that there was no way it could fit through my cervix without draining some of the fluid. He also explained that due to the difficulty of the position she was in, they would have to go inside my womb and for that, I would be put under heavy anesthesia. With her heartbeat as irregular and slow as it was already, he did not think she would survive the anesthesia.

It was so hard to accept, but we began to understand that it was what we had to do. After Dr. McMahon explained the procedure to us again, I felt comforted. He and his staff understood the pain and anguish we were feeling. I realized I was in the right place. This was the safest way for me to deliver. This left open the possibility of more children. It greatly lowered the health risk to me. Most important, it offered a peaceful, painless passing for Katherine Grace.

For many women, this procedure takes longer, but I went into labor very quickly after Dr. McMahon put in the first set of dilators. When I came back the next morning, my cervix was already dilated sufficiently, and it was time to begin the surgery. I was put under anesthesia.

When I awoke a few hours later, Katherine was brought in to us. Gale gave her to me and said, "She's beautiful." Gale helped me to bond with her. She really was beautiful. She was not missing part of her brain. She had not been stabbed in the head with scissors. She looked peaceful. My husband and I held her tight and sobbed.

One of the things I noticed when I was holding Katherine was that the socks we bought for her were too big. Someone had taken tiny, soft pink ribbons, and tied them gently at the ankles so that her socks would fit. I can't tell you the peace that brought me. I knew they were taking care of her just as we would. We stayed with her for hours, praying and singing lullabies. Giving her back was the hardest moment of my life.

Dr. McMahon and his staff helped us get through the dark days to come. They counseled us and gave us information on help for dealing with our grief -- not just for Jim and me, but for our children, so they could get through the grief of losing their sister, and for our parents, so they could cope with their grief at losing their granddaughter.

When I went back for my checkup, Dr. McMahon was so pleased that I was recovering well physically. But he was worried about how I was doing emotionally, and we talked a lot about how I felt. My arms were physically aching, and he told me I wasn't alone, that so many women feel that way. Your arms ache to hold your baby. And then he told me something I've never forgotten. He said, "People don't want to know that this happens. They don't want to know that there are babies born with their brains outside their skulls, that there are babies for whom life is

Someday, we'll tell our little boy or girl this story. We'll talk about Katherine, and how she changed our lives -- and how, in a way, she went to Washington. We'll talk about how, even though her life ended before it could really begin, the way she left this world allowed us to have this new miracle. We pray that this story has a happy ending. We pray to be able to tell Chad, Carlyn and their little brother or sister that when Congress heard, *really heard*, the truth about the surgery that helped their Mom, the members of Congress realized that they had no business doing what they were trying to do. They knew that they could never understand. We didn't understand before. Now we do. I pray that you will understand as well and put a stop to this terrible bill. When you vote on this bill again, please remember me. Remember my face, remember my name, remember my family and the child I am carrying.

NATIONAL
ABORTION
FEDERATION

Coreen Costello, a pro-life Republican and mother of two from Agoura, California, was told at 27 weeks of pregnancy that her daughter suffered from a rare and lethal combination of neuromuscular disorders. The baby had not grown for at least 7 weeks and had no lungs. She was wedged in a rigid position against the opening of Coreen's cervix. Meanwhile, a condition called polyhydramnios had caused amniotic fluid to puddle in Coreen's uterus, putting dangerous pressure on her lungs and other organs. She could not sit or lie down for more than ten minutes at a time. Numerous specialists told her that it was physically impossible to deliver the baby vaginally without causing uterine rupture and requiring an emergency hysterectomy, and that the medical risks of a caesarean section in her condition were also too great.

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PAUL H. CRANE, M.D. INC.
 816 W. CRESCENT DRIVE, SUITE 100
 BEVERLY HILLS, CALIFORNIA 90210
 (310) 855-4110

November 10, 1995

Re: Coreen Costello

To Whom It May Concern:

It is quite important, I believe, that I relate the story of my patient, Coreen Costello, and the unfortunate nature of her previous pregnancy in the Spring of 1995.

Coreen was referred to me in April at approximately twenty-six to twenty-seven weeks gestation, when it was obvious that fetal movement was diminished, and on ultrasound examination she had polyhydramnios and a very unusual looking configuration of fetal skeletal. She was referred to Dr. Drew Carlson, at Cedars-Sinai Medical Center, who confirmed a lethal neuromuscular disorder with a differential diagnosis that include several extremely rare conditions.

It was our hope that we could allow Ms. Costello to go into natural labor, which was her desire and intention based on her moral views, and we attempted to stimulate labor without success. It was only after some delay that we referred this unfortunate couple to Dr. James T. McMahon, of the Eva's Surgical Center in Los Angeles, who on April 26, accomplished the extraction of this fetus with a prostaglandin augmented labor. This procedure saved this couple perhaps a month of agony and a probable cesarean section which would have been the only other method of delivery of this fetus.

This example illustrates why in modern obstetrics, the use of late termination of pregnancy for the rare situation of a damaged fetus, is not only a moral but essential to the caring out of good obstetrical care. I would be happy to discuss this situation with anybody, if the need arises, but the denial of this potentially psyche saving surgical

RE: 1
1
Page 2

RE: Correen Costello
November 16, 1995
Page 2

procedure would, in my opinion, be a gross denial of freedom
to the American people.

Sincerely,



Paul Crane, M.D.

PC:bd/costello

Giving Up My Baby

By Coreen Costello

THOSE who want Congress to ban a controversial late-term abortion technique might think I would be an ally. I was raised in a conservative, religious family. My parents are Rush Limbaugh fans. I'm a Republican who always believed that abortion was wrong.

Then I had one.

It wasn't supposed to be that way. My little girl, Katherine Grace, was supposed to have been born in the summer. The births of my two other children had been easy, and my husband and I planned a home delivery.

Disaster struck in my seventh month. Ultrasound testing showed that something was terribly wrong with my baby. Because of a lethal neuromuscular disease, her body had stiffened up inside my uterus. She hadn't been able to move any part of her tiny self for at least two months. Her lungs had been unable to stretch to prepare them for air.

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me — possibly even life-threatening. Because she could not



JOHN B. RYAN

absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

I carried my daughter for two more agonizing weeks. If I couldn't save her life, how could I spare her pain? How could I make her passing peaceful and dignified? At first I wanted the doctors to induce labor, but they told me that Katherine was wedged so tightly in my pelvis that there was a good chance my uterus would rupture. We talked about a Caesarean section. But they said that this, too, would have been too dangerous for me.

Finally we confronted the painful reality: our only real option was to terminate the pregnancy. Geneticists at Cedars-Sinai Medical Center in Los Angeles referred us to a doc-

When a late-term abortion is the only option.

tor who specialized in cases like ours. He knew how much pain we were going through, and said he would help us end Katherine's pain in the way that would be safest for me and allow me to have more children.

That's just what happened. For two days, my cervix was dilated until the doctor could bring Katherine out without injuring me. Her heart was barely beating. As I was placed un-

der anesthesia, it stopped. She simply went to sleep and did not wake up. The doctor then used a needle to remove fluid from the baby's head so she could fit through the cervix.

When it was over, they brought Katherine in to us. She was wrapped in a blanket. My husband and I held her and sobbed. She was absolutely beautiful. Giving her back was the hardest thing I've ever done.

After Katherine, I didn't think I would have more children. I couldn't imagine living with the worry for nine months, imagining all the things that could go wrong. But my doctor changed that. "You're a great mother," he told me. "If you want more kids, you should have them." I'm pregnant again, due in June.

I still have mixed feelings about the abortion. But I have no mixed feelings about the bill, already passed by the House and being considered in the Senate, that would ban the surgical procedure I had, called intact dilation and evacuation. As I watched the Senate debate on C-Span this month, I was sick at heart. Senator after senator talked about the procedure I underwent as if they had seen one, and senator after senator got it wrong. Katherine was not cavalierly pulled halfway out and strangled with scissors, as some senators described the process.

I had one of the safest, gentlest, most compassionate ways of ending a pregnancy that had no hope. I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies.

Coreen Costello testified at the Senate Judiciary Committee's hearing on late-term abortions on Nov. 17.



University of Massachusetts

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University of Massachusetts Medical Center
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Maureen Paul M.D., M.P.H., F.A.C.O.G., Associate Professor
Director, Occupational Reproductive Hazards Center

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April 9, 1996

President William Jefferson Clinton
The White House
1600 Pennsylvania Av., N.W.
Washington, D.C. 20500

Dear President Clinton:

Thank you for your continued commitment to women's health by vetoing H.R. 1833. I am writing with information on threats to women's health that would occur if the option of D and X were not available. I am Associate Professor of Obstetrics and Gynecology at the University of Massachusetts Medical Center, which serves as the perinatal referral center for the central Massachusetts region. As such, I am involved in the care of women with high risk pregnancies, including pregnant women with serious medical diseases and those whose fetuses have anomalies incompatible with life.

First, it is important to realize that women who require later termination of pregnancy due to medical conditions or fetal problems have three options: having a D & X procedure, having labor induced, or carrying the pregnancy until spontaneous labor ensues. D & X is by far the safest of these three options.

Inducing labor requires the use of drugs that are injected into the uterus or that are administered vaginally, intramuscularly, or intravenously (depending on the gestational age and other factors). These drugs are associated with a number of side effects ranging from "minor" ones such as fever, nausea and vomiting to life-threatening conditions such as severe fluid overload, heart failure, and derangements of the blood clotting system (disseminated intravascular coagulation). Even if the fetus delivers successfully with these drugs, the placenta is often retained in the uterus, which can lead to hemorrhage and which requires surgical evacuation. Some of these labor-inducing drugs are totally contraindicated in women with asthma, hypertension, or heart disease.

Spontaneous labor and delivery can also be hazardous to women with severe medical problems. Public health statistics reveal that childbirth results in much higher morbidity and mortality for women than does legal abortion. In addition, disproportionately high rates of morbidity and mortality occur among women with major medical diseases such as diabetes (e.g., Vikki Stella's condition) and hypertension. If diabetics need to undergo Cesarean section, there is a higher risk of complications, including serious infections.

* Some fetal conditions make spontaneous or induced vaginal delivery particularly dangerous. For example, with hydrocephaly (the condition of Vikki Stella's and Mary-Dorothy Line's fetuses), increasing accumulation of fluid leads to excessive fetal head size. Prolonged labor in this situation can cause rupture of the uterus, necessitating emergency hysterectomy. Polyhydramnios (the condition of Coreen Costello) results in excessive accumulation of amniotic fluid in the fetal sac. This condition can cause respiratory compromise in the woman and also predisposes to uterine rupture and excessive post-partum hemorrhage. Sometimes, Cesarean section is necessary to deliver fetuses with these or other serious conditions. Cesarean section is major surgery and is at least seven times more likely to result in maternal death than is vaginal delivery. Cesarean section carries risks of hemorrhage, infection, damage to the bowel or bladder, and blood clots in the legs or lungs.

Some fetal anomalies are incompatible with extrauterine life and often result in fetal demise. Trisomy-13 (the condition of Tammy Watts' fetus) is a well-known example. Abortion is indicated in these circumstances, since prolonged retention of a dead fetus in the uterus can cause release of substances into the maternal circulation that disrupt the blood clotting mechanism, resulting in disseminated intravascular coagulation, hemorrhage, and death. Needless to say, the psychological effects of forcing a woman to carry a fetus which is destined to die are devastating.

The D & X procedure is a safe and essential alternative for women in these difficult situations. Thank you again for your dedication to women's health. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Maureen Paul M.D.

Maureen Paul, M.D., M.P.H.

A Plan That Raises Risks

■ *If Clinton signs, a ban on late-term abortions could hurt a lot of American families.*

By Mary-Dorothy Line

My husband and I are extremely offended about how legitimate medical procedures are being portrayed in Washington. Legislation (H.R. 1833 and S. 939) was recently sent to President Clinton that would ban several types of late-term abortions—late-term abortions that are used to protect the mother's health when there is no hope for the baby. This legislation is wrong, and it would hurt a lot of American families. We know. We are one of those families.

I am a registered Republican and we are practicing Catholics. Last April we found out I was pregnant with our first child and were extremely happy. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor noticed that his head was too large and contained excessive fluid. He recommended another ultrasound in two weeks to check the progression. This problem is called hydrocephalus. Every person's head contains fluid to protect and cushion the brain, but if there is too much fluid, the brain cannot develop.

As practicing Catholics when we

turn to prayer. So we prayed, as did our parents and grandparents. My husband and I were scared, but we are strong people and believed that God would not give us a problem if we couldn't handle it. This was our baby; everything would be fine. We never thought about abortion.

A few weeks later we had another ultrasound, and another one after that. We consulted with five specialists, who all told us the same thing: Our little boy had a very advanced textbook case of hydrocephaly.

We asked what we could do. They all told us there was no hope and recommended that we terminate the pregnancy. We asked about *in utero* operations and shunts to remove the fluid, but again were told there was nothing we could do. We were devastated. I can't express the pain we still feel—this was our precious little baby and he was being taken from us before we even had him.

My doctors, some of the best in the country, recommended the Intact Dilation and Evacuation procedure. No scissors were used and no one sucked out our baby's brains, as is being depicted in the inflammatory ads supporting this

legislation. A simple needle was used to remove the fluid—the same fluid that killed our son—to allow his head to pass through the birth canal undamaged. Our baby never developed a brain, his head was filled with fluid and he had no stomach.

This was not our choice—that was God's will.

My doctors knew that we would want to have children in the future, even though it was the furthest thing from my mind at the time. They recommended the best procedure for me and our baby. Because the trauma to my body was minimized by this procedure, I was able to become pregnant again. We are expecting another baby in September.

I pray every day that this will never happen to anyone again, but it will, and those of us unfortunate enough to have to live this nightmare need a procedure that will give us hope for the future.

Our elected officials need to hear the truth. The truth does make a difference—when people listen. Two weeks ago, I testified at a hearing held in the Maryland Legislature. And in Maryland, several conservative legislators joined in the 15-6 committee vote to reject this bill.

After seeing the callous way our tragedies are regarded by the proponents of this legislation, I know the only hope to protect families lies with the president of the United States. I am told he is a good

man. I am told he listens to people. I hope he listens to us, to the truth, and not to the political propaganda. I pray he shows love and compassion for women like me and the families like mine. I pray he vetoes this bill.

Many people do not understand the real issue. It is women's health—not abortion and certainly not choice. We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with the families they affect. It is not a decision for government.

Mary-Dorothy Line divides her time between homes in Lincoln Park and Los Angeles.



CEDARS-SINAI MEDICAL CENTER

June 27, 1995

JUL 06 1995

The Honorable Patricia Schroeder
2307 Rayburn House Office Building
Washington, DC 20515-0601

Dear

This is a letter to encourage you to defeat bills H.R. 1833 and S. 9392. These bills aim to ban the surgical procedure of second trimester abortion known as intact D & E.

I am the Director of Reproductive Genetics and a perinatologist and geneticist at Cedars-Sinai Medical Center in Los Angeles. My practice consists primarily of pregnant women who are referred to me by their Obstetrician for an ultrasound and/or genetic evaluation of their ongoing pregnancy. Sometimes I am asked to see women who have a possible abnormal finding on an prenatal ultrasound done by another practitioner. I am usually the final diagnostician in these cases and I spend a tremendous amount of my time counseling families about what I see, how we can approach this problem, how we can clarify what is wrong, and sometimes, how we can fix the fetal abnormality. Often nothing can be done and we are left with an abnormal fetus that is in the late second trimester and a devastated family. With the help of their private doctor, other geneticists, and genetic counselors, we advise parents that we will support them in whatever decision they choose. If they continue the pregnancy, we will be there with them. If they choose to end the pregnancy or wish to explore that option, I refer them to Dr. James McMahon, a practitioner of the type of abortion that is being singled out to be banned in H.R. 1833 and S. 9322.

Dr. McMahon provides an unusual expertise in the termination of late in gestation flawed pregnancies. Without his help, these women would have to go through a pregnancy knowing their child will be born dead, or worse, will live a horribly damaged life. One concept that seems to be lost on the general public is that these pregnancies can have a significant health risk to the mother. Often fetuses that have physical abnormalities will have increased amniotic fluid that can cause uterine atony and severe maternal bleeding at birth. Fetuses that have fluid in their lungs and bodies can cause mothers to experience the "mirror syndrome", where they themselves become bloated and dangerously hypertensive. Abnormal fetuses often require operative deliveries, and this puts the mother at increased risk of infection and death. The usual type of termination of pregnancy is a traumatic stretching of the cervix that then increases a woman's chance for infertility in the future. The procedure that is up for "banning" allows very passive dilatation of the cervix and allows gentle manipulation to preserve the very much desired fertility of these distraught women. To put it mildly, this is not just a "fetal issue", it is a health care issue for the mother as well.

Who is served by having malformed children born to families that cannot financially or emotionally support them? I know that these decisions are not taken lightly by these families. Some do continue; and they are always back in my office for prenatal diagnosis in their next pregnancy. Raising a damaged child is a sobering experience. Why should families have to go through this once, much less again and again? For those who believe this is "God's will" I would challenge them to be that child's caretaker for a day, a week, a month, a lifetime. Frankly, I have the religious conviction that fetal malformations are not "God's will" but the devil's work. I cannot believe the Good Lord wants little babies to suffer in this way. And I can't believe the United States of America's Congress is interested in causing families to undergo suffering and pain when they don't have to experience this nightmare. Undergoing a late gestation termination of pregnancy is a terribly heart-wrenching and soul-searching process. Since I refer Dr. McMahon a large number of families, I have gone to his facility and seen for myself what he does and how he does it. The emotional pain that these families suffer will be life-long. But they are comforted by the fact that Dr. McMahon is caring, and gentle, and ultimately life-affirming in his approach to the abortion procedure. Essentially he provides analgesia for the mother that removes anxiety and pain and as a result of this medication the fetus is also sedated. When the cervix is open enough for a safe delivery of the fetus he uses ultrasound guidance to gently deliver the fetal body up to the shoulders and then very quickly and expertly performs what is called a cephalocentesis. Essentially this is removal of cerebrospinal fluid from the brain causing instant brain herniation and death. There is no struggling of the fetus; quite the contrary, from my personal observation I can tell you that the end is extremely humane and rapid. He provides dignity for all of his patients: the mothers, the fathers, the extended families and finally to the fetuses themselves. He does not "mangle" fetuses, rather they are delivered intact and that allows us (a team of physicians at Cedars) to evaluate them carefully, and for families to touch and acknowledge their baby in saying goodbye. We work with Dr. McMahon in evaluating many of the malformed fetuses with careful autopsy, molecular studies, and dysmorphological examinations to try and provide the clearest and most precise diagnosis we can for our families as to why this happened to them. Often we can reassure them that this won't happen again; too frequently we must advise them that they carry a genetic mutation that does have a risk of recurrence.

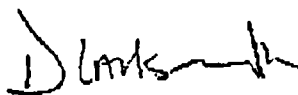
If Dr. McMahon did not exist I will assure you that most of these families would simply not have children. The divorce and emptiness that would bring is something that, thankfully, is not necessary now. Certainly we all pray that this does not occur again; but if it does the family knows that they can end that pregnancy and try again until finally they achieve what we all want: a healthy, happy, whole baby. That is the essence of family values and I implore each and every person to see beyond their own prejudices and walk in that family's shoes. What would you do if you, your wife, your daughter, or your son's wife had a fetus with half of a brain; a hole where it's face should be; a heart malformation so complex that it will require years of painful and ultimately unsuccessful surgery; a lethal chromosome abnormality where your child would never recognize you or itself? Most people are thankful there is another option besides just enduring this.

My goal is for no family to have to experience abortion. I am working as hard as I know how to understand malformation and the wrong signals of our genes. But until my lofty goal is realized, we need individuals like Jim McMahon to provide the competent services to help these

families. This is not just an individual freedom issue, it is a basic issue of society. There is enough tragedy in ordinary life; why make more of it if there are clear and safe alternatives? If you decide that Dr. McMahon and his colleagues should no longer be allowed to practice medicine as they know how, you will be denying women and their families the basic right of freedom of choice and the pursuit of happiness. And you will be condemning a generation of malformed newborns to a life of very expensive pain and suffering. The payment due on that bill is going to be very, very costly to the Government because eventually you and I are going to be maintaining these children. But the payment due on the personal grief this will cause can never be adequately paid. I can't imagine that any of you want to contribute to that debt and you don't have to. Just leave Dr. McMahon alone to do what he does best and let us all work toward the day when he isn't needed anymore.

Thank you for allowing me to express my opinion.

Sincerely,



Dru Elaine Carlson, MD
Director, Reproductive Genetics
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine
Cedars-Sinai Medical Center
Assistant Professor
UCLA School of Medicine



California Medical Association

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Physicians dedicated to the health of Californians

October 24, 1995

Representative Sam Farr
1117 Longworth House Ofc. Bldg
Washington, DC 20515-0517

Re: H.R. 1833

Dear Representative Farr:

The California Medical Association is writing to express its strong opposition to the above-referenced bill, which would ban "partial-birth abortions." We believe that this bill would create an unwarranted intrusion into the physician-patient relationship by preventing physicians from providing necessary medical care to their patients. Furthermore, it would impose an horrendous burden on families who are already facing a crushing personal situation—the loss of a wanted pregnancy to which the woman and her spouse are deeply committed.

An abortion performed in the late second trimester or in the third trimester of pregnancy is extremely difficult for everyone involved, and CMA wishes to clarify that it is not advocating the performance of *elective* abortions in the last stage of pregnancy. However, when serious fetal anomalies are discovered late in a pregnancy, or the pregnant woman develops a life-threatening medical condition that is inconsistent with continuation of the pregnancy, abortion—however heart-wrenching—may be medically necessary. In such cases, the intact dilation and extraction procedure (IDE)—which would be outlawed by this bill—may provide substantial medical benefits. It is safer in several respects than the alternatives, maintaining uterine integrity, and reducing blood loss and other potential complications. It also permits the parents to hold and mourn the fetus as a lost child, which may assist them in reaching closure on a tragic situation. In addition, the procedure permits the performance of a careful autopsy and therefore a more accurate diagnosis of the fetal anomaly. As a result, these families, who are extremely desirous of having more children, can receive appropriate genetic counseling and more focused prenatal care and testing in future pregnancies. Thus, there are numerous reasons why the IDE procedure may be medically appropriate in a particular case, and there is virtually no *scientific* evidence supporting a ban on its use.

CMA recognizes that this type of abortion procedure performed late in a pregnancy is a very serious matter. However, political concerns and religious beliefs should not be permitted to take precedence over the health and safety of patients. CMA opposes any legislation, state or federal, that denies a pregnant woman and her physician the ability to make medically appropriate decisions about the course of her medical care. The determination of the medical need for, and effectiveness of, particular medical procedures must be left to the medical profession, to be reflected in the standard of care. It would set a very undesirable precedent if Congress were by

Representative Farr
October 24, 1995
page 2

legislative fiat to decide such matters. The legislative process is ill-suited to evaluate complex medical procedures whose importance may vary with a particular patient's case and with the state of scientific knowledge.

CMA urges you to defeat this bill. The patients who would seek the IDE procedure are already in great personal turmoil. Their physical and emotional trauma should not be compounded by an oppressive law that is devoid of scientific justification.

Sincerely,



Eugene S. Ogrod, II, M.D.
President

APM:sm

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The Permanente Medical Group, Inc.

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PRESTON MARING, M.D.
Physician-in-Chief

KATHLEEN GRAYMAN, M.D.
Assistant Physician-in-Chief

RICHARD BROWN, M.D.
Assistant Physician-in-Chief

AKANSE TAHARKA, M.D.
Assistant Physician-in-Chief

J. DAVID ARTERBURN
Medical Group Administrator

Dear Senators:

We are writing to express our concern about the importance of preserving safe and legal abortions for pregnant women. We feel it is important that the sensational and emotional nature of the intact dilatation and evacuation (IDE) procedure not obscure the need for this technique late in pregnancy. A woman considering this procedure is usually confronting an enormously distressing diagnosis of a grave medical condition either in herself or the fetus she is carrying. It is precisely under these conditions that the knowledge, understanding and compassion of health providers, and the availability of safe and legal pregnancy termination procedures are most needed.

We, as genetic counselors, often meet with couples who are facing the medical, ethical, and emotional dilemma of whether or not to continue a pregnancy that has been diagnosed with a life threatening or severely handicapping condition. These decisions are never made casually, and while we respect the sanctity of life we also recognize the value of quality of life. The IDE procedure affords the woman a safe pregnancy termination with the opportunity to see and hold her baby. In addition, pathology studies can be performed which provide diagnostic information that is often crucial to follow-up genetic counseling. These are wanted pregnancies, and the potential to have healthy babies in the future is frequently a primary concern.

We ask that you oppose any bill that limits accessibility of safe and legal abortions. The difficult and wrenching decisions regarding late pregnancy terminations should remain in the hands of competent and experienced health care providers and their patients, without the interference of political influences.

Thank you for your consideration of this matter.

Ann Stemberge, M.S.

Laurie Neyer, M.S.

Ann Bourguignon, M.S.

Cherie Bastron, M.S.

Ellen Fourn, M.S.

Barbara Leibel M.S. MSW

Esther Zuel, M.S.

Dawn Banasiak, M.S.

Donna Tacing, M.S.

Phyllis, M.S.

Kaiser Permanente

OPEN LETTER TO US SENATE

November 6, 1995

Ladies and Gentlemen:

I wish to speak to you as an Obstetrician and Geneticist with more than 20 years experience in the field of Reproductive Genetics to express my strong opposition to S939.

The question before you is one of medical management not social policy when we are faced with a medical disaster in later pregnancy.

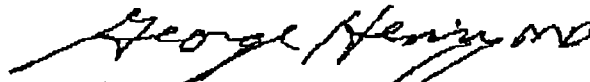
Without being exhaustive let me tell you that there are numerous medical conditions which can now be diagnosed with certainty and which have a uniformly lethal outcome. In these unusual cases there is no benefit to prolonging the pregnancy and significant risk to the pregnant woman.

Termination of pregnancy is the medically correct course of action if the couple wish it and sometimes the procedure which legislation seeks to ban is necessary to minimize the overall risk to the pregnant woman herself and her future reproductive potential.

The U.S. Senate is sufficiently erudite to understand that these complex and tragic circumstances deserve to be managed with compassion and the best medical judgement. The deliberation is never benefitted by inflammatory rhetoric.

Prevention is, of course, desirable but I assure you that even with proper pregnancy care these occasional overwhelming problems are not always preventable.

It would be absolutely wrong for the Legislature to insert themselves into these most difficult medical circumstances and thereby create crime where only medical crisis and tragedy exist.



George P. Henry, MD
Board Certified OB/GYN
Board Certified Medical Genetics

GPH/kmw

H.R. 1833 "Partial Birth Abortion Ban Act"

Statement by

Alan E. Guttmacher, M.D., F.A.A.P.

**Director, Vermont Regional Genetics Center,
University of Vermont College of Medicine**

As a pediatrician and medical geneticist, I am convinced that H.R. 1833, the ill conceived and inaccurately named "Partial Birth Abortion Ban Act," would cause irreparable harm to families throughout our country. By outlawing a necessary medical procedure it would lead to tragedy for hundreds of American women who face life-threatening situations. By writing the act in vague and non-scientific language, its creators put in jeopardy the careers of thoughtful, compassionate physicians. By using incorrect medical information in congressional debate, its proponents purposefully mislead the public regarding the act's impact. Most importantly, by the very nature of this act, those responsible for it add to the trauma and grief that hundreds of families face in the U.S. every year.

As part of my work, I help care for families who find that a deeply wanted pregnancy has resulted in a fetus with abnormalities that are incompatible with life. It may be that only those of us who have been part of such discussions realize the grief and desolation these families feel. Indeed, it must be, or else H.R. 1833 could never pass either House of Congress.

Medical providers like myself try, as best we can, to support families through perhaps the most arduous ordeal they will ever face: a pregnancy that has lethal abnormalities. When such a family comes to my office for consultation, one of the few supports I have been able to offer is the availability, for families who want it, of a method for terminating the pregnancy that is: 1) safe for the woman; 2) provides the family with a chance to mourn the loss of the child they had imagined; and 3) offers the most complete medical information, thus allowing us to explain to the couple what caused these abnormalities and what their future reproductive risks and options are. H.R. 1833 would make this rarely used but much needed medical procedure illegal, thereby forcing me and other physicians to rely on inferior medical procedures.

If H.R. 1833 becomes law, the discussion in my office will include not only the family in distress and me, their physician, but also, as uninvited participants, the Congress of the United States. This unwarranted legislative intrusion into the doctor-patient relationship will limit our discussion and deepen the family's despair. I will have to inform couples that there used to be an effective and safe way for terminating the pregnancy, but that now there may not be. When the family asks why must the pregnant woman's life, or her future ability to have children, be put in jeopardy, what am I to say? When the family asks whether

Statement by Alan E. Guttmacher, M.D.
November 8, 1995
Page Two

they will be able to hold their fetus and mourn its loss, what am I to say? When the family asks whether I can explain what was wrong with the fetus medically and whether this would happen again in future pregnancies, what am I to say? I will know only to say that doctrinaire extremists, acting with no concern for the real lives of American families, believe they have the right to control others' most personal decisions. In so doing, they add immeasurably to the personal anguish and medical complications these families face.

As a physician, I know that H.R. 1833 is not only bad medicine, but outright quackery. Like all medical quackery, H.R. 1833 relies on oversimplification, distortion and misinformation to attract adherents. Like the worst of medical quackery, if enacted it will add to the anguish of those who already suffer. Like any other dangerous medical practice, H.R. 1833 should not be foisted on American families.

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APRIL 2, 1996

MEMORANDUM TO EVELYN LIEBERMAN
ALEXIS HERMAN
MELANNE VERVEER

FROM: Betsy Myers

SUBJECT: H.R.1833 Veto Message

Set forth below is my recommendation for how the H.R.1833 veto signing should look. As you know, I think that there should infact be a veto signing rather than a silent veto. You already have received a copy of the memo from me detailing why I recommend that the President be pictured surrounded at the time he vetos the H.R.1833 legislation with the women and families for whom the banned procedure was medically critical. These real stories offer the President the best cover from the untruths and political tactics of the opposition.

SUGGESTED PARTICIPANTS:

- o Mary-Dorothy Line and her husband Bill Line
(Mary, a devout Catholic and corporate CFO, has been doing extensive media outreach on this issue. She and her husband Bill are one of the dozen brave families who have sacrificed their privacy to tell their tragic story. Their unborn child had no brain and no stomach.)
- o Claudia and Richard Ades
(Their son had a hole in his heart and excessive fluid in his head. Claudia is as a result of her tragedy very active in Emily's List.)
- o Coreen and Jim Costello
(Coreen and Jim's daughter had a severe and fatal neuro-muscular disease and could not move at all-not even blink. This was diagnosed seven months into her third pregnancy. Coreen was a right-to life Republican who used to march in anti-choice rallies until she faced this tragedy. They would be happy to bring their childrens as well.)
- o Tammy and Mitchell Watts
(Tammy testified before the Judiciary Committee. Her child had a devastating and lethal anomaly known as Trisomy-13, whereby the fetus has nonfunctioning kidneys and whereby the bowel, intestine and bladder all develop outside the abdomen. Carrying this

USA TODAY • TUESDAY, APRIL 2, 1996

Politics always at issue on abortion

If it didn't land them on the front page, politicians would neither care about nor legislate on abortion.

AMES, Iowa — Politics, politics, politics.

That's what the front-page abortion news is all about. It isn't about abortion. For the news about abortion — the news buried in the back pages — is news that should encourage you, whether you're pro-life or pro-choice or pro any other loaded word.

First, the pseudo news: The House last week passed a Senate-approved bill banning late-term abortions unless the procedure is the only way to save the life of a woman. This led the newspapers on Thursday, even though: First, this procedure is rare and almost always performed to protect the health of a mother carrying a fatally ill baby. Second, this bill will never become law because President Clinton has said he will veto it and, if a veto were overridden, the Supreme Court would rule the law unconstitutional.

The bill is emotionally labeled the "Partial-Birth Abortion Ban Act of 1995," though doctors have never heard of a "partial-birth abortion." In medical terms, the procedure is an "intact dilation and evacuation." It is considered safe and simple.

No doctor would perform such an operation unless a woman's health was in danger or her baby was going to die. And no woman would request it except for those reasons. It takes place about 500 times a year.

And yet it is front-page news. It is front-page news because the anti-abortion crowd wants to get its one issue back out front. So they mislabeled the bill and misstated the facts and misappropriated family heartbreak and anguish for political gain.

What they are doing is unconscionable.

"Fortunately, most of you will never have to walk the valley we have walked," Coreen Costello told senators in November. Coreen Costello — married mother, registered Republican, very conservative, deeply religious and anti-abortion — had an abortion when she was seven months pregnant because otherwise "my daughter would have died an agonizing death."



Counterpoints
By Michael Gartner

She went on: "When families like ours are given this kind of tragic news, the last people we want to seek advice from are politicians. We talk to our doctors — lots of doctors. We talk to our families and other loved ones. And we ponder, long and hard into the night, with God."

Indeed, "This isn't a bill about life," Rep. Sam Farr, D-Calif., was quoted last week in USA TODAY. "This is a bill about politics."

If politicians were really interested in the issue, they would be halting new figures from the Centers for Disease Control and Prevention. It reported the number of abortions continues to decline.

That's real news.

In 1993, there were 1,330,414 legal abortions in the United States, down 2.1% from the 1,359,145 of 1992. The abortion rate — the number of abortions per 1,000 women ages 15 to 44 — has held steady for nearly 20 years. But the abortion ratio — the number of legal abortions per 1,000 live births — in 1993 was the lowest since 1977.

Abortions fall

The number of abortions performed in the USA has been dropping steadily. Number per 1,000 births:

1985	354
1990	346
1992	335

Source: Centers for Disease Control & Prevention

This could mean that sex education is working better and there are fewer unwanted pregnancies, that attitudes about abortion are changing, or that abortions are more difficult to obtain in some states. Reasons 1 and 2 are most likely.

No one thinks abortion is a great thing. It's simply the best option, at times, for a woman who doesn't want to be pregnant. It's neither a form of birth control nor a form of murder. And the declining number of abortions and the declining ratio should be good news to everyone on all sides of the issue.

But good news for everyone means there's no issue.

No issue means no politics.

No politics means no front page.

And to some politicians, the front page is more important than life itself. Especially if it's your life.

COUNTERPOINTS' four columnists provide views from diverse perspectives on today's issues. Wednesday: Linda Chavez on why values matter more than money. Thursday: Susan Erlich. Monday: Tony Snow. Tuesday: Michael Gartner.

MONDAY, APRIL 1, 1996

Congress Plays Doctor

By Allan Rosenfield

When the House took the unprecedented step last week of passing a bill that would outlaw a specific and safe surgical procedure, the so-called partial birth abortion, it set a dangerous precedent by inappropriately intruding into the clinical practice of medicine.

Medical decisions should be based on scientific evidence gleaned from laboratory and clinical evaluation. Procedures should be judged on safety, effectiveness, availability and affordability. Such decisions should not fall within the purview of ideology and politics.

In considering abortion, doctors examine the best data available, consider the patient's specific medical circumstances and, in consultation with the fully informed patient, decide on the best procedure. In declaring illegal the so-called partial birth abortion procedure, the House and Senate trampled on these criteria.

Indeed, the bill demonstrates why Congress should never supersede professional medical judgment. As the

Allan Rosenfield is dean of the Columbia School of Public Health and a professor of public health and obstetrics and gynecology there. He is former chairman of the Planned Parenthood Federation of America.

American College of Obstetricians and Gynecologists, which fought this bill, points out, partial birth abortion is not found in any medical dictionary; foes of abortion coined the term.

The procedure, known medically as dilatation and extraction, is a variant of dilatation and evacuation, the most common abortion method in the second trimester. Dilatation and extraction, rarely performed, is generally limited to pregnancies that are in the 20th to 24th weeks; very few are performed afterward. Dilatation and

Women who need late-term abortions could suffer.

evacuation is the preferred method because medical data indicate that it has the lowest complication rate of any method usable in the second trimester. In any case, fewer than 1.5 percent of all abortions take place after 20 weeks; most are done within 12 weeks.

The anguished decision to use dilatation and extraction is usually reached when a woman's life or health would be jeopardized if the pregnancy is continued or if there is a fetal abnormality incompatible with life. These abnormalities can be horrific — for example, a fetus with no brain or with the brain outside the skull.

Although proponents of the legislation described the procedure in luridly graphic terms, the bill is vague in defining a partial birth abortion. The language is so imprecise that many D and E's, as doctors call them, could arguably meet the definition. This could force the small pool of physicians who perform second-trimester abortions to use techniques that are less safe for fear of prosecution.

It is unconscionable for Congress to force a physician to potentially jeopardize a patient's health and ignore his or her best medical judgment. A woman in tragic circumstances should have the right to make her own decision, in consultation with her physician — not her legislator.

What legislatures and courts can decide is whether a class of practices should be lawful. Thus, in *Roe v. Wade* and later decisions the Supreme Court established the legality of abortion. To protect Americans from unethical research, Congress has required the establishment of review boards and informed consent. And while Congress requires consent before sterilization for Medicaid patients, it does not ban or mandate a specific procedure.

No issue is more controversial than abortion. But since abortion is legal, perhaps we can at least agree that members of Congress are simply not equipped to make pronouncements about surgical procedures. Wisely, President Clinton has promised to veto the bill. □

April 1, 1996

MEMORANDUM TO LEON PANETTA

cc. Evelyn Lieberman
Harold Ickes
Alexis Herman
George Stephanopoulos

FROM: BETSY MYERS
SUBJECT: H.R.1833 VETO MESSAGE

As per our conversation regarding the H.R. 1833 veto, I want to reiterate that I strongly recommend that President Clinton be pictured surrounded at the time that he vetos the legislation with women and their families for whom the banned procedure was medically critical. It is clear that the women's tragic stories are the most persuasive message about why H.R.1833 should not become law. I make this recommendation though I recognize that we are still evaluating whether or not this issue will continue to be politicized and acknowledge that we are still developing our strategy.

I believe the anti-choice community will not miss the opportunity to politicize this veto. Their message completely distorts the truth. Consider the recent statement of Congressman Coburn who said "this bill is about murdering infants who are otherwise viable outside the womb." This simply is not true. The anti-choice community's message talks about everyone except the real women affected by the legislation. The veto signing is an opportunity to put the truth forward by showing the real stories of women and families that for medical reasons needed to make use of a procedure that is rarely used. There are less than 500 of these abortions performed a year and they are used in cases of severe fetal anomalies when the baby will not live.

It is important that the American public understand that this legislation eliminates necessary medical options for women and thereby threatens their health and lives and in no way condones 3rd trimester abortions. These families stories make the necessity of the veto very real and personal and an act of compassion.

We have several tragic stories of women who desperately wanted to have children and found out late in their pregnancy that their life and health were in jeopardy. (See attached) In addition including Republican Congresswomen Nancy Johnson (who is married to a gynecologist) and Jan Meyers and Pat Schroeder (who gave up her floor time to the women who had the procedure because they would not let the women speak) in the veto signing could strengthen our message.

The Issue is Not Abortion

by Mary-Dorothy Line

My husband and I are extremely offended by the ad sponsored by the National Conference of Catholic Bishops that appeared in the March 26, 1996 edition of the *Washington Post*. A bill pending before the House (H.R. 1833) would ban intact dilation and evacuation (intact D&E) procedures used in some late-term abortions; late term abortions which are provided to protect the mother's life or health when there is no hope for the baby. This legislation is wrong, and it would hurt a lot of American families. We know. We are one of those families.

I am a registered Republican and we are practicing Catholics. Last April, we found out I was pregnant with our first child and were extremely happy. 19 weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor noticed that his head was too large and contained excessive fluid. This problem is called hydrocephalus. Every person's head contains fluid to protect and cushion the brain, but if there is too much fluid, the brain cannot develop.

As practicing Catholics, when we have problems and worries, we turn to prayer. So, our whole family prayed. We were scared, but we are strong people and believed that God would not give us a problem if we couldn't handle it. This was our baby; everything would be fine. We never thought about abortion.

A few weeks later we had two more ultrasounds. We consulted with five specialists, who all told us the same thing. Our little baby had an advanced, textbook case of hydrocephaly. We asked what we could do. They all told us there was no hope and recommended that we terminate the pregnancy. We asked about in utero operations and shunts to remove the fluid, but were again told there was nothing we could do. We were devastated. I can't express the pain we still feel — this was our precious little baby, and he was being taken from us before we even had him.

My doctors, some of the best in the country, recommended the intact D&E procedure. No scissors were used and no one sucked out our baby's brains as is depicted in the inflammatory ads supporting H.R. 1833. A simple needle was used to remove the fluid - the same fluid that killed our son - to allow his head to pass through the birth canal undamaged. **THIS WAS NOT OUR CHOICE - THIS WAS GOD'S WILL.**

My doctors knew that we would want to have children in the future, even though it was the furthest thing from my mind at the time. They recommended the best procedure for me and our baby. Because the trauma to my body was minimized by this procedure, I was able to become pregnant again. We are expecting another baby in September.

I pray every day that this will never happen to anyone again, but it will, and those of us unfortunate enough to have to live this nightmare need a procedure which will give us hope for the future.

Congress needs to hear the truth. The truth does make a difference -- when people listen. Last week, I testified at a hearing held in the Maryland legislature. A committee there was considering a bill similar to the one Congress is prepared to pass this week. In Maryland, they listened. And in Maryland, several conservative legislators joined in the 15-6 committee vote to reject this bill.

After seeing the callous way our tragedies are regarded by the proponents of H.R. 1833, I know the only hope to protect families lies with the President of the United States. I am told he is a good man. I am told he listens to people. I hope he listens to us, to the truth, and not to the political propaganda. I pray he shows love and compassion for women like me and families like mine. I pray he vetoes this bill.

Many people do not understand the real issue - it is women's health; not abortion and certainly not choice. We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with the families they affect. It is not the place for government.

APR-03 96 10:44 FROM: WOMENS OFFICE 202-456-7311 TO: b2b78 PAGE: 06

**Mary-Dorothy Line
Marina del Rey, CA 90292**

March 31, 1996

Ms. Betsy Myers
Womens' Outreach Office
Washington, D.C.

CC: Judy Gold

VIA FAX: 202-456-7311

Reference: HR 1833/S 939

Dear Betsy:

This correspondence serves a few purposes. First, I would like to thank you and your staff especially Judy Gold for all your help, compassion and understanding of the issues concerning HR 1833/S 939. Second I would like to help President Clinton. The Congressional speakers in opposition to this bill last Wednesday did not help him, as they presented few compelling arguments against the legislation. I believe we families who have come to Washington to oppose this bill can help.

My husband and I are very private people, but, we made our worst nightmare public to try to help the women and families who will come after us. It would have been impossible for us had it not been for people like you and Judy, and Vicki Saporta and her staff at the National Abortion Federation (NAF). You have all been so kind and have stood by us and the other families who have come forward. You really understand the issue: it is not abortion and not choice - it is women's health. This legislation would ban safe, compassionate medical procedures which save women's reproductive organs. Thank God for people like you and President Clinton.

As you know, this is not the Coreen Costello story. A dozen very brave families have gone to Washington during the past six months to make our tragedies public, and there are thousands more who have faced similar nightmares. Every testimony I read makes me cry more than the last. I thought our story was sad, but I thank God that my doctors spotted our son's hydrocephalus as early as they did. I did not have to go through several additional months of pregnancy just to lose him at seven or eight months like some of the other families.

My husband and I, the other families who have been to Washington and the women at NAF all want to help the President. He will receive complaints when he vetoes this horrible legislation from the anti-choice community. That is why we want to be there with him to give him support and strength. You don't know how much it means to all of us that he is on our side and willing to make a stand - to listen to us and to help the doctors and women and families who will face similar tragedies. One very influential Congressman from Tennessee told me that he did not believe in the legislation but that his constituents, who did not understand the issues, wanted him to vote for it. He then went on to say that the President was going to veto it, so he could keep his constituents happy and his conscience clear - all because the President is strong enough to face the real issue. Decisions about the type of medical procedure to use should be left to the medical community and the families they treat, not to elected officials.

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We are Catholic, and are saddened that our church leaders have actively supported this legislation. We did not choose for our babies to have fetal anomalies which were incompatible with life - IT WAS GOD'S WILL. We would have done anything to save our children, but were told by medical experts there was nothing. Our doctors (some of whom are also Catholic) recommended the safest, most compassionate procedure to help us and our babies. We can't thank you, your staff, the women at NAF and the President enough - you are the people who have listened, studied the issues and have helped us, our doctors and the families who will follow us.

The following are a few arguments I believe were missed in the House debate that should help President Clinton when he vetoes this horrible legislation:

Proponents of this legislation have continued to portray it as prohibiting a "horrible" medical procedure. They have repeated gruesome details of the procedure they claim to be against.

Our doctor, the late James McMahon, developed the procedure which helped us. No one used scissors and no one sucked out our babies brains. Natural dilators were used to gently enlarge my cervix over the span of three days. Once I had dilated enough to allow the doctor to remove our son *without damage to either of us*, I was put under heavy anaesthesia - from which I awoke, but our son did not. A simple needle was used to remove excess fluid from his head, the same fluid that had killed him. Our baby was removed intact, without inducing labor, without a surgical incision. What could be more compassionate? But this is not what the public is hearing. This legislation affects *several* second and third trimester procedures.

Congressmen Bob Inglis, Tom Coburn, Charles Canady, Henry Hyde and Christopher Smith said this was *"birth control, viable babies were being murdered, abortionists lie to women, and handicapped people are not garbage."*

These statements couldn't be further from the truth. These procedures are the only help for families with babies who are not viable, families who want their babies - even with a disability. That is certainly not birth control.

- Claudia and Richard Ades' son had Trisomy 13, a hole in his heart and excessive fluid in his head.
- Phyllis and Randy Baker's daughter, B.B., had severe hydrocephalus, thus no brain.
- Coreen and Jim Costello's daughter, Katherine, had a neuro-muscular disease and could not move, not even to blink.
- Mary-Dorothy and Bill Line's son, Danny, had hydrocephalus, thus no brain; he also had no stomach.
- Vikki and Archer Stella's son, Anthony, had a cleft palate, but he also had no liver and no brain.
- Tammy and Mitchell Watts' daughter, Mackenzie, had Trisomy 13 - her bowel, bladder and intestines all developed outside her body and her kidneys did not function.
- Viki and Bill Wilson's daughter, Abigail, had encephalocele - her brain grew on the outside of her skull.

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Congresswoman Andrea Seastrand said *"anaesthesia does not affect the fetus"* so that it is aware and feels pain.

The levels and type of anaesthesia Dr. McMahon's procedure uses ~~do~~ affect the fetus. It is intentionally administered at high levels so that it will affect the fetus. Doctors who testified before the Ohio court which ruled that similar legislation passed in that state was unconstitutional, said that an unborn fetus does not feel pain and the part of the brain which would determine pain is one of the last things to develop in a fetus.

Congresswoman Seastrand also said *"we need to protect women from doctors."*

All the women who have come to Washington to testify against this bill are college educated, several have advanced degrees and Viki Wilson's husband Bill is a doctor. We are not stupid, we do not need protection from our gynecologists, obstetricians and perinatologists; these are the people who have devoted their lives to helping women.

What we need is the best medical care available - care which is not influenced or restricted by over-zealous legislators.

Congressman Rob Goodlatte said *"the AMA supports the legislation."*

This is just a lie. The AMA's board of trustees did not take a position on this legislation. The following is just a sampling of the medical associations which have officially condemned this legislation: American College of Obstetricians and Gynecologists, American Medical Women's Association, California Medical Association, Cedars-Sinai Medical Center/Los Angeles, University of North Carolina School of Medicine, Columbia School of Public Health/New York, University of California/San Francisco, Boston University Hospital and University of Florida College of Medicine.

Congressman Christopher Smith said *"Bill Clinton is giving a license to kill."*

Again, there is nothing further from the truth. These babies were dying - it was Gods' will. Vetoing this legislation would maintain women's access to the best medical care available.

Congressman Smith also said *"Dr. Haskell himself says that 85% of these procedures are elective."*

Elective is a medical term used to describe a procedure that is not medically required. Anyone who considers a second trimester abortion purely elective is wrong. Families who have a choice use this procedure after they have thought and prayed and studied and only then decided it is the best thing for their baby. A severely disabled child can be devastating for a family - emotionally, spiritually and financially. When parents decide it is best for their family to terminate such a pregnancy, they are only doing what parents do every day - making a decision to help their children. If this legislation is not vetoed, we may as well ban amniocentesis and ultrasound tests, as their only purpose is to help families whose babies have problems. This would be the first medical procedure which would be banned through legislation. We cannot let politicians make a medical procedure a political issue.

Page 4

The National Conference of Catholic Bishops says these procedures are used because, the mother *"hates being fat, is angry at the child's father, can't fit into her prom dress, didn't finish college, is too young or never had a job..."*

My husband and I were deeply saddened by the Bishops' trivialization of this issue. Late term procedures are often used to help families faced with tragedies and no other options. The problem is that this legislation does not discriminate between good and bad reasons. The misuse - or even immoral use - of a medical procedure by some should not cause denial of access to everyone.

We have separation of church and state but, the church is strongly influencing our elected officials. Abortion is not permitted in the Catholic church, but neither is divorce nor birth control. Maybe there are a few women in the United States who would want a second or third trimester abortion for these reasons, but it is not our business. Should a legitimate medical procedure which has helped families for years be banned because a few people might abuse it? This is America, we are free, we are allowed to choose. Abortion is the number one surgery performed on women every year. It is the law of our land.

The anti-choice community WILL make an issue out of President Clinton's veto of this legislation. He will need help and support from the people who have fought this battle. In our view it will not be a time of celebration, it will be an empty victory. Maybe we should have a moment of silence for American women and families because our elected officials were trying to make our health and well being a political issue.

We shouldn't have had to make our private nightmares public. These medical procedures should never have become a political issue. I pray none of us will ever have to fight another political battle like this.

Please call me at 310-306-0335 if I can be of any assistance. We really would like to help the President. It would be our way of thanking your office and him for your support.

Sincerely,

Mary-Dorothy Line

THE WHITE HOUSE
WASHINGTON

April 9, 1996

MEMORANDUM TO GEORGE STEPHANOPOLOUS
MELANNE VERVEER
BETSY MYERS
VICKI RADD
ELENA KAGAN
JENNIFER KLEIN
TERRY EDMONDS
JOHN HART
DEBBIE FINE
JUDY GOLD

From: Jeremy Ben-Ami
Subject: Additional Stories for Press Packet

Attached are articles I would propose putting in a press packet for the veto of HR1833.

Please review and let me know ASAP if you see a problem distributing any of them. We do have others we could substitute. All of these women have had personal contact either with White House staff, congressional staff, or one of the women's groups. Their stories have been subject to at least some public scrutiny.

Giving Up My Baby

By Coreen Costello

THOSE who want Congress to ban a controversial late-term abortion technique might think I would be an ally. I was raised in a conservative, religious family. My parents are Rush Limbaugh fans. I'm a Republican who always believed that abortion was wrong.

Then I had one.

It wasn't supposed to be that way. My little girl, Katherine Grace, was supposed to have been born in the summer. The births of my two other children had been easy, and my husband and I planned a home delivery.

But disaster struck in my seventh month. Ultrasound testing showed that something was terribly wrong with my baby. Because of a lethal neuromuscular disease, her body had stiffened up inside my uterus. She hadn't been able to move any part of her tiny self for at least two months. Her lungs had been unable to stretch to prepare them for air.

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me — possibly even life-threatening. Because she could not

absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

I carried my daughter for two more agonizing weeks. If I couldn't save her life, how could I spare her pain? How could I make her passing peaceful and dignified? At first I wanted the doctors to induce labor, but they told me that Katherine was wedged so tightly in my pelvis that there was a good chance my uterus would rupture. We talked about a Caesarean section. But they said that this, too, would have been too dangerous for me.

Finally we confronted the painful reality: our only real option was to terminate the pregnancy. Geneticists at Cedars-Sinai Medical Center in Los Angeles referred us to a doc-

tor who specialized in cases like ours. He knew how much pain we were going through, and said he would help us end Katherine's pain in the way that would be safest for me and allow me to have more children.

That's just what happened. For two days, my cervix was dilated until the doctor could bring Katherine out without injuring me. Her heart was barely beating. As I was placed un-

der anesthesia, it stopped. She simply went to sleep and did not wake up. The doctor then used a needle to remove fluid from the baby's head so she could fit through the cervix.

When it was over, they brought Katherine in to us. She was wrapped in a blanket. My husband and I held her and sobbed. She was absolutely beautiful. Giving her back was the hardest thing I've ever done.

After Katherine, I didn't think I would have more children. I couldn't imagine living with the worry for nine months, imagining all the things that could go wrong. But my doctor changed that. "You're a great mother," he told me. "If you want more kids, you should have them." I'm pregnant again, due in June.



Jerelle Kraus

Coreen Costello testified at the Senate Judiciary Committee's hearing on late-term abortions on Nov. 17.

The New York Times
11/29/95
pg. 1 of 2

I still have mixed feelings about abortion. But I have no mixed feelings about the bill, already passed by the House and being considered in the Senate, that would ban the surgical procedure I had, called intact dilation and evacuation. As I watched the Senate debate on C-Span this month, I was sick at heart. Senator after senator talked about the procedure I underwent as if they had seen one, and senator after senator got it wrong. Katherine was not cavalierly pulled halfway out and stabbed with scissors, as some senators described the process.

I had one of the safest, gentlest, most compassionate ways of ending a pregnancy that had no hope. I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies. □

The tragedy of Joey

By Sophie Horak

Another child was what we wanted more than anything in the world. When I called my husband, Bob, with the positive results of my pregnancy test in October of 1992, we were elated. We shared our joy with our 8-year-old son, Steve. We announced the pregnancy to our extended families at the Thanksgiving table—we truly had something to be thankful for.

Eat right, get plenty of sleep and exercise and take your vitamins—basically the same prescription given to me with my first pregnancy. A few months later, an ultrasound revealed I was carrying a boy. We had already picked out a name—Joseph, Joey.

As we watched the monitor, the technician suddenly became silent and expressionless. On our way out, he pointed to my chart and said “interesting anomaly” to the nurse. I panicked. Bob had heard the same thing and we asked that the doctor call us as soon as possible.

The doctor confirmed our fears and explained that he had observed a shadowing in the baby’s heart, which was actually Joey’s entire intestine curled up inside his chest. The doctor said this was serious. He did say that he felt the liver was in place and that was an excellent sign. We were referred to a high-risk obstetrician-gynecologist.

More tests followed: Chronic villi sampling, genetic tests and amino among others. Our new doctor said that at the worst, barring any other problems, our baby would have a 30 percent chance of survival. But there were fetal surgeons at University of California at San Francisco who were doing a specialized procedure that could help. Even though this procedure was considered experimental, I went through every test possible in order to be considered.

In what seemed to be a year but was only a week, I received a call from a UCSF doctor who would present our case to the hospital board that oversees this surgical procedure and management at UCSF.

We were all excited as we waited for the call from UCSF. Finally, it came. The board was temporarily suspending fetal surgeries while the procedure was being re-evaluated. I was 27 weeks pregnant. I started to cry—“why now, why me?”

I called my friend, Karen, an employee of Planned Parenthood, and asked if she knew where I could have an abortion performed this late. I called my husband and tried to call my doctor. I reached my doctor’s answering service and 15 minutes later another doctor in the group who was familiar with my case returned my call. I told him what had happened and from his car phone he yelled “What do you want me to do for you? Your baby is going to die. There is nothing more that we can do.” Then

he hung up on me. I was stunned, shocked.

Saturday morning, Karen called. There was a clinic in Kansas that specialized in late-term abortions. I made an appointment. On Sunday, Bob, Steve and I went to church. People came up to us and commented on how cute I was pregnant and if I was getting excited about the looming birth date. They had no idea what was happening.

Later that day, the UCSF doctor called. A glimmer of hope was all I could think of as he asked Bob and I to go before the board to plead our case. We would have to convince them that we wanted this procedure. “Yes,” I said, “how soon?” “Today,” he said, “come as soon as possible.”

We got to UCSF on a Sunday. We met with our doctor the next day and completed a series of tests. When the doctor entered he was expressionless. I knew it was not good. He told us there was no hope, that I would probably lose the baby soon. I could not cry. I asked if I could have the abortion at UCSF. He said it could not be done there, but another doctor recommended we go to Los Angeles to see Dr. James McMahon. So we went back to our room, packed and headed for Los Angeles.

At Dr. McMahon’s office we met with a counselor who listened to us, embraced us as we cried and finally after an hour or so, began describing the procedure. The anesthesiologist met with us and Dr. McMahon. Dr. McMahon again explained the procedure. I asked how long it would take and he said it would be over on Friday, Saturday at the latest. I asked him if we could see Joey after he was born and he said “yes.” He asked us if we were Catholic, I said “yes.” He said he was a Catholic and I asked him if he would baptize our baby, Joseph Peter Horak. He told us he would be honored. I started the procedure on Monday and on Friday Dr. McMahon stroked my face as I was put to sleep. I grabbed his hand, pulled him down to where I was on the operating table and thanked him for helping us and treating us with respect. He was crying with me. I let go of the embrace and I said “Good night.” When I awoke in the recovery room, Bob was holding my hand.

How can this experience ever be felt by anyone who has not gone through it? I hope my words have allowed some compassionate individuals to understand what this tragedy does to a person and to a family. How can politicians possibly think that they are best equipped to make this decision for me and my family? These were difficult choices for us to make, but denying us this choice would have been worse.

Sophie Horak is a surgical nurse who lives in Batavia.

'A Decision Based Entirely in Love'

The so-called "partial-birth abortion ban," which the National Right to Life Committee's Douglas Johnson supports [op-ed, July 16], would have destroyed my life and my family. I'm a registered nurse and practicing Catholic from Fresno, Calif., married to an emergency room physician. We have three beautiful children. John is 10, Kaitlyn is 8, and Abigail is in Heaven with God. She left this world of pain and suffering peacefully last year, thanks to the compassionate care of James McMahon—the Los Angeles physician who has been maligned by antiabortion politicians trying to ban the surgery I had.

Abigail was very much planned and wanted. I had the usual battery of tests, and everything came out clear. Then I had a final ultrasound at 36 weeks, just four weeks from my due date, and the world came crashing down around us. Our child was diagnosed with an encephalocele. Most of her brain had grown outside her head, and the brain tissue was largely abnormal. Abigail could never survive for long outside the womb, and she was already suffering. My husband and I made a decision based entirely in love to end this pregnancy.

Fortunately, we were referred to McMahon, who performs a procedure called the intact D&E, which has been documented as one of the safest surgeries for a woman in this situation because it prevents unnecessary bleeding or tearing. In addition, removing the fetus intact allows for better pathological analysis, helping geneticists determine what went wrong and helping us find out if we can someday have another healthy child. Finally, because the fetus is removed intact, families can see their babies, hold them and say goodbye. I can't tell you how important this is.

There are many misconceptions being promoted about this surgery, most of them given out by people who have neither witnessed the procedure nor spoken to the doctors who perform it.

For example, many antiabortion activists claim that McMahon performs many "elective" abortions this way. I'm not sure what they mean by elective, since I know that 95 percent of McMahon's patients are referred by at least one, and usually several, perinatologists and geneticists who have tried in vain to save a desperately wanted pregnancy. How "elective" is it to have an abortion when your child will live only a

week or a month after birth and will never experience anything but pain?

The backers of HR 1833, the bill that would ban this surgery, also claim that fetal demise doesn't occur until midway through the procedure. My husband and I were there, and we know that's not true. We are medical professionals, and we insisted on complete, accurate information about the surgery I would undergo.

Finally, we are told by antiabortion groups that we should simply have "let nature take its course" or have induced early labor. My husband and I were not about to let Abigail suffer one more minute. Furthermore, continuing the pregnancy could have put my health in jeopardy.

I wish the people who would judge me and my family could walk in our shoes for just five minutes. We were faced with the worst tragedy of our lives, and we coped with it in the best way we could. If it happened again, we'd do the same. That is, if Congress doesn't make my doctor a criminal.

—Viki Wilson

The writer is working with the National Abortion Federation to defeat HR 1833.

Los Angeles Times

SUNDAY, NOVEMBER 26, 1995

Lifesaving Option or Criminal Conduct?

ROBIN ABCARIAN



To be perfectly honest, what Claudia Crown Adee and her husband, Richard Adee, chose in 1993, 28 weeks into Claudia's pregnancy, was an elective abortion. Yes, they had already signed up for Lamaze classes. Yes, the shower invitations had already been mailed. Yes, the Santa Monica couple deeply wanted this baby. And yes, when it became clear—heartbreakingly clear—that the son Claudia carried was hopelessly malformed and destined to die, they elected to terminate the pregnancy.

Claudia and Richard could have waited. They could have waited for the baby to die in utero, possibly endangering Claudia's health, putting her ability to carry and deliver another child at risk. Or they could have waited for labor and delivery, and hold vigil over a child who, doctors assured them, would have died within hours, days or at the most weeks after birth. They could have opted for a Cesarean section, a surgical procedure that carries risks to the mother and is meant to save the life of a baby. But this baby, clearly, was doomed

And Claudia and Richard desperately wanted another child.

So they elected to have the only procedure they felt would allow them their best shot at biological parenthood—"Intact dilation and evacuation."

Over three days, Claudia's cervix was dilated. She was given enough anesthesia and analgesic that her baby was dead before he was delivered. To remove the fetus without irreparable harm to Claudia's womb, her doctor inserted a needle at the base of the baby's skull and drained fluid, allowing the head to be gently compressed in order to pass through the birth canal without damaging it.

What the Adees experienced is the so-called partial birth abortion procedure that Congress may be on the verge of outlawing, the procedure that has been successfully and inflammatorily mischaracterized as the heartless slaying of the helpless with scissor jabs to the skull and a sucking out of the brains.

□

It's hard not to wince as you look at the illustrations that have been displayed on Capitol Hill and placed as ads by the National Right to Life Committee. A healthy-looking, Gerberesque and apparently full-term baby is being pulled from a womb, its head impaled with scissors.

What's even harder to look at, what you will never see on C-SPAN and what is far more instructive: photographs of the real fetuses that have been aborted using this technique—fetuses with brains outside nearly nonexistent skulls, with faces that are unrecognizable as human, and so on. These

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E2

SUNDAY, NOVEMBER 26, 1995

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ABCARIAN

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are the kinds of third-trimester babies whose mothers' reproductive lives are being protected by "intact dilation and evacuation."

It was clear to the Adeses when they recently testified against the bill before the Senate Judiciary Committee that many legislators somehow believe that cases like theirs would be exempt from the proposed law, already approved by the House and up for a Senate vote as early as this week.

But there are no exceptions under the proposed law.

It criminalizes a rarely used medical procedure, period. It does not bend to protect maternal health, even though the Supreme Court ruled in *Roe vs. Wade* that the government may not limit abortions—even after fetal viability—if the life or health of the mother is at risk.

On this basis (and others, including gender discrimination and undue burden) opponents argue the bill is unconstitutional.

If senators insist, as the House has done, in imposing themselves between doctors and patients, then it will be up to the President to restore the sanctity of that relationship. If he fails, then it will,

once again, be up to the courts.

□

Claudia and Richard Ades tried to see Sen. Bob Smith, the New Hampshire Republican who introduced the Senate's version of the bill. He refused to see them, they said, but they did run into him in a hallway.

"I told him the procedure saved our lives," Richard said. "And he said, 'I disagree with you.'"

Coreen Costello of Agoura, who also testified against the bill, had a similar experience.

"I am a registered Republican," she told senators, "and very conservative. I don't believe in abor-

tion. Because of my deeply held Christian beliefs, I knew that I would never have an abortion."

But last March, Costello discovered when she was seven months pregnant with her third child that the baby had a lethal neurological disorder.

Her doctors persuaded her that an "intact D & E"—yes, an abortion—was the best way to ensure her health.

"Our darling little girl was going to die," she testified. "... [The procedure] left open the possibility of more children."

She and her husband, Jim, elected to have the very procedure that abortion foes would jail doctors for

performing. After telling her moving story to a Senate aide, she said he looked at her and said, "You had other options."

Any other option was replete with risks that the "intact D & E" avoids.

This couple's choice enabled them to hold their child, to sing to her lifeless body, to say goodbye. It enabled Coreen Costello to tell senators she is pregnant again and expecting her fourth child in June.

Which seems to mean nothing to legislators bent on dismantling legal abortion ... one "elective" procedure at a time.

'I didn't choose death for this child'

Vicki Stella wanted her son. She needed an abortion. She wants that option for others

By Karri E. Christiansen

Most people look forward to the holidays. The excitement of giving the perfect gift, spending time with family and friends, sharing memories.

Vikki Stella, however, is plagued by memories and a little afraid of what the holidays may bring. She's scared that her pregnancy, scheduled to come to term in about six weeks, will end the same way her last one did.

Two years ago, Stella, 39, of Naperville, lost her son Anthony 32 weeks into term. She had learned he had stopped growing at 25 weeks. He had several abnormalities. A cleft palate the least among them. Anthony also had no brain.

He was to be her first son.

Stella and her husband, Archer, were faced with two choices: go through with labor and give birth to a stillborn son and possibly risk injury to the mother, or abort the baby and protect Vikki's life. The Stellas opted for a medical procedure called intact dilation and evacuation, a form of late-term abortion.

Stella said the decision to proceed with the intact D&E was nearly impossible, but also out of her hands.

"I just want to tell you why I chose this," Stella said. "My son had nine major anomalies. When you have a problem like that, when a child is going to die. I didn't choose death for this child. God chose death.

'There really was no decision to be made. The decision had already been made, by God. I just had to pick the day that it was going to happen.'

Vicki Stella

"To go ahead and try to go through a delivery isn't safe. If this child dies in the womb, the baby can give off toxins and can affect the mother's system," she continued. "This really isn't an option. You know, well, I'll just do what God expected me to do. I have two other children. They needed me alive."

Stella now is fighting to keep this medical procedure from being banned by Congress. The procedure involves giving the baby a spinal tap and extracting fluid from his head so he can be delivered vaginally with the least amount of damage to the mother's cervix. It is performed in such a way as to maximize not only the mother's chance for survival, but also her ability to reproduce in the future.

Last week, Stella offered written testimony to the U.S. Senate's Judiciary Committee on intact D&Es. Making her tragedy public is her way of explaining to people why she so fervently believes intact D&Es should not be banned in any way.

"This wasn't a choice. There were no choices. My child was going to die, and there was nothing I could do to stop that," Stella said. "But my kids needed me and this was the safest procedure."

Stella is diabetic, which means other late-term abortion procedures could have resulted in severe injury to her, rendering her unable to become pregnant in the future.

"Being diabetic, I have a tendency not to heal as well as other people, and other procedures could harm me. Infections could harm me," Stella said. "That's something I have to be careful of."

Opting for an intact D&E was not easy. Stella said she and Archer discussed the issue for weeks before finally opting for that procedure.

"There were a whole two weeks that were really a blur, but there are parts that I remember vividly," Stella said. "I was in such shock. I was paralyzed, basically. I was paralyzed with this fear. What would people think of me? This is

such a conservative area. I mean, you just never know. I just kept it quiet."

When people asked about Stella's baby, she told them Anthony had died.

"Which is not lying," Stella said, stressing that it was not her decision not to bring Anthony into this world. "There really was no decision to be made. The decision had already been made, by God. I just had to pick the day that it was going to happen. That was really difficult."

And as much as she is looking forward to giving birth to her new son next month, she desperately wishes Anthony could be celebrating Christmas with her, Archer and her two daughters this year.

"I still want this child, but I can't have it," Stella said. "It's devastating. I can't even put it into words what it feels like. It's the loss of a child. And there's nothing that can ever compare."

Which is why this new pregnancy is so very important to her and her family, according to the testimony she provided the Senate's Judiciary Committee.

"My husband is just about to burst with joy over his son," she wrote. "In the midst of our happiness, though, there is still the pain of what happened to the son we almost had, and the apprehension over what Congress is trying to do to families like ours."

Stella said Congress mustn't ban the procedure because what happened to her and her family can happen to any family, at any time.

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■ Choices

Continued from Page 3

Anti-choice activists call abortion, particularly late-term procedures, barbaric. But Stella said until a woman realizes her baby is going to die upon birth, it's impossible to fathom the pain that accompanies the decision to abort.

"To judge me, they have to be in my shoes," Stella said. "This was not a decision I made cavalierly. This was a life-saving procedure; it was an act of love. It was a removal of life support."

Stella said Congress has no right banning any part of the procedure.

"I cannot believe that they would not want the safest procedure for their loved ones," Stella said. "They should not be making decisions for us on the Hill."

Stella said she would like Senate Bill 939 killed before the holidays.

"I think they're going to have a hard time (getting it passed) in the Senate," she said. "I'd like to see the bill killed. It's a medical procedure. But it sounds

icky. Any surgery, to the lay person, would sound icky. Should we ban them all?"

Stella said she is not sure if SB 939 will pass, but if it does, it likely will include some amendments. "But they're talking just of the life of the mother. We need a life and health amendment," she said.

Stella said if SB 939 does win approval, she will return to Washington, D.C., to protest.

"If this does pass through the Senate, our next step — and I will be there — will be in President Clinton's office," Stella said.

Stella said those on the Judiciary Committee, and anyone else who might call the procedure "barbaric," must realize that any woman, any family, might someday be forced to make the same decision she and Archer did two short years ago.

"This can happen to anybody," Stella said. "This can happen to the most conservative person in Naperville. Nobody knows when they're next."

Stella said although she is ready and willing to go to Washington again, she hopes she does not have to. She'd rather stay home and take care of her new son and daughters.

"I'm looking forward to the terrible twos all over again. I just can't wait," Stella said. "After I lost Anthony, and I'd see a baby, it broke my heart. You know, it should've been my baby."

Everything is going well with Stella's pregnancy now, but, still, she's worried. Everything seemed normal last time, too.

"Even now, with this healthy baby, I'm terrified," Stella said. "I've spoken with my doctors about what can happen now.

They sat me down and said, 'We can't guarantee a perfect baby, but until you walk out of the hospital with that baby, you're not going to believe us anyway.'

"I dread ultrasounds," she continued. "Whereas a lot of people are excited to see a picture of their baby, I'm scared,

because I know what can happen. Whenever they come in to do my ultrasound, I say, 'Good news only.' That's all I'll accept. I'm afraid if I don't say that, there won't be good news.

"It's almost scary, but I guess I only have to say that a few more times."

A Plan That Raises Risks

■ *If Clinton signs, a ban on late-term abortions could hurt a lot of American families.*

By Mary-Dorothy Line

My husband and I are extremely offended about how legitimate medical procedures are being portrayed in Washington. Legislation (H.R. 1833 and S. 939) was recently sent to President Clinton that would ban several types of late-term abortions—late-term abortions that are used to protect the mother's health when there is no hope for the baby. This legislation is wrong, and it would hurt a lot of American families. We know. We are one of those families.

I am a registered Republican and we are practicing Catholics. Last April we found out I was pregnant with our first child and were extremely happy. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor noticed that his head was too large and contained excessive fluid. He recommended another ultrasound in two weeks to check the progression. This problem is called hydrocephalus. Every person's head contains fluid to protect and cushion the brain, but if there is too much fluid, the brain cannot develop.

As practicing Catholics, when we have problems and worries, we

turn to prayer. So we prayed, as did our parents and grandparents. My husband and I were scared, but we are strong people and believed that God would not give us a problem if we couldn't handle it. This was our baby; everything would be fine. We never thought about abortion.

A few weeks later we had another ultrasound, and another one after that. We consulted with five specialists, who all told us the same thing: Our little boy had a very advanced textbook case of hydrocephaly.

We asked what we could do. They all told us there was no hope and recommended that we terminate the pregnancy. We asked about *in utero* operations and shunts to remove the fluid, but again were told there was nothing we could do. We were devastated. I can't express the pain we still feel—this was our precious little baby and he was being taken from us before we even had him.

My doctors, some of the best in the country, recommended the Intact Dilation and Evacuation procedure. No scissors were used and no one sucked out our baby's brains, as is being depicted in the inflammatory ads supporting this



The Rev. Flip Benham speaks out at an Operation Rescue rally against abortion.

legislation. A simple needle was used to remove the fluid—the same fluid that killed our son—to allow his head to pass through the birth canal undamaged. Our baby never developed a brain, his head was filled with fluid and he had no stomach.

This was not our choice—that was God's will.

My doctors knew that we would want to have children in the future, even though it was the furthest thing from my mind at the time. They recommended the best procedure for me and our baby. Because the trauma to my body was minimized by this procedure, I was able to become pregnant again. We are expecting another baby in September.

I pray every day that this will never happen to anyone again, but it will, and those of us unfortunate enough to have to live this nightmare need a procedure that will give us hope for the future.

Our elected officials need to hear the truth. The truth does make a difference—when people listen. Two weeks ago, I testified at a hearing held in the Maryland Legislature. And in Maryland, several conservative legislators joined in the 15-6 committee vote to reject this bill.

After seeing the callous way our tragedies are regarded by the proponents of this legislation, I know the only hope to protect families lies with the president of the United States. I am told he is a good

man. I am told he listens to people. I hope he listens to us, to the truth, and not to the political propaganda. I pray he shows love and compassion for women like me and the families like mine. I pray he vetoes this bill.

Many people do not understand the real issue. It is women's health—not abortion and certainly not choice. We must leave decisions about the type of medical procedure to employ with the experts in the medical community and with the families they affect. It is not a decision for government.

Mary-Dorothy Line divides her time between homes in Lincoln Park and Los Angeles.

"I'm a Republican who always
believed that abortion was wrong.
Then I had one."

— Coreen Costello, *New York Times*, 11/29/95

Coreen Costello was seven months into her third pregnancy when ultrasound revealed that her fetus had a severe and fatal neurological disorder.

On the advice of her doctor, Coreen, once an opponent of choice who had participated in "Walks for Life," had an abortion to protect her health and future fertility.

But the medical procedure Coreen needed is on the verge of being outlawed by Congress—part of its far-reaching assault on the right to choose.

For the first time since *Roe v. Wade*, Congress has voted to criminalize certain abortion procedures—and jail the doctors who perform them.

Now, only a Presidential veto—which Congress must not override—can preserve the ability of women and families to make their own moral choices when facing tragic medical circumstances.



Thank you,
Mr. President, for
your commitment
to veto H.R. 1833
to protect women's
health and the
freedom to choose.

American Association of University Women
American Civil Liberties Union
Center for Reproductive Law and Policy
Coalition of Labor Union Women
National Abortion Federation
National Abortion and Reproductive Rights Action League
National Asian Women's Health Organization
National Black Women's Health Project
National Latina Institute for Reproductive Health
National Organization for Women (NOW) Foundation
National Women's Law Center
NOW Legal Defense and Education Fund
Latina Roundtable on Health and Reproductive Rights
People for the American Way Action Fund
Planned Parenthood® Federation of America
ProChoice Resource Center
Religious Coalition for Reproductive Choice
Voters for Choice
Women's Legal Defense Fund

'A Decision Based Entirely in Love'

The so-called "partial-birth abortion ban," which the National Right to Life Committee's Douglas Johnson supports [op-ed, July 16], would have destroyed my life and my family. I'm a registered nurse and practicing Catholic from Fresno, Calif., married to an emergency room physician. We have three beautiful children. John is 10, Kaitlyn is 8, and Abigail is in Heaven with God. She left this world of pain and suffering peacefully last year, thanks to the compassionate care of James McMahon—the Los Angeles physician who has been maligned by antiabortion politicians trying to ban the surgery I had.

Abigail was very much planned and wanted. I had the usual battery of tests, and everything came out clear. Then I had a final ultrasound at 36 weeks, just four weeks from my due date, and the world came crashing down around us. Our child was diagnosed with an encephalocele. Most of her brain had grown outside her head, and the brain tissue was largely abnormal. Abigail could never survive for long outside the womb, and she was already suffering. My husband and I made a decision based entirely in love to end this pregnancy.

Fortunately, we were referred to McMahon, who performs a procedure called the intact D&E, which has been documented as one of the safest surgeries for a woman in this situation because it prevents unnecessary bleeding or tearing. In addition, removing the fetus intact allows for better pathological analysis, helping geneticists determine what went wrong and helping us find out if we can someday have another healthy child. Finally, because the fetus is removed intact, families can see their babies, hold them and say goodbye. I can't tell you how important this is.

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For example, many antiabortion activists claim that McMahon performs many "elective" abortions this way. I'm not sure what they mean by elective, since I know that 95 percent of McMahon's patients are referred by at least one, and usually several, perinatologists and geneticists who have tried in vain to save a desperately wanted pregnancy. How "elective" is it to have an abortion when your child will live only a

week or a month after birth and will never experience anything but pain?

The backers of HR 1833, the bill that would ban this surgery, also claim that fetal demise doesn't occur until midway through the procedure. My husband and I were there, and we know that's not true. We are medical professionals, and we insisted on complete, accurate information about the surgery I would undergo.

Finally, we are told by antiabortion groups that we should simply have "let nature take its course" or have induced early labor. My husband and I were not about to let Abigail suffer one more minute. Furthermore, continuing the pregnancy could have put my health in jeopardy.

I wish the people who would judge me and my family could walk in our shoes for just five minutes. We were faced with the worst tragedy of our lives, and we coped with it in the best way we could. If it happened again, we'd do the same. That is, if Congress doesn't make my doctor a criminal.

—Viki Wilson

The writer is working with the National Abortion Federation to defeat HR 1833.

Giving Up My Baby

By Coreen Costello

THOSE who want Congress to ban a controversial late-term abortion technique might think I would be an ally. I was raised in a conservative, religious family. My parents are Rush Limbaugh fans. I'm a Republican who always believed that abortion was wrong.

Then I had one.

It wasn't supposed to be that way. My little girl, Katherine Grace, was supposed to have been born in the summer. The births of my two other children had been easy, and my husband and I planned a home delivery.

But disaster struck in my seventh month. Ultrasound testing showed that something was terribly wrong with my baby. Because of a lethal neuromuscular disease, her body had stiffened up inside my uterus. She hadn't been able to move any part of her tiny self for at least two months. Her lungs had been unable to stretch to prepare them for air.

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me — possibly even life-threatening. Because she could not

absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

I carried my daughter for two more agonizing weeks. If I couldn't save her life, how could I spare her pain? How could I make her passing peaceful and dignified? At first I wanted the doctors to induce labor, but they told me that Katherine was wedged so tightly in my pelvis that there was a good chance my uterus would rupture. We talked about a Caesarean section. But they said that this, too, would have been too dangerous for me.

Finally we confronted the painful reality: our only real option was to terminate the pregnancy. Geneticists at Cedars-Sinai Medical Center in Los Angeles referred us to a doc-

When a late-term abortion is the only option.

tor who specialized in cases like ours. He knew how much pain we were going through, and said he would help us end Katherine's pain in the way that would be safest for me and allow me to have more children.

That's just what happened. For two days, my cervix was dilated until the doctor could bring Katherine out without injuring me. Her heart was barely beating. As I was placed un-

der anesthesia, it stopped. She simply went to sleep and did not wake up. The doctor then used a needle to remove fluid from the baby's head so she could fit through the cervix.

When it was over, they brought Katherine in to us. She was wrapped in a blanket. My husband and I held her and sobbed. She was absolutely beautiful. Giving her back was the hardest thing I've ever done.

After Katherine, I didn't think I would have more children. I couldn't imagine living with the worry for nine months, imagining all the things that could go wrong. But my doctor changed that. "You're a great mother," he told me. "If you want more kids, you should have them." I'm pregnant again, due in June.



Jerelle Kraus

Coreen Costello testified at the Senate Judiciary Committee's hearing on late-term abortions on Nov. 17.

The New York Times
11/29/95
pg. 1 of 2

I still have mixed feelings about abortion. But I have no mixed feelings about the bill, already passed by the House and being considered in the Senate, that would ban the surgical procedure I had, called intact dilation and evacuation. As I watched the Senate debate on C-Span this month, I was sick at heart. Senator after senator talked about the procedure I underwent as if they had seen one, and senator after senator got it wrong. Katherine was not cavalierly pulled halfway out and stabbed with scissors, as some senators described the process.

I had one of the safest, gentlest, most compassionate ways of ending a pregnancy that had no hope. I will probably never have to go through such an ordeal again. But other women, other families, will receive devastating news and have to make decisions like mine. Congress has no place in our tragedies. □

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NATIONAL
ABORTION
FEDERATION

Tammy Watts: at 27 weeks of pregnancy, an ultrasound revealed that Tammy's daughter was afflicted with trisomy-13, a severe chromosomal disorder which affected all her major organs and functions. The baby would not survive more than a few hours after birth, and specialists told Tammy that the baby was likely to die *in utero*. When fetal demise occurs *in utero*, the fetus begins to break down and can introduce poisons into the woman's bloodstream. A possible complication of this is a condition called diffuse intravascular coagulation, in which the body's clotting mechanisms shut down and bleeding is uncontrollable. Tammy was also at risk for cervical rupture.

Vikki Stella: at 32 weeks of pregnancy, Vikki Stella's son was diagnosed with nine major anomalies, including a fluid-filled cranium with no brain tissue. As a diabetic, her health would have been put at great risk by the invasive nature of a caesarean section, surgery which would have been futile since the baby could not survive. A prolonged labor was also dangerous for her, particularly considering that the fluid made the baby's head larger than normal. Because of her diabetes, it was vital to minimize the bleeding that Vikki would experience. The intact D&E procedure was able to do that, and preserved her ability to have children. In December, she gave birth to a healthy son.

Viki Wilson: everything seemed normal as Viki Wilson was expecting her third child, until a routine ultrasound at 36 weeks showed that the majority of her daughter's brain had formed outside the skull, in a condition called an encephalocele. There was no hope that the baby would survive. Unless the size of the encephalocele was reduced, if labor began Viki's cervix would tear and her uterus would likely rupture, requiring an emergency hysterectomy. She was told by specialists that since her daughter's condition was fatal, it would be medically irresponsible for them to take the increased risk to her health and life of performing a caesarean section.

Mary-Dorothy Line: late in her second trimester, Mary-Dorothy Line was told that her baby had an advanced, textbook case of hydrocephaly, no stomach, and no ability to swallow. Her son's condition was fatal, and she too was told by her doctors that he might die *in utero*, risking the same complications that Tammy Watts had faced. In addition, the abnormal size of her son's head due to the extreme hydrocephaly made a normal labor very dangerous, potentially risking the rupture of her cervix and uterus.

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TOTAL P.02

Testimony of Viki Wilson
To the Senate Judiciary Committee
In Opposition to H.R. 1833/S. 939

November 17, 1995

**Testimony of Vikki Stella
Subcommittee on the Constitution
House Judiciary Committee
in Opposition to H.R. 1833**

March 21, 1996

I'd like to thank the Judiciary Committee for allowing me to submit testimony at this important hearing. My name is Vikki Stella. My husband Archer and I live in Naperville, Illinois, in the western suburbs of Chicago.

Two months ago I gave birth to a beautiful baby boy, named Nicholas Archer. His two older sisters, Lindsay and Natalie are absolutely thrilled to have a little brother to fuss over. My husband is just about to burst with joy over his son. In the midst of our happiness, though, there is still the pain of what happened to the son we almost had. . .and the apprehension over what Congress is trying to do to families like ours.

A year and a half ago, I was in my third trimester of pregnancy with a much-wanted son. Because I'm diabetic and my health is of particular concern, I'd had even more prenatal tests than most women: amnios, ultrasounds, the works. A few weeks before the world ended, my doctor pronounced my pregnancy "disgustingly normal." Then at 32 weeks, I went in for another ultrasound, and everything fell apart. Ultimately, my son was diagnosed with at least nine major anomalies, including a fluid-filled cranium with no brain tissue at all. He would never have survived outside my womb.

I almost had to be carried out of the doctor's office. My husband was literally holding me up on my feet. Never in our lives had we imagined that a disaster like this could happen to us. We went home to our house in Naperville with a room prepared for a little boy -- clothes folded, crib up, walls painted -- and we cried.

My husband is in private business now, but he was a practicing physician for some years, and he knew even better than I that there was no hope for this pregnancy. The diagnosis had been confirmed by a perinatologist with a level II ultrasound.

We found the only answer we could: a surgical abortion procedure performed by a physician in Los Angeles. When we got to his clinic, we knew we were safe. As a diabetic, I knew that the controlled, gentle nature of this surgery was much safer for me than induced labor or a c-section, since I don't heal as well as other people. We found out that our baby would die peacefully and painlessly, from the combination of steps taken to prepare for the surgery. He would be brought out intact, though the doctor would have to use a spinal needle to take some fluid off his head so that my cervix wouldn't rupture. And then we could hold him and say our goodbyes.

That's just what happened. And, as promised, the surgery preserved my fertility. This past spring we discovered I was pregnant again. Then the doctor from Los Angeles, the doctor who saved my life, health and sanity, the doctor whose picture I still keep up on my refrigerator, called and said Congress was thinking about banning the surgery I had. Would I go to Washington and tell them my story?

I agonized. This isn't an easy story to tell. It's a very private pain, and my community is very conservative. I feared what the neighbors would say, that they wouldn't understand, that they wouldn't allow me near their kids anymore. But finally our outrage at the lies and misinformation being spread about this procedure grew too great, and my husband and I agreed that I should tell all of you about our son, Anthony.

Since then I've been fighting to stop this bill, known as the "Partial-Birth Abortion Ban" Act. With other mothers like me, I've tried to make sure the truth is heard, not the right-to-life propaganda that starts with the outrageous and inaccurate name of the bill. It's been an education, I must say that. I've heard the worst one human being can say about others, without ever knowing them or having walked in their shoes. For example, I've been told that mothers like me all want perfect babies, that we're having abortions because of cleft palates and missing fingers. Well, yes, Anthony had a cleft palate. I wish to God that was all he had! He wasn't just imperfect -- he was incompatible with life. The only thing that was keeping him alive was my body. He could never have survived outside my womb, so I did the kindest thing, the most loving thing I knew to do. I took my son off life support.

When I went back to Washington, my oldest daughter asked me why I was going. I told her that I was going because of Anthony. Lindsay's eleven, and smart. She wanted to know why I had to go to Washington because her baby brother died. So I told her the whole story. When I finished she looked up at me with her great big eyes and said, without hesitation, "Mom, you did the right thing." It's a sad thing when an eleven-year-old is wiser than some Members of Congress.

In our joy over Nicholas, my husband, my daughters and I remember our first son, and how the way his short life ended made it possible for this new baby to be born. This beautiful child would not be here today if it were not for Dr. McMahon and the safe surgical procedure he performed. We would have lost one son, doomed by nature and the cruelty of fate -- and the chance to have another, doomed by the interference and cruelty of Congress. Don't compound family tragedies like ours by taking away our chance for safe medical care.

**TAMMY WATTS
TESTIMONY BEFORE THE CONSTITUTION SUBCOMMITTEE
OF THE HOUSE JUDICIARY COMMITTEE**

June 15, 1995

I'd like to thank the subcommittee for giving me the opportunity to testify today. I understand that this subcommittee is considering legislation that would ban the kind of surgery that I had just this past March. Apparently the people who wrote this legislation think this type of abortion is horrible. Well, I don't consider what happened to me an abortion, but not being able to have this surgery would have been more than horrible.

We found out I was pregnant on October 10, 1994. It was a great day in so many ways, because on the same day, my nephew, Tanner James was born. My husband and I ran through the whole variety of emotions -- scared, happy, excited, the whole thing. We immediately started making our plans -- we talked about names, what kind of baby's room we wanted, would it be a boy or girl. We told everyone we knew...and I was only three weeks pregnant!

It wasn't an easy pregnancy. Almost as soon as my pregnancy was confirmed, I started getting really sick. I had severe morning sickness, and so I took some time off work to get through that stage. As the pregnancy progressed, I had some spotting which is common, but my doctor said to take disability leave from work and take things a month at a time. During my leave, I had a chance to spend a lot of time with my newborn nephew and his mom, my sister-in-law. I watched him grow day by day, sharing all the news with my husband. We made our plans, excited by watching Tanner grow, thinking "this is what our baby's going to be like."

Then, I had more trouble in January. My husband and I had gone out to dinner, came back & were watching TV, when I started having contractions. They lasted for about half an hour and they stopped. But then the doctor told me I should stay out of work for the rest of my pregnancy. I was very disappointed that I couldn't share my pregnancy with the people at work, let them watch me grow. But our excitement just kept growing, and we made our normal plans, everything that prospective parents do.

I had had a couple of earlier ultrasounds which turned out fine, and I took the alphafetoprotein test, which is supposed to show fetal anomalies -- anything like what we later found out we had. It came back clean.

In March I went in for a routine 7-month ultrasound. They were saying this looks good, this looks good, then suddenly they got really quiet. The doctor said "This is something I didn't expect to see." My heart just dropped.

He said he wasn't sure what it was, and after about an hour solid of ultrasound, he and another doctor decided to send me to a perinatologist. That was also when they told us it was a girl. They said "Don't worry, it's probably nothing, it could even be the machine."

We got home and were a little bit frightened, so we called some family members. My husband's parents were away and wanted to come home, but we told them to wait. The next day, the perinatologist did ultrasound for about two hours, and he said he thought

the ultrasound showed a condition in which the intestines grow outside the body, something that's easily corrected with surgery after birth. But just to make sure, he made an appointment for me in San Francisco with a specialist.

After another intense ultrasound with the specialist, the doctors met with us, along with genetic counselor. They absolutely did not beat around the bush. They told me "She has no eyes, six fingers and six toes and enlarged kidneys which are already failing. The mass on the outside of her stomach involves her bowel and bladder, and her heart & other major organs are also affected." This is part of a syndrome called trisomy -13, where on the 13th gene there's an extra chromosome. They told me "Almost everything in life if you've got more of it, it's great. Except for this. This is one of the most devastating syndromes, and your child will not live."

My mother-in-law just collapsed to her knees. What do you do? What do you say? I remember just looking out the window...I couldn't look at anybody. My mother-in-law asked "Do we go on, does she have to go on?" The doctor said no, that there was a place in Los Angeles that could help if we could not cope with carrying the pregnancy to term. The genetic counselor explained exactly how the procedure would be done, if we chose to end the pregnancy, and we made an appointment for the next day.

I had a choice. I could have carried this pregnancy to term, knowing everything that was wrong. I could have gone on for two more months, doing everything that an expectant mother does, but knowing my baby was going to die, and would probably

suffer a great deal before dying. My husband and I would have had to endure that knowledge, and watch that suffering. We could never have survived that, and so we made the choice together, my husband and I, to terminate this pregnancy.

We came home, packed, and called the rest of our families. At this point there wasn't a person in the world who didn't know how excited we were about the baby. My sister-in-law and best friend divided up phone book and called everyone...I didn't want to have to tell anyone. I just wanted it to be over with.

On Thursday morning we started the procedure, and it was over about six pm Friday night. The doctor, nurses and counselors were absolutely wonderful. While I was going through the most horrible experience of my life, they had more compassion than I've ever felt from anybody. We had wanted this baby so much. We named her Mackenzie. Just because we had to end the pregnancy didn't mean we didn't want to say goodbye. Thanks to the type of procedure Dr. McMahon uses in terminating these pregnancies, we got to hold her and be with her and have pictures for a couple of hours, which was wonderful & heartbreaking all at once. They had her wrapped up in a blanket. We spent some time with her and said our goodbyes and went back to the hotel. Before we went home, I had a checkup with Dr. McMahon, and everything was fine. He said "I'm going to tell you two things: first, I never want to see you again. I mean that in a good way. And second, my job isn't done with you yet until I get the news that you've had a healthy baby." He gave me hope that this tragedy wasn't the end, that we would have children just as we'd planned.

person's head there is fluid to protect and cushion the brain, but if there is too much fluid, the brain cannot develop. I called my husband at work and had him taken out of a meeting to ask him to meet me right away. I explained everything to him. He said that everything would work out and not to worry. We actually believed everything would be OK in two weeks.

I told my father that we might have a problem, but he also said that everything would be fine since there are no genetic problems in either Bill's family or mine. When we told my mother-in-

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law, she said she would pray for us. We are all Catholic and go to church every week. When we have problems and worries, we turn to prayer. So, we prayed, as did our parents and grandparents.

To complicate matters even more, while these problems were occurring Bill and I were in the process of moving from Chicago to Los Angeles for my husband's job. As we were driving across the country, we had a week to talk and think and pray.

We arrived at our new apartment in Los Angeles on Sunday afternoon to a letter from Northwestern Hospital in Chicago saying that the amniocentesis results were perfect. We were so relieved. I knew that there was still a chance that the excess fluid on the brain was a problem, but we had been praying so hard and wanted this baby so much that we truly believed that everything was going to be fine. Since it was Sunday, we went to church and thanked God. We went to bed happy that night; our worries were over.

Monday was my husband's first day of work at his new job. I had an appointment scheduled with a perinatologist from Santa Monica Hospital and Cedar Sinai Hospital for another ultrasound. Bill insisted on coming to the ultrasound, even though I told him that he did not need to be there -- after all, it was his first day of work. But I did think it would be exciting for him to see our baby on the ultrasound. I was 21 weeks pregnant.

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The doctor, Dr. Connie Agnew, asked why we were there. We explained what the doctors in Chicago had told us and she said she would make her own diagnosis. After about a minute, she told us that she did not have good news; it was a very advanced textbook case of hydrocephaly. My husband almost passed out. We asked what we could do and she said there was nothing we could do. A hydrocephalic baby that advanced has no hope. The baby would most likely be stillborn. She recommended that we terminate the pregnancy.

Our ob/gyn in Los Angeles, Dr. William Frumovitz, recommended a second opinion. Dr. Frumovitz sent us to a wonderful, compassionate doctor at Cedar Sinai Hospital, Dr. Dru Carlson. She stayed late to see us and confirmed our worst fears. She asked us to bear with her as she looked at our baby to see if there were any other problems besides the hydrocephaly. We sat there and watched as she examined our baby, the baby we knew we would never have. She worked very hard for 45 minutes and then told us that in addition to the brain fluid problem, the baby's stomach had not developed and he could not swallow. We asked about in-utero operations and drains to remove the fluid, but Dr. Carlson said there was absolutely nothing we could do. The hydrocephaly was too advanced. Our precious little baby was destined to be taken from us. Dr. Carlson also recommended that we terminate the pregnancy.

My poor husband called our parents and grandparents and told them the awful news. My father started crying; we were all crying. This couldn't be happening to us. But it did happen to us.

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Doctors Frumovitz, Agnew and Carlson referred us to Dr. James McMahon. They all said that the procedure that he performs, the intact dilation and evacuation (Intact D&E), was the best and safest procedure for me to have. The multiple days of dilation would not be traumatic to my cervix. This was important to preserve my body and protect my future fertility. They knew that that was very important to my husband and I since we really wanted to have children in the future. Dr. Carlson said that with this procedure they would be able to perform an autopsy to determine if we were likely to face similar problems in future pregnancies. With no hope for this baby, our doctors were recommending the best option, with hope for the future.

Dr. McMahon and his staff were the kindest people you could ever meet. They explained the intact D&E procedure to us. Dr. McMahon used ultrasound to examine the baby, in case the three other specialists were wrong. They were not.

The dilation took three days and two trips a day to his office. These were the worst days of our lives. We had lost our son before we even had him. After the dilation was complete, I was put under heavy anesthesia. A simple needle was used to remove the fluid from the baby's head, the same fluid that killed our son. This enabled his head to fit through my cervix.

My husband and I are disturbed by the way this compassionate medical procedure has been portrayed by members of Congress. We thoroughly investigated this procedure before we had it. Every specialist told us that it is a safe and compassionate procedure. We were very informed and educated before making this decision. What they were saying in Congress bothered us so

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much that I went back to Dr. McMahon's office to try to figure out why this procedure was being misrepresented. Our anger at how this procedure was portrayed is why I am here today.

This is the hardest thing I have ever been through. I pray that this will never happen to anyone ever again, but it will and those of us unfortunate enough to have to live through this nightmare need a procedure which will give us hope for the future. With this procedure families can see, hold and even bury their babies. In addition, the baby can be visually or clinically studied by specialists to determine if there are genetic abnormalities that can be avoided in future pregnancies. I am lucky that I was able to have this procedure. Because the trauma to my body was minimized by this procedure, I was able to become pregnant again, only four months later. We are expecting another baby in September. Dr. McMahon and the intact D&E procedure made this possible for us.

One of the first things Dr. McMahon told us was that his job was not done until he and his staff receive a baby picture of our next child. At the time, I couldn't imagine becoming pregnant ever again. A month later, it was all I thought about. I desperately wanted to be pregnant and finally start our family. This procedure gave us hope. Please don't take that away from the families who will need it after us. You must leave medical decisions to the families and the medical experts who have to live with the consequences. It is not the place of government to interfere in these very private, personal decisions.

'I didn't choose death for this child'

Vicki Stella wanted her son. She needed an abortion. She wants that option for others

By Kami E. Christiansen

Most people look forward to the holidays. The excitement of giving the perfect gift, spending time with family and friends, sharing memories.

Vikki Stella, however, is plagued by memories and a little afraid of what the holidays may bring. She's scared that her pregnancy, scheduled to come to term in about six weeks, will end the same way her last one did.

Two years ago, Stella, 39, of Naperville, lost her son Anthony 32 weeks into term. She had learned he had stopped growing at 25 weeks. He had several abnormalities. A cleft palate the least among them. Anthony also had no brain.

He was to be her first son.

Stella and her husband, Archer, were faced with two choices: go through with labor and give birth to a stillborn son and possibly risk injury to the mother, or abort the baby and protect Vikki's life. The Stellas opted for a medical procedure called intact dilation and evacuation, a form of late-term abortion.

Stella said the decision to proceed with the intact D&E was nearly impossible, but also out of her hands.

"I just want to tell you why I chose this," Stella said. "My son had nine major anomalies. When you have a problem like that, when a child is going to die. I didn't choose death for this child. God chose death.

'There really was no decision to be made. The decision had already been made, by God. I just had to pick the day that it was going to happen.'

Vicki Stella

"To go ahead and try to go through a delivery isn't safe. If this child dies in the womb, the baby can give off toxins and can affect the mother's system," she continued. "This really isn't an option. You know, well, I'll just do what God expected me to do. I have two other children. They needed me alive."

Stella now is fighting to keep this medical procedure from being banned by Congress. The procedure involves giving the baby a spinal tap and extracting fluid from his head so he can be delivered vaginally with the least amount of damage to the mother's cervix. It is performed in such a way as to maximize not only the mother's chance for survival, but also her ability to reproduce in the future.

Last week, Stella offered written testimony to the U.S. Senate's Judiciary Committee on intact D&Es. Making her tragedy public is her way of explaining to people why she so fervently believes intact D&Es should not be banned in any way.

"This wasn't a choice. There were no choices. My child was going to die, and there was nothing I could do to stop that," Stella said. "But my kids needed me and this was the safest procedure."

Stella is diabetic, which means other late-term abortion procedures could have resulted in severe injury to her, rendering her unable to become pregnant in the future.

"Being diabetic, I have a tendency not to heal as well as other people, and other procedures could harm me. Infections could harm me," Stella said. "That's something I have to be careful of."

Opting for an intact D&E was not easy. Stella said she and Archer discussed the issue for weeks before finally opting for that procedure.

"There were a whole two weeks that were really a blur, but there are parts that I remember vividly," Stella said. "I was in such shock. I was paralyzed, basically. I was paralyzed with this fear. What would people think of me? This is

such a conservative area. I mean, you just never know. I just kept it quiet."

When people asked about Stella's baby, she told them Anthony had died.

"Which is not lying," Stella said, stressing that it was not her decision not to bring Anthony into this world. "There really was no decision to be made. The decision had already been made, by God. I just had to pick the day that it was going to happen. That was really difficult."

And as much as she is looking forward to giving birth to her new son next month, she desperately wishes Anthony could be celebrating Christmas with her, Archer and her two daughters this year.

"I still want this child, but I can't have it," Stella said. "It's devastating. I can't even put it into words what it feels like. It's the loss of a child. And there's nothing that can ever compare."

Which is why this new pregnancy is so very important to her and her family, according to the testimony she provided the Senate's Judiciary Committee.

"My husband is just about to burst with joy over his son," she wrote. "In the midst of our happiness, though, there is still the pain of what happened to the son we almost had, and the apprehension over what Congress is trying to do to families like ours."

Stella said Congress mustn't ban the procedure because what happened to her and her family can happen to any family, at any time.

See CHOICES on Page 11

Although this procedure is extremely rare, it may be necessary in some cases to adequately protect the life or health of the woman in the medical judgment of a physician. There are currently women who under this law would not be able to choose this procedure -- even if in the doctor's medical judgment it is the safest. The consequences for these women and their families could be devastating. Some examples of situations include:

- The onset or worsening of a disease or medical condition may create a need for an abortion that did not exist at the beginning of pregnancy. Such diseases include: diabetes; cervical, ovarian or breast cancer; kidney disease; immunity disorders or cardiovascular disease.
- Furthermore, there are instances when women discover late in pregnancy that there is a severe or fatal fetal anomaly. In some of these cases, the physician may determine that carrying the baby to term or using another abortion procedure would pose a serious health risk to the woman.

Let me give you some examples of women who chose this procedure because their doctors thought it was critical:

Catherine: At 18 weeks of her pregnancy, she was diagnosed with rapidly spreading breast cancer. She and her husband had to decide whether or not to delay chemotherapy treatment for four months and risk allowing the disease to progress to an untreatable stage. They decided to have the abortion.]

Karen Ham: She became critically ill with diabetes during her second-trimester. It was determined that an abortion was necessary to save her life.

Coreen Costello: She was seven months into her third pregnancy when ultrasound revealed her fetus had a severe and fatal neurological disorder. Her doctor advised that an abortion with this procedure was the safest option for Coreen's health and future fertility. Although Coreen and her husband had participated in "Walks for Life" and had been opposed to the right to choose in the past, they chose to use this procedure.

Viki Wilson: At eight months, ultrasound showed the fetus had a fatal condition and that carrying the pregnancy to term would endanger Viki's life and health. She and her husband, in consultation with their doctor, made the decision to have an abortion. This was the procedure the doctor determined to be safest.

National Abortion Federation

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NATIONAL
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Claudia Ades: at 26 weeks of pregnancy, Claudia Ades' son was diagnosed with trisomy-13, a devastating and lethal genetic disorder. In addition to a fluid filled nonfunctional brain, he had a malformed heart with a large hole between the chambers that was preventing normal blood flow; his other major organ systems were also severely damaged. The condition was fatal and there was a strong likelihood that, with three months left in the pregnancy, that fetal demise would occur *in utero*. When this happens, the fetus begins to break down and toxins can escape into the woman's bloodstream. Hemorrhage and infection can result, including the extremely dangerous condition known as diffuse intravascular coagulopathy, in which the body's clotting mechanisms shut down. In such cases, an emergency hysterectomy is often required to save the woman's life.

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TESTIMONY OF CLAUDIA CROWN ADES
SUBCOMMITTEE ON THE CONSTITUTION
HOUSE JUDICIARY COMMITTEE
March 21, 1996

I would like to thank the Committee for giving me the opportunity to submit testimony. My name is Claudia Crown Ades. I live in Santa Monica, California. I have been married to Richard Ades for five joyous years.

Three years ago, when I was 26 weeks into what seemed a perfect pregnancy, I made the decision along with my doctor not to have an amniocentesis. At 33, there seemed no need. Then one day, feeling anxious and worried about declining that test, I went to my doctor. There was no basis for my anxiety; it was just an instinct. However, to set my mind at ease, I was sent to a radiologist, an ultrasound expert. "Don't worry," my doctor told me. "He can see a vein out of place." I was never expecting what came next.

The radiologist spent far too long conducting what was supposed to be a routine examination of a healthy baby. He told us that he wanted to review the images and that he would call us. The next day, when we returned from Rosh Hashana services, there was a message on the answering machine. "I'd like you to come back in so that my partner can take a look at your ultrasound. Please don't worry. I don't think it's anything," he said. You can't tell a pregnant woman not to worry,

His partner, who wrote the authoritative book on ultrasound, immediately determined that there was a sac of fluid in my baby's brain. He called it a Dandy Walker Syndrome. He also told us that many people walk around with Dandy Walker Syndrome without any impairment. On the other hand, it could be more serious and he referred us to a perinatologist for more expert opinion. The doctor put his hand on Richard's shoulder and told him not to lose hope and that everything could be ok. You don't console someone if nothing is wrong.

Because of his suspicions, which we were unaware of at the time, the perinatologist rearranged her schedule to see me the next day resulting in an agonizing night of emotional torture.

The next day, we went into the perinatologist's office, apprehensive about what we might discover. She prepped me for an ultrasound. Within thirty seconds, the perinatologist said "I concur with your doctor". Concur with what? At this point we had no idea.

This was when our worst fears were realized. At that moment we learned that our son's Dandy Walker Syndrome was more serious than we had known. In addition to a fluid filled nonfunctional brain, he had a malformed heart with a large hole between the chambers that was preventing normal blood flow. He had also developed an extremely large cyst filled with intestinal matter, and hypertelorism eyes which was another indication of severe brain damage. We later found out that these symptoms added up to Trisomy 13, a fatal chromosomal disorder.

With each new bit of information, the tears flowed harder. Richard was holding me. I thought we were the only parents in the world who had ever heard such devastating news about their

child. What were we going to do? We loved this baby. We wanted this baby desperately. This was our son. We were preparing our family and our world for him. And now, we had to prepare for a tragedy. Away went the baby name books. Away went the shower invitations. Away went the first birthday

party, the baseball games, the bar mitzvah. Away went our dream.

Along with the tears, the questions flowed. Could a cardiologist fix our son's heart? Could a neurosurgeon repair his brain? Could an eye surgeon help him to see? Could this baby survive? Was there anything, anything at all, that could be done? The answers were emphatically no. It was our worst nightmare and it was real. Even if my son survived the pregnancy, he had no chance of life. Every day meant pain and torture for him. As his mother, I could not, in good conscience, allow my child to suffer.

By this time, a geneticist had joined us to discuss our options. We went through them all. I could carry to term. I could have a cesarean. I could induce pre-mature labor in the maternity ward. All of these posed high risks for me, and more pain and suffering for my son. The doctors felt that a procedure called an Intact Dilation and Extraction (Intact D& E) would be the safest for me, my baby, and for my future children. This is when we learned about Dr. McMahon and his clinic.

When I first met Dr. McMahon, I asked him only one question: "Would my baby be in any pain?" This kind and gentle man assured me he wouldn't. He specialized in severe anomaly cases like ours: families in crisis and tragedy. He explained the procedure step by step to me and my husband. He set our minds at ease. We knew my baby and I were in good hands.

The procedure was difficult and it was painful. Dr. McMahon put me under anesthesia and inserted laminaria to slowly dilate my cervix. He and his staff were compassionate and patient as they painstakingly determined how wide my cervix had to be to safely and gently remove my baby and prevent my uterus from tearing. Living ten minutes away, Richard and I were lucky enough to go home between each treatment. This is a luxury other families did not have. Many of Dr. McMahon's patients came from out of state, some from other countries. Being able to go to my own comforting home was a luxury I relished.

The entire process took three days. There were no scissors stabbed in the back of his head, no brains sucked out, no skull crushed, and no pain to my baby.

Ironically, the final day of the procedure was Yom Kippur, the holiest day of the Jewish year. On Yom Kippur, we are asked to mourn those who have passed and pray to God to inscribe us into the Book of Life. I prayed more than one person can pray. I was praying for all of us.

Although I never imagined I would be faced with such a decision, I can honestly say that for many reasons, I feel very blessed. First, that I was able to find out when I did. Second, that I had access to the finest medical care in the world. And third, that I live in a place where my rights as an individual have not been compromised.

Though I hope and pray that no one has to go through what my husband and I have, there are people who will. Many families who are opposed to abortion have chosen this procedure and have come to realize its necessity. The point is, it can happen to anyone -- to you, your wife, your sister, your daughter, your friends. All women should have the protection, the guidance and the access that modern medicine allows. This procedure is designed to protect the integrity of the family. H.R. 1833 is designed to destroy it.

Thank you.

TESTIMONY OF RICHARD ADES
SUBCOMMITTEE ON THE CONSTITUTION
HOUSE JUDICIARY COMMITTEE
MARCH 21, 1996

My name is Richard Ades. I have been married to Claudia Crown Ades for five great years. I am a writer/producer. My wife is a personal manager. I have lived in California for twenty years, she for fourteen. I want to thank you for the opportunity to submit my testimony to this committee regarding H.R. 1833.

As a man, as a husband, as a father, I think it is imperative that our side of the story be heard. I have major concerns with this legislation and what it will mean to our wives, our sisters and our daughters. This is not a women's issue. This was my baby too. This is a family issue. This is not a choice issue. This is a health issue for everyone.

The procedure under assault in H.R. 1833 protected my wife's health and possibly saved her life. It allowed my son's suffering to end. It allowed us to look forward to a growing family. It was the safest medical procedure available to us.

In October 1992, when Claudia was twenty-six weeks pregnant, we discovered that the baby she was carrying, our son, was afflicted with Trisomy 13. Our son's symptoms included a fluid-filled non-functional brain, a malformed heart with a large hole between the chambers that prevented normal blood flow, an extremely large cyst on the chest filled with intestinal matter, hypertelorism eyes and many more devastating anomalies. Our son would not live. This was certain. The only question left was when he would die and what would be the repercussions to my wife's health.

After consulting our team of specialists, including: perinatologists, geneticists, obstetricians and radiologists, we chose to end our son's suffering by having an Intact Dilation and Extraction (Intact D&E). We discussed it extensively with our family, clergy, and doctors. With all due respect, we did not consult our legislators. This was a personal decision to make with our family. We chose to undergo this procedure because it was the safest, most humane method of treatment available considering the grave circumstances in which we found ourselves, through no fault of our own.

This was the best way to terminate this very wanted pregnancy without risking my wife's health. As her loving husband, this was my greatest concern.

As Claudia will tell you, in our initial consultation with our doctor, Dr. McMahon, she had one major concern: "Would my baby be in pain?" Dr. McMahon assured us that he wouldn't and gave us a detailed explanation of the procedure, and why the baby would not suffer. Indeed, this was the most compassionate way we could choose to end our son's suffering.

I, on the other hand, had two major concerns: The baby and his mother -- my wife. Anytime any person goes in for a surgical procedure, there is reason for concern and lots of questions. I was a wreck. I already knew that the baby's torture would end quickly, but what about my wife?

Would there be complications? How would her recovery be? I, as Claudia's husband, wanted to be assured that she was in good hands, that the best medical techniques known would be employed and that she would be in the same exact health as before she became pregnant. All of this was promised.

The clock ticked painfully slowly each time Claudia was in with Dr. McMahon, It was Yom Kippur. I was in the waiting room coming to understand that bad things happen to good people like us, and that in many instances we don't have control over our own lives. But that when these things do happen, having optimal remedies, solutions, or resolutions is of paramount importance.

I don't know what I would have done without this medical option. I knew that my son's fetal abnormalities were so severe that we had already lost him. I knew that on top of the grief of losing my son, I could not bear losing my wife. I knew that the other options presented to us also offered irreconcilable problems to Claudia's health and our ability to continue our quest to have children. I knew, after all the discussions, deliberations and questioning that both Claudia and I did, that an Intact D & E was the safest, most humane procedure available to our family. For that, I am grateful.

As a father and as a husband, my duty is to my family. I have upheld that duty by insisting that my wife and son receive the best medical care possible. I have extended that duty by telling my story to anyone who will listen on behalf of the fathers and mothers that come after us. I press upon you, members of the United States Congress, to uphold your duty by voting against H.R. 1833.

Thank you for your compassion and understanding.

National Abortion Federation

1436 U Street, N.W. · Washington, DC 20009 · (202) 667-5881, FAX (202) 667-5890

Date: _____ Time: _____

Sending To: Jennifer Klum

Fax #: 456-2878

Sent by: Vicki Saporito

Number of Pages (including this page): _____

Further Explanation of Contents

I am forwarding an op-ed Tammy wrote
along with a letter from her doctor.
If you need further information, please
let me know

VS

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REPRODUCTIVE GENETICS UNIT
ROOM U-262
SAN FRANCISCO, CALIFORNIA 94143-0720

April 9, 1996

President William Jefferson Clinton
The White House
1600 Pennsylvania Ave, N.W.
Washington, DC 20500

Dear President Clinton,

I am writing to you at the urging of a former patient, Tammy Watts. I met Ms. Watts at a very sad and difficult time in her life. Ms. Watts had an ultrasound done at the University of California in San Francisco to confirm multiple fetal anomalies in a pregnancy. The anomalies were numerous and extensive. It was our suspicion through the findings (and later confirmed by chromosome analysis) that the fetus had Trisomy 13. This finding is so detrimental to an infant that it is most often fatal during the pregnancy or in the first months of life. A child born with this chromosome anomaly can incur enormous health costs to sustain life or to provide hospitalization during its short life.

Ms. Watts was at a time in her pregnancy (over 27 weeks) that the options open to her were limited. As she desired pregnancy termination, she and her husband traveled to southern California for a late termination. There was no one in northern California who had the medical expertise to do this procedure.

If the late intact D&B procedure for pregnancy termination had not been available to this family, the only other option would have been to continue the pregnancy. With multiple fetal anomalies, Ms. Watts would have faced higher possibilities for pregnancy complications including premature labor and preeclampsia. She was also advised that fetuses with chromosome anomalies have a higher chance of distress in pregnancy which can then increase the possibility of having a cesarean section. All of these would be increased health risks to the mother for an infant that could survive for a short time. Ms. Watts and her husband were fortunate enough to have the option to terminate her pregnancy. We have many patients every year who are faced with the same very difficult decisions about continuing or terminating very abnormal pregnancies. No patient makes the decisions easily and without a great deal of emotional distress.

Mr. President, we must have the option of late intact D&E to give to patients who are facing the difficult decisions in their pregnancies. Of course patient's would like to make the decisions earlier in the pregnancy, but many do not know about the anomalies until after 24 weeks. I strongly urge you to keep the option available.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn Drexler".

Kathryn Drexler, M.S.
Genetic Counselor
(415) 476-4080

There's no way to judge what another is experiencing

TOTAL P. 03

AS I SIT in my baby's room looking at her hand and foot prints, her picture and memory card, I smile. These are good things, good memories, but she's gone. So for her now, I fight legislators in Congress who are attempting to ban the procedure I underwent this March that made all of those memories possible.

Looking back at the events that got me to this moment, it's hard to believe it's real. This is a story of heartbreak and tragedy, but also one of great compassion and love.

In the Fall of 1994, my husband and I were elated to find out I was pregnant. We told everyone! Almost as soon as the confirmation came so did the morning sickness. About the time those symptoms went away I started having contractions. Although several ultrasounds and the alpha-feto protein test (which is supposed to detect fetal anomalies) were normal, my doctor felt I should stay out of work for the duration of my pregnancy. Even so, our excitement kept growing, and we made the normal plans, everything that prospective parents do. Nothing in my life ever prepared me for the situation we were about to face.

During a routine seven-month ultrasound, a problem was found. In the dizzying three days to follow, after seeing a number of specialists, our child would be diagnosed with a devastating disorder called Trisomy-13 where on the 13th gene there is an extra chromosome.

I will never forget what the doctor told us as I looked out the window of that San Francisco skyscraper building. "She has no



'Nobody should be forced into making the wrong decision.'

— Tammy Watts

eyes, six fingers and six toes and enlarged kidneys which are already failing. The mass on the outside of her stomach involves her bowel and bladder, her genitals are abnormal and her heart and other major organs are also affected.

"I'm sorry, but your child will not live."

The genetic counselor immediately told us about Dr. McMahon in Los Angeles and the procedure he performs if we chose to end the pregnancy. Knowing our baby was going to die and would probably suffer a great deal in doing so, my husband and I made the choice and scheduled an appointment for the next day.

The procedure began Thursday morning and on Friday, March 17, it was over.

Thanks to this procedure that Dr. McMahon uses, we were able to hold her, love her and say goodbye. We named her Mackenzie Blaine.

Before going home the following day, I had a check up with Dr. McMahon and

physically, everything was fine. He said, "I'm going to tell you two things: First, I never want to see you again. I mean that in a good way. And second, my job isn't done with you until I get the news that you've had a healthy baby." He gave us hope that this tragedy wasn't the end, that we would have a child just as we'd planned.

I remember getting on the plane and as soon as it took off we were crying because we were leaving our child behind.

I don't know how to explain the heartache. There are no words. There's nothing I can tell you, express or show you that would allow you to feel what I feel. Think about the worst thing that has happened in your life and multiply it by a million. Maybe then you would be close.

I am a whole new person, a whole different person. Things that used to be important now seem silly. My family and friends are everything to me. My belief in God has strengthened.

Through a lot of prayer and talk with my pastor, I've come to realize that everything happens for a reason and Mackenzie's life had meaning. I knew it would come to pass someday that I would find out why this happened, and I think it's for this reason:

I was invited to Washington D.C. last week to testify before a house judiciary subcommittee in Congress about our experience with the hope of revealing the real human side to this issue that had yet to be heard. I was given the opportunity to speak for hundreds of other families and tell the tragic circumstances under which our decisions were made.

Basically, I forced the subcommittee hear what they did not want to hear: The truth. Here are the facts:

The bill banning this procedure is being referred to as "Partial Birth Abortion." This term is intentionally inflammatory and, in fact, made up. Medically there are no "partial birth abortions" and this term is not based on medical fact and furthermore is not the issue.

Approximately 90 percent of abortions performed in the U.S. occur in the first trimester. Abortion is not available in third trimester except in dire situation i.e. severe fetal anomalies, or complications that pose a grave risk to the woman's life or health. Fewer than one percent are performed past the 20th week of this tiny fraction fewer than one-tenth of one percent are performed after 24 weeks. At this stage, statistics and research suggest that the numbers are about 600 per year.

In closing, I can tell you one thing — after our experience, I know more than ever that there is no way to judge what someone else is going through. Until you've walked a mile in my shoes don't pretend to know what this is like for me. Everybody has got a reason for what they have to do. Nobody should be forced into having to make the wrong decision. That's what would happen if this legislation is passed.

So, the best thing that I can do, for Mackenzie, is to continue this fight. I know she would want me to.

■ Tammy Watts is a resident of Aptos.



April 9, 1996

President William Jefferson Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear President Clinton,

Thank you very much for your commitment to women's health. As a physician, I feel it is critical that decisions about specific medical procedures be left to qualified medical personnel. While it may seem that certain procedures are esthetically unpleasant, a lay person may not understand the potentially life-saving benefits of the intact D and E procedure.

In the cases of the attached women's profiles, the intact D and E procedure allowed for accurate genetic testing of the fetuses and avoided potentially devastating hemorrhage as well as possible uterine and cervical damage which could have required hysterectomy in order to save the lives of the women. With cranial abnormalities, the fetus can be trapped in the uterus, causing severe hemorrhage because the uterus cannot fully contract and cease bleeding until it is completely emptied. Anytime a fetus dies in utero, the greatly increased risk of a blood coagulation problem can lead to severe hemorrhage with the need for transfusions, hospitalization, and even major surgery. For the woman who has health problems such as diabetes, labor itself can be very risky. These risks include diabetic coma, hemorrhage, infection and even loss of reproductive capabilities.

The key fact here is that each medical situation is different and the physician must be allowed to use whatever treatment promises the least risk and the greatest health benefits to his/her patient in his/her own special circumstances. The current push to legislate a medical procedure (intact D and E) has moved the private world of women's reproductive health and medical care even further into the political arena, where it clearly does not belong. The tools for this push have been dangerous propaganda and misinformation, and your veto will send a strong message to the women of the U.S. that you truly care about their health and well-being.

Sincerely Yours,

Suzanne T. Poppema, M.D.
Suzanne T. Poppema, M.D.

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Patient specific problems

Tammy Watts

Fetal demise and delayed delivery can lead to DIC which causes severe, unrelenting hemorrhage, a severe health risk.

Vikki Stella

Diabetics are more likely to go into ketoacidosis and coma with stress of labor or surgery. They have a much greater risk of infection after open surgery. The fetus' large cranium would cause a much greater risk of hemorrhage if it became trapped within the uterus.

Viki Wilson

A large cranium again can become trapped in the uterus or damage the cervix as smaller parts come through the cervix before it has dilated enough to allow passage of encephalocele.

Mary-Dorothy Line

Same risks of DIC and large cranium. Also her increased volume of amniotic fluid could lead to a much thinner, stretched uterine wall which has a greater risk of rupture with subsequent need for emergency hysterectomy.