THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1833, which would prohibit doctors from performing a certain kind of abortion. I do so because the bill does not allow women to protect themselves from serious threats to their health. By refusing to permit women, in reliance on their doctors' best medical judgment, to use this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has fashioned a bill that is consistent neither with the Constitution nor with sound public policy.

I have always believed that the decision to have an abortion generally should be between a woman, her doctor, her conscience, and her God. I support the decision in Roe v. Wade protecting a woman's right to choose, and I believe that the abortions protected by that decision should be safe and rare. Consistent with that decision, I have long opposed late-term abortions except where necessary to protect the life or health of the mother. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health.

The procedure described in H.R. 1833 has troubled me deeply, as it has many people. I cannot support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.

There are, however, rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to protect her against serious injury to her health. In these situations, in which a woman and her family must make an awful choice, the Constitution requires, as it should, that the ability to choose this procedure be protected.

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

I cannot sign H.R. 1833, as passed, because it fails to protect women in such dire circumstances -- because by treating doctors who perform the procedure in these tragic cases as criminals, the bill poses a danger of serious harm to women. This bill, in curtailing the ability of women and their doctors to choose the procedure for sound medical reasons, violates the constitutional command that any law regulating abortion protect both the life and the health of the woman. The bill's overbroad criminal prohibition risks that women will suffer serious injury.

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(OVER)

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the attending physician, was necessary to preserve the life of the woman or avert serious adverse consequences to her health. The life exception in the current bill only covers cases where the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I told Congress that I would sign H.R. 1833 if it were amended to add an exception for serious health consequences. A bill amended in this way would strike a proper balance, remedying the constitutional and human defect of H.R. 1833. If such a bill were presented to me, I would sign it now.

I understand the desire to eliminate the use of a procedure that appears inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be even more inhumane.

The Congress chose not to adopt the sensible and constitutionally appropriate proposal I made, instead leaving women unprotected against serious health risks. As a result of this Congressional indifference to women's health, I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation.

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 10, 1996

REMARKS BY THE PRESIDENT
ON HOUSE RESOLUTION 1833

The Roosevelt Room

5:22 P.M. EDT

THE PRESIDENT: Good afternoon. I have just met with five courageous women and their families, and I want to thank the Lines, the Stellas, the Watts, the Costellos, and the Ades all for meeting with me. They had to make a potentially life-saving, certainly health-saving, but still tragic decision to have the kind of abortion procedure that would be banned by HR 1833.

They represent a small, but extremely vulnerable group of women and families in this country, just a few hundred a year. Believe it or not, they represent different religious faiths, different political parties, different views on the question of abortion. They just have one thing in common: They all desperately wanted their children. They didn't want abortions. They made agonizing decisions only when it became clear that their babies would not survive, their own lives, their health, and in some cases, their capacity to have children in the future were in danger.

No one can tell the story better than them, and I want to call on one of them. But before I do, I want to say that this country is deeply indebted to them for being willing to speak out and to talk about the real facts, not the emotional arguments that, unfortunately, carried the day on this case.

So I'd like to ask Mary Dorothy Line to come up here and introduce herself and say whatever she'd like to say about why we're all here today.

MRS. LINE: My name is Mary Dorothy Line. My husband, Bill, and I are honored to be here today to speak for the many women and families who have also come forward to tell their stories in opposition to this terrible legislation.

Last April we were overjoyed to find out that I was pregnant with our first child. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor diagnosed a condition 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. As we waited to find our more from the doctors, our whole family prayed together. My husband and I were very scared, but we are strong people and believe 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.

But the diagnosis was as bad as it could be. Our little boy had a very advanced textbook case of hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our

precious little baby, and he was being taken from us before we even had him.

This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus.

Several specialists recommended that we terminate the pregnancy. I thank God every day that I had this safe medical option available to me, especially now that I am pregnant again and expecting a baby in September.

I pray every day, I really do, that this will never happen to anyone else. But it will. Those of us unfortunate enough to have to live this nightmare need a procedure that will give us hope for the future.

And I thank God for President Clinton; we all do here. the people who promoted this bill do not understand the real issues, but he does. It is about women's health, it's not about abortion, and certainly not choice. These decisions belong to families and their doctors, not the government. President Clinton listened to us and protected families like ours by vetoing legislation that would hurt so many people.

Thank you, Mr. President.

THE PRESIDENT: Thank you.

I'd like to ask Coreen Costello to come up and speak a little bit about her experience.

MRS. COSTELLO: My name is Coreen Costello, as you heard. I found out when I was seven months pregnant that my daughter was dying. She was dying inside my womb. The complications that she had posed severe health risks to me. One of the conditions she had was polyhydramnia, where the amniotic fluid puddles into the uterus.

I had over nine pounds of excess amniotic fluid. My daughter's body was rigid and it was stuck in a position that was as if she was doing a swan dive inside my womb. Her head and -- the back of her feet were touching the back of her head at the top my uterus. There was no way to deliver her.

My husband and I have always been extremely opposed to abortion. We consider ourselves very, very much pro-life, conservative Republicans. For us, terminating this pregnancy was not an option. For three weeks we attempted to turn my daughter so that I could deliver her vaginally and naturally. We had one hope, and that was that we would be able to hold our daughter alive for possibly an hour, maybe two.

Over the three weeks that we carried her we realized that that was not a possibility. She was dying and she would likely not survive any labor and there was no way I could deliver her. We had her baptized in utero. We named her Katherine Grace. We then realized that our only safe option was the procedure that is being outlawed -- is being attempted to be outlawed.

I am so grateful because today I am standing here before you pregnant again with a healthy child. I have two children. I have my health. I don't know how to tell you how important that is. This was such a tragedy, such a personal family tragedy. Our daughter will always be a part of our lives. There will always be someone missing in our family, and that's Katherine Grace. But I am

so grateful for the ability to be able to go on and enjoy the two children that I do have, to be with my husband, to be with my family, and to be here today.

And that's what this is about. This is not about choice. We made a very different choice than what we ended up having to have. This is not about abortion, and it's not about choice. It's a medical issue. And I am so grateful for President Clinton and his ability to hear our stories, because we have been telling them for a long time and a lot of people haven't listened. But this is the truth, and this is what happened to us. And as painful as it is, we are all here to share that with you.

Thank you.

THE PRESIDENT: Thank you.

I would also like to thank Jim and their children, and William.

Would you tell them what you told me in the office? Can you do it? This is Tammy Watts.

MRS. WATTS: Hi, my name is Tammy Watts. I live in Tempe, Arizona. I simply told our dear President that my story is not so different from everyone else's. I have the heartache, I have the same tragic story. I have the loss in my heart, as does my husband and the rest of my family and friends.

The fact is this: I would have given my life and traded placed with my daughter, Mackenzie. And in fact, with my pastor, that is exactly what I prayed for for the three days we tried desperately to find something that could cure her. You simply look for a magic wand and it's not there.

I am so thankful to our doctors, who were able to perform this very safe medical procedure, save our health, save our families. And I am particularly thankful to our President, without whom we would not be here. And he is a true blessing in all of our lives.

Thank you.

THE PRESIDENT: Thank you, Mitchell -- and those are the prints of your baby, right?

MS. WATTS: Yes, this is my daughter Mackenzie's handprints and footprints. This is something that is very special to us, and is something that we would not have if we did not have this very safe procedure.

THE PRESIDENT: Vikki, do you want to say anything?

MRS. STELLA: My name is Vikki Stella, and I'm from Chicago, Illinois. My story is basically the same thing. We're like a family now. And at 32 weeks I found out that my son wasn't growing properly, and when everything was all done and said and the ultrasounds were in and I had the answer, I found out my son had nine major anomalies, one including no brain. It did not show up on the amnio because it was a closed neural tube defect, so those things don't show up. That's for genetic research.

And I miss my son. But the one part I want to stress is I needed this for health reasons. I'm a diabetic. Other procedures would not have been what I needed. I don't heal as well as other people, so other procedures just were not the answer. I could have gone on and maybe tried to give birth to a child that would not live.

I didn't make the decision for my child to die; God made the decision for my child to die. I had to make the decision to take him off life support.

THE PRESIDENT: Thank you. And you have a baby here.

MRS. STELLA: Yes, I have a little boy here.

THE PRESIDENT: You have a three-month-old little boy here.

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

MRS. ADES: Much like everyone else -- we've all had similar circumstances -- I was six months pregnant, 26 weeks into my pregnancy and happier than I had ever been in my entire life when, in a routine ultrasound, we found out that there was something terribly wrong with our son. He had fluid in his brain that was keeping his brain from developing. He had a hole in his heart, a hole between the chambers of his heart so that there was no normal blood flow.

He had -- I won't go on with the details, but horrible, horrible anomalies, and he stood no chance of survival. It was something -- it was a chromosomal abnormality, called Trisomy-13. It was actually the same condition that Tammy Watts's baby had.

Again, like everyone else, we begged for a cardiologist or a neurosurgeon or someone that could fix my baby's brain or the hole in his heart. And when we got the news -- I say this for the people that say that we don't care and for the people who say we don't want our children, and for the people that say we have no spirit or no soul or no religion.

My husband and I are Jewish and we got the news on Rosh Hashana. And when we finally had the procedure, the third day of this grueling procedure, it was Yom Kippur, the holiest day of the Jewish year. And Yom Kippur is the day that you mourn those that have passed, and it's the day that you pray that God will inscribe them in the Book of Life.

We'll forever, and for the past four years and forever we will mourn our son. We are very -- since that pregnancy, unfortunately lost five more, but we are very blessed that in July we're going to adopt a baby and we're going to be parents, and we're going to have the child we so desperately wanted.

And we are all here, my husband, myself and all of the other people standing behind me, we are all here as we have been for months, fighting in Congress. I just actually came back with Mary Dorothy from Sacramento, where we were testifying, where it is now in the State of California. And we are all here for the women that follow us, because all women deserve the finest medical care that exists. And we are the blessed ones and we want that for them.

And like everyone else, I just want to thank the President, because it's an enormous, enormous responsibility that he's taken. And we'reall here to back him up -- it's so, so important what he's doing.

Thank you.

THE PRESIDENT: Thank you very much.

Thank you. Thank you, Richard. Thank you, Mitchell.

Ladies and gentlemen, I asked these families to come here today to make a point that I think every American needs to understand about this bill. This is not about the pro-choice/pro-life debate. This is not a bill that ever should have been injected into that.

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

I hope that we can continue to reduce the number of abortions in America. When I was governor I signed a bill to restrict late-term abortions, consistent with the Supreme Court decision of Roe v. Wade, only cases where the life or health of the mother is at risk. When I asked the supporters of the bill here to try to take account of this, they said, well, if we have a health exception you know you could -- the doctor and the mother could say anything -- they can't fit in their prom dress, that's a health exception -- some terrible things like that.

And I said, no, no, no, I will accept language that says serious, adverse health consequences to the mother. Those three words. Everyone in the world will know what we're talking about. We're talking about these families. I implored them. I said, if you want to pass something on this procedure, let's make an exception for life and serious adverse health consequences so that we don't put these women in a position and these families in a position where they will lose all possibility of future child-bearing, or where the doctor can't say that they might die, but they could clearly be substantially injured forever.

And my pleas fell on deaf ears. The emotional power of the description of the procedure -- which I might add did not cover the procedure these women had and did not cover all the procedures banned by the law -- but the emotional power was so great that my plea just to take a decent account of these hundreds of families every year that are in this position fell on deaf ears. And, therefore, I had no choice but to veto the bill. I vetoed it just a few minutes ago before I met with these families.

I will say again, if the Congress really wants to act out of a sincere concern that some of these things are done, which are wrong, in casual ways, then if they will meet my standards to protect these families, they could pass a bill that I would sign tomorrow. But these people have no business being made into political pawns.

As I said, and as they said, they never had a choice. This affects staunchly pro-life families as well as people that are pro-choice. They never had a choice. And I cannot in good conscience see their lives damaged and their potential to build good, strong families damaged.

We need more families in America like these folks. We need more parents in America like these folks. They are what America needs more of. And just because they happen to be in a tiny minority to bear a unique burden that God imposes on just a few people every year, we can't forget our obligation to protect their lives, their children, and their families' future.

That is what this veto is all about. And let me say again how profoundly grateful I am to them for coming here today and having the courage to tell their stories to the American people.

Thank you. Thank you all very much.

END 5:40 P.M. EDT

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But the diagnosis was as bad as it could be. Our little boy had a very advanced textbook case of hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our

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Thank you, Mr. President.

THE PRESIDENT: Thank you.

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Over the three weeks that we carried her we realized that that was not a possibility. She was dying and she would likely not survive any labor and there was no way I could deliver her. We had her baptized in utero. We named her Katherine Grace. We then realized that our only safe option was the procedure that is being outlawed -- is being attempted to be outlawed.

I am so grateful because today I am standing here before you pregnant again with a healthy child. I have two children. I have my health. I don't know how to tell you how important that is. This was such a tragedy, such a personal family tragedy. Our daughter will always be a part of our lives. There will always be someone missing in our family, and that's Katherine Grace. But I am

so grateful for the ability to be able to go on and enjoy the two children that I do have, to be with my husband, to be with my family, and to be here today.

And that's what this is about. This is not about choice. We made a very different choice than what we ended up having to have. This is not about abortion, and it's not about choice. It's a medical issue. And I am so grateful for President Clinton and his ability to hear our stories, because we have been telling them for a long time and a lot of people haven't listened. But this is the truth, and this is what happened to us. And as painful as it is, we are all here to share that with you.

Thank you.

THE PRESIDENT: Thank you.

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The fact is this: I would have given my life and traded placed with my daughter, Mackenzie. And in fact, with my pastor, that is exactly what I prayed for for the three days we tried desperately to find something that could cure her. You simply look for a magic wand and it's not there.

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Thank you.

THE PRESIDENT: Thank you, Mitchell -- and those are the prints of your baby, right?

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I didn't make the decision for my child to die; God made the decision for my child to die. I had to make the decision to take him off life support.

THE PRESIDENT: Thank you. And you have a baby here.

MRS. STELLA: Yes, I have a little boy here.

THE PRESIDENT: You have a three-month-old little boy here.

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

MRS. ADES: Much like everyone else -- we've all had similar circumstances -- I was six months pregnant, 26 weeks into my pregnancy and happier than I had ever been in my entire life when, in a routine ultrasound, we found out that there was something terribly wrong with our son. He had fluid in his brain that was keeping his brain from developing. He had a hole in his heart, a hole between the chambers of his heart so that there was no normal blood flow.

He had -- I won't go on with the details, but horrible, horrible anomalies, and he stood no chance of survival. It was something -- it was a chromosomal abnormality, called Trisomy-13. It was actually the same condition that Tammy Watts's baby had.

Again, like everyone else, we begged for a cardiologist or a neurosurgeon or someone that could fix my baby's brain or the hole in his heart. And when we got the news -- I say this for the people that say that we don't care and for the people who say we don't want our children, and for the people that say we have no spirit or no soul or no religion.

My husband and I are Jewish and we got the news on Rosh Hashana. And when we finally had the procedure, the third day of this grueling procedure, it was Yom Kippur, the holiest day of the Jewish year. And Yom Kippur is the day that you mourn those that have passed, and it's the day that you pray that God will inscribe them in the Book of Life.

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

I hope that we can continue to reduce the number of abortions in America. When I was governor I signed a bill to restrict late-term abortions, consistent with the Supreme Court decision of Roe v. Wade, only cases where the life or health of the mother is at risk. When I asked the supporters of the bill here to try to take account of this, they said, well, if we have a health exception you know you could -- the doctor and the mother could say anything -- they can't fit in their prom dress, that's a health exception -- some terrible things like that.

And I said, no, no, no, I will accept language that says serious, adverse health consequences to the mother. Those three words. Everyone in the world will know what we're talking about. We're talking about these families. I implored them. I said, if you want to pass something on this procedure, let's make an exception for life and serious adverse health consequences so that we don't put these women in a position and these families in a position where they will lose all possibility of future child-bearing, or where the doctor can't say that they might die, but they could clearly be substantially injured forever.

And my pleas fell on deaf ears. The emotional power of the description of the procedure -- which I might add did not cover the procedure these women had and did not cover all the procedures banned by the law -- but the emotional power was so great that my plea just to take a decent account of these hundreds of families every year that are in this position fell on deaf ears. And, therefore, I had no choice but to veto the bill. I vetoed it just a few minutes ago before I met with these families.

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As I said, and as they said, they never had a choice. This affects staunchly pro-life families as well as people that are pro-choice. They never had a choice. And I cannot in good conscience see their lives damaged and their potential to build good, strong families damaged.

We need more families in America like these folks. We need more parents in America like these folks. They are what America needs more of. And just because they happen to be in a tiny minority to bear a unique burden that God imposes on just a few people every year, we can't forget our obligation to protect their lives, their children, and their families' future.

That is what this veto is all about. And let me say again how profoundly grateful I am to them for coming here today and having the courage to tell their stories to the American people.

Thank you. Thank you all very much.

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TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1833, which would prohibit doctors from performing a certain kind of abortion. I do so because the bill does not allow women to protect themselves from serious threats to their health. By refusing to permit women, in reliance on their doctors' best medical judgment, to use this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has fashioned a bill that is consistent neither with the Constitution nor with sound public policy.

I have always believed that the decision to have an abortion generally should be between a woman, her doctor, her conscience, and her God. I support the decision in Roe v. Wade protecting a woman's right to choose, and I believe that the abortions protected by that decision should be safe and rare. Consistent with that decision, I have long opposed late-term abortions except where necessary to protect the life or health of the mother. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health.

The procedure described in H.R. 1833 has troubled me deeply, as it has many people. I cannot support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.

There are, however, rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to protect her against serious injury to her health. In these situations, in which a woman and her family must make an awful choice, the Constitution requires, as it should, that the ability to choose this procedure be protected.

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

I cannot sign H.R. 1833, as passed, because it fails to protect women in such dire circumstances -- because by treating doctors who perform the procedure in these tragic cases as criminals, the bill poses a danger of serious harm to women. This bill, in curtailing the ability of women and their doctors to choose the procedure for sound medical reasons, violates the constitutional command that any law regulating abortion protect both the life and the health of the woman. The bill's overbroad criminal prohibition risks that women will suffer serious injury.

more

(OVER)

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the attending physician, was necessary to preserve the life of the woman or avert serious adverse consequences to her health. The life exception in the current bill only covers cases where the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I told Congress that I would sign H.R. 1833 if it were amended to add an exception for serious health consequences. A bill amended in this way would strike a proper balance, remedying the constitutional and human defect of H.R. 1833. If such a bill were presented to me, I would sign it now.

I understand the desire to eliminate the use of a procedure that appears inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be even more inhumane.

The Congress chose not to adopt the sensible and constitutionally appropriate proposal I made, instead leaving women unprotected against serious health risks. As a result of this Congressional indifference to women's health, I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation.

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

# # #

TALKING POINTS ON H.R. 1833

- The President vetoed H.R. 1833 -- which would have prohibited a certain kind of abortion procedure -- for one reason: because it failed to include an exemption permitting the use of this procedure in those rare cases where a physician says its use is necessary to protect a woman from serious injury to her health. The President could not sign a bill that would have abandoned women facing such serious health risks.

- The procedure described in the bill troubles the President deeply and he does not support its use on an elective basis. But this bill went too far because it would have banned use of the procedure even when it was the only or best hope of averting a serious threat to a woman's health, including her ability to have children in the future.

- The bill provided an exception only when a doctor believes a woman faces death -- not when the doctor is convinced that she faces real, grave risks to her health.

- Before vetoing this bill, the President heard from women who desperately wanted babies, were devastated to learn that their babies had fatal conditions, wanted anything other than an abortion, but were advised by their doctors that this procedure was their best hope of preventing death or grave harm, including the loss of reproductive ability.

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

- It was to protect women in these rare and tragic circumstances that the President asked Congress to add an exemption allowing use of the procedure when, in the doctor's medical judgment, it is necessary to save a woman from serious adverse consequences to her health. The President told Congress he would sign such a bill. Congress refused.

- The President rejects the contention that his proposed exemption would create a huge loophole. Congress, working with the Administration, could draft a bill making clear that serious harm to health means just that -- and doesn't include trivial complaints such as headaches or inconvenience.

- As to the claim that this procedure is never medically appropriate, the best answer comes from the medical community itself, which broadly supports the use of the procedure where a woman's serious health interests are at stake.

- These are tough and tragic cases. Criminalizing the use of this procedure where a woman's doctor believes it is her best chance to avoid serious injury is no answer. And politicizing the debate serves no one. The President stands for a common sense solution and is ready and willing to work with Congress to achieve it.

TALKING POINTS ON H.R. 1833

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

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

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

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

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

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

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

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

Partial Birth -- Message

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

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

May 21, 1996

MEMORANDUM TO TODD STERN
MELANNE VERVEER
KITTY HIGGINS
VICKI RADD
ELENA KAGAN
JOHN HART
JENNIFER KLEIN

From: Jeremy Ben-Ami

Subject: Op-ed/Letter to the Editor: HR1833

Based on the meeting last week, we have pulled together a list of editorials and opinion pieces that have appeared in regional and religious (specifically Catholic and Baptist) press on the President's position on HR 1833. That list of roughly thirty articles is attached.

Also attached are two generic pieces that could be used to respond. One is 200 words and most appropriate as a letter-to-the-editor; the other is about 500 words and more appropriate as an op-ed. The intention was for these to be from either Secretary Shalala or Cisneros. They have both been approved by Elena Kagan. Please give me your edits or comments.

Once we have these two generic pieces, they can be modified to make any particular points in specific editorials/op-eds to which we choose to respond.

I would suggest that a couple of people meet to go through the articles and decide which to respond to and whether to use the letter or op-ed in specific cases. Pat Lewis who handles religious press for the Press Office recommends considering a proactive mailing of the op-ed to a wide range of religious publications rather than seeking to respond to particular pieces that have appeared in the past. We should discuss this option.

cc: Carol Rasco
Debbie Fine
Pat Lewis

200 word version of letter to the Editor

I write to set the record straight regarding President Clinton's position on H.R. 1833, legislation banning a certain abortion procedure commonly known as partial-birth abortion.

The President vetoed HR 1833 for one reason -- it did not allow use of the procedure in those rare and compelling cases when the procedure is necessary to protect a woman against grave harm to her health. The President could not accept a law that would force women to endure such serious risks to their health, including the ability to have children in the future.

The President has said repeatedly that he would sign legislation banning this procedure if Congress, in accord with both the Constitution and humane public policy, would include a limited exception for cases where the selection of this procedure is necessary to avert serious harm to a woman's health. The problem is that Congress, more interested in creating a political issue than solving a problem, has refused to present the President with a bill containing such a tightly defined exception. If they do, he will sign it as soon as it reaches his desk.

not grammatically correct.

Sincerely,

500 word version of op-ed

The ongoing debate over H.R. 1833, legislation to ban a certain abortion procedure commonly referred to as partial birth abortion, involves an issue as difficult -- indeed, painful -- as any confronting our citizens and public officials. If the goal of those engaged in the debate is to solve a truly human problem rather than create a political issue, all participants in the discussion need to listen to and understand what the others are saying. Unfortunately, President Clinton's clear, principled position on this legislation has been seriously misrepresented and misunderstood.

President Clinton long has opposed late-term abortions, except where necessary to protect the life or health of the mother. As Governor of Arkansas, he signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health. He would sign a bill to do the same thing at the federal level if it were presented to him.

The particular procedure at issue in H.R. 1833 posed a most difficult and disturbing issue for the President, ~~which~~ he studied and prayed about for many months. The President ultimately came to believe that this rarely used procedure is justifiable as a last resort when doctors judge it necessary to save a woman's life or avert serious consequences to her health.

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

The President vetoed HR 1833 because it did not provide an exception for such women -- for the small number of compelling cases where the procedure is necessary to preserve life or protect against serious harm to health. The President has said repeatedly that he would sign legislation banning this procedure if Congress would add a limited exemption covering such cases.

The President does not contend that the procedure is always used in circumstances that meet his standard -- namely, that the procedure must be necessary to prevent death or serious adverse health consequences. The procedure sometimes may be used in other situations. But the President does not support such uses, does not defend them, and would sign appropriate legislation banning them.

Many who support this bill believe that any health exception is untenable because it could be stretched to cover everything. The President does not share this view. It ~~is not impossible~~ it is not beyond the ingenuity of Congress working with this administration – to draft a bill making absolutely clear that the procedure may be used only where a woman risks death or serious damage to her health, and in no other cases.

President Clinton has implored Congress for months to send him a bill that contains such a carefully limited exception for serious harm to health. In the interests of all who face this tragic situation, the President's offer to Congress remains on the table: Work with him to produce a bill that provides this limited exception, and he will sign it the moment it reaches his desk.

EDITORIALS IN RELIGIOUS PUBLICATIONS AGAINST HR 1833

1) America, 5/4/96
editorial
- Criticizes the President for listening to a narrow perspective, for not listening to moral qualms of dissenting pro-choice feminists, and for not addressing the problem of the courts' typically broad definition of 'health.'
- Warns that, "Clinton's veto will haunt him - especially among Catholic voters."

2) The Catholic Advocate, 5/9/96
Bishop James T. McHugh, editorial
- Wrongfully calls the President "committed to abortion under any circumstances."
- Says the President used women who have undergone procedure as "political pawns."
- Asserts President's veto not justified by medical evidence (says Congress based decision on medical testimony.)

3) Catholic New York, 5/9/96
Hermine Merz, letter
- Claims that the past four years have been a "slippery slope" into a "culture of death." Wrongfully assumes the President wants 'health' to be broadly defined.

4) Catholic Standard 4/18/96
Richard Szczepanowski, editorial
"The Abortion President"
- Claims that the President has done everything to make abortion "as easy as... getting a tooth pulled."
- Falsely states that the President has done nothing to make abortion rare.
- Says veto endorses infanticide, going far beyond devotion to a woman's right to choose.

5) Catholic Standard, 4/18/96
James Cardinal Hickey
- Claims the President vetoed the will of the people, saying most "pro-choice" physicians cannot tolerate this procedure and most "pro-choice" Americans oppose it.
- Asserts the President has cast his lot with extremists in the abortion debate.
- Claims HR 1833 *is* constitutional, as "no court addressed the legality of killing a live, mostly delivered child."
- Urges readers to write to Maryland Senators in support of 'life.'

6) Catholic Universe Bulletin, 5/3/96
Roger Kostiha, letter
"On Clinton"
- Calls the President the most pro-death president in history.
- Says abortionists perform procedure for monetary profit and the President vetoed the bill for political profit.

John and Patricia Jemson
"On Partial Birth Abortions"

- Calls the President extremist, committed to the "cause of abortionists."

7) The Florida Catholic 4/26/96
Archbishop John Favalora, editorial
"President's Veto: Tragic Moment for Human Life"
- Misrepresents the President's position by asserting that the health exception is "tantamount to nullifying the law." The Archbishop states that 'health' is used in this country to justify abortion on demand.
- The Archbishop urges readers to write to the President to express their opposition to the veto and to their congressmen to urge them to override the President's veto.

8) The Florida Catholic, 4/26/96
Tracy Early, Opinion/Article
"Obstetrician: Partial-birth Abortions Never Needed"
- Details the position of Dr. James R. Jones, who says that the "partial-birth" abortion procedure is never needed.
- Says the intent of the procedure is not to save the life or health of the mother, but is fetal death.
- "In cases of special difficulty, obstetricians can always resort to Caesarean delivery"

9) The Long Island Catholic, 5/1/96
Msgr. James Lisante, editorial
- Says the President is endorsing infanticide.

10) Our Sunday Visitor, 5/12/96
Russell Shaw, Opinion
"The President's Veto and the Bishop's Priorities"
- Misrepresents the President by stating that his first political priority is "retaining the loyalty of his core constituency, which includes extreme pro-abortion feminists and their allies."

11) Pittsburgh Catholic, 5/10/96
Patrick J. Gallagher, opinion
- Claims the President's decision based on his belief that he already has the Catholic vote "wrapped up."
- Hopes the President's veto will be a wakeup call for elected representatives to make a commitment to the right to life.

12) Pittsburgh Catholic, 5/10/96,
editorial
-Wrongfully asserts the President is catering to "elites who can deliver dollars and votes." To call partial birth abortion compassion is "the final degradation of compassion."

13) Baptist New Mexican, No Date
Tom Strode
"Pro-Lifers Protest Clinton Veto"
- Calls partial-birth abortions "a gruesome, late-term abortion procedure"
- Quotes Southern Baptist Christian Life Commission President Richard Land as saying "The president's often-repeated excuse of the need for an exception for the mother's health is a discredited catch-all loophole which has been demonstrated to include any reason the mother so desires."

14) Baptist New Mexican, No Date
Editorial
"Ending the Senseless Slaughter"
- Said the President wanted "exceptions that would allow the procedure for just about any reason the mother so desired."
- Says dilation and extraction, "along with all the other horrible methods of taking the lives of pre-born human beings created in the image of God, is still legal and available to anyone who wants it."

15) Baptist New Mexican, No Date
Rick Bentley, letter
"Give Up Tax-Exempt Status to Speak Truth"
- says President's action is "blatant disregard of the Scriptures" relating to helpless children.

16) Western Recorder (KY) 4/30/96
"National Notes"
- The Lutheran Church, usually quite on policy issues, has criticized the veto as a devaluation of human life, echoing the criticism of the Vatican.

17) Western Recorder 4/9/96
Augusta Weisenberger, letter
"God have mercy"
- says the procedure has nothing to do with the life of the mother because the woman is already in the process of giving birth; the procedure is blatantly cruel and painful.

18) The Alabama Baptist 4/18/96,
update
"Land: Clinton 'crossed the line'"
- Richard Land, pres. of the Southern Baptist Christian Life Commission said veto shows President to be "pro-abortion," not only "pro-choice."

EDITORIALS AGAINST HR 1833

1) Arkansas Democrat-Gazette 2/28/96
Joseph Efferson, Editorial
"Actions Betray Rhetoric"
- says President committed to "abortion-on-demand proponenents"
- writes that hypocritical to claim to oppose abortion but support choice

2) Arkansas Democrat-Gazette, 4/17/96
Paul Greenberg, editorial
"Open Season on the Fetus"
-States that "There is no method of abortion, none, so abhorrent that it will be banned in the tasteful, modern neo-pagan America of A.D. 1996"
-Criticizes clause No. 943 (protecting the mother's health) saying, "In mod America, what sickness cannot be justified under the rubric of health?
-Questions whether the number of 'partial birth' abortions performed each year is 500 or more, because "nobody seems to keep strict count."

3) Boston Herald, 3/29/96
editorial
- Claims the President has tried to ensure that abortions will be "unhampered, ubiquitous and government-funded."

4) Boston Herald, 4/12/96
editorial
- Asserts HB was "humane legislation" the President vetoed to pander to political left
- Says the President's objection for health reasons is "absurd," having a health exception would gut the measure.
- Suggests President has switched from pro-life governor to extremist pro-choice president.

5) The Cincinnati Enquirer,4/14/96
editorial
"Horrific Veto"
- Says the "inhumane torture of an unborn child can never be rare enough."
- Implies President is ignoring pledge to try to make abortions more rare.

6) The Indianapolis Star, 4/28/96
editorial
"When Life is Denied"
- Asserts the President's veto goes against earlier promises not to support funding for abortions of viable fetuses.
- Wrongfully claims the President wants to support guaranteed abortion without limitation for any reason.
- Argues veto is a "surrender to a culture of death"

7) Los Angeles Times (Wash. Edition) 5/12/96
Helen Alvare (Nat. Conf. of Catholic Bishops), opinion
"'The Eternity Within' -- Signed Away by a Pro-Abortion Veto"
- claims president chose to ignore what those who perform 'partial-birth' abortions say: most are "purely elective." Even those they call "non-elective," would be considered elective by most people."
- says Clinton used five woman he invited to veto as political pawns
- argues "preponderance of medical evidence" says this procedure is not needed to protect mother's health, President ignored this information

8) The Richmond Times Dispatch, 4/26/96
editorial
"Partial Truths"
- Claims no medical emergency exists that is helped by this procedure.
- Suggests that many of these late-term abortions are "purely elective" -- exceptions are so rare they should be discounted.
- States the only goal of the procedure is to "protect the death of the baby."
- Criticizes the President for defending his position with "half-truths"

9) The Richmond Times Dispatch, 3/27
editorial
"At Issue"
- Finds there is no reason at all for the President to veto the bill, protecting a "painful" and unneeded procedure.

10) Sun-Sentinel (Ft. Lauderdale), 4/8/96
Cal Thomas (L.A. Times Syndicate)
"President's Mind Made Up Even On Late Term Abortions"
- Claims the President supports "abortion on demand for any reason."
- Quotes Dayton doctor, saying that "'80 percent' of these procedures are 'purely elective.'"
- Says President will stick with abortion lobby, claiming he only pretends to wrestle with moral issues.

11) The Tampa Tribune, 4/12/96
"Clinton's Latest Loathsome Act"
- Asserts "procedure is not all that rare."
- Quotes same Dayton doctor that procedures are elective.
- "Mr. Clinton's claim that he vetoed the measure to protect women's health is false."
- Falsely claims operation is for legalizing the killing of fetuses who could otherwise survive, not for protecting women's health.

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1833, which would prohibit doctors from performing a certain kind of abortion. I do so because the bill does not allow women to protect themselves from serious threats to their health. By refusing to permit women, in reliance on their doctors' best medical judgment, to use this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has fashioned a bill that is consistent neither with the Constitution nor with sound public policy.

I have always believed that the decision to have an abortion generally should be between a woman, her doctor, her conscience, and her God. I support the decision in Roe v. Wade protecting a woman's right to choose, and I believe that the abortions protected by that decision should be safe and rare. Consistent with that decision, I have long opposed late-term abortions except where necessary to protect the life or health of the mother. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health.

The procedure described in H.R. 1833 has troubled me deeply, as it has many people. I cannot support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.

There are, however, rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to protect her against serious injury to her health. In these situations, in which a woman and her family must make an awful choice, the Constitution requires, as it should, that the ability to choose this procedure be protected.

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

I cannot sign H.R. 1833, as passed, because it fails to protect women in such dire circumstances -- because by treating doctors who perform the procedure in these tragic cases as criminals, the bill poses a danger of serious harm to women. This bill, in curtailing the ability of women and their doctors to choose the procedure for sound medical reasons, violates the constitutional command that any law regulating abortion protect both the life and the health of the woman. The bill's overbroad criminal prohibition risks that women will suffer serious injury.

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the attending physician, was necessary to preserve the life of the woman or avert serious adverse consequences to her health. The life exception in the current bill only covers cases where the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I told Congress that I would sign H.R. 1833 if it were amended to add an exception for serious health consequences. A bill amended in this way would strike a proper balance, remedying the constitutional and human defect of H.R. 1833. If such a bill were presented to me, I would sign it now.

I understand the desire to eliminate the use of a procedure that appears inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be even more inhumane.

The Congress chose not to adopt the sensible and constitutionally appropriate proposal I made, instead leaving women unprotected against serious health risks. As a result of this Congressional indifference to women's health, I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation.

William J. Clinton

THE WHITE HOUSE,

April 10, 1996.

STATEMENT BY PRESIDENT WILLIAM JEFFERSON CLINTON
VETO OF H.R. 1833
THE WHITE HOUSE
APRIL 10, 1996

Good afternoon. I have just met with four courageous women who have had to make a potentially life-saving, although tragic decision to have the kind of abortion that would be banned by H.R. 1833. They represent a small, but extremely vulnerable group of women in this country. They may have different faiths...different political views...and come from different parts of the country. But, they have one thing in common: they all wanted their children; they didn't want to have abortions; and they made the agonizing choice only when it became clear that their babies would not survive and their own lives and health were in grave danger. No one can tell this story better than one of the women who has lived through it. At this time I would like to introduce Mary-Dorothy Line.

[MARY-DOROTHY LINE TELLS HER STORY]

Thank you. Unfortunately, Mary-Dorothy Line is not alone. The families standing with me today all have similar stories to tell. They have all made the difficult choice, at the advice of their doctors, to terminate their pregnancies because their unborn children had been diagnosed with life-threatening disorders that also jeopardized the life and health of the mother. It was the most painful decision any of them have ever had to make.

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

Indeed, when I first heard the description of the procedure referred to in H.R. 1833, I thought I would support the bill. But as I studied the matter and met with families like these here today, I came to understand that this is a rarely used procedure, justifiable as a last resort when doctors judge it necessary to save a woman's life or to avert serious health consequences to her.

This is not an issue of abortion or choice -- it is an issue of women's health. These babies were certain to perish before, during, or shortly after birth. The only question was how much grave damage was going to be done to the woman. Medical experts and families are the ones best qualified to make these decisions -- not the government.

Let me be clear: I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent risks to her health. That is why I implored Congress to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. The life

exception in the current bill fails to cover cases where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. If Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill into law.

I cannot, in good conscience, sign the bill as it now stands. Few people are faced with the tragic choices that the families here today have had to make. And we should be careful not to judge them if we have not walked in their shoes. Were it not for access to the safest procedure for these women, they might not be here today with us or their families. It is for them, their children and their families that I am compelled to veto H.R. 1833.

Thank you.

THE WHITE HOUSE

WASHINGTON

April 9, 1996

Veto of H.R. 1833, The "Partial Birth" Abortion Ban Act of 1995

DATE:	April 10, 1996
LOCATION:	Oval Office and Roosevelt F
TIME:	4:30 p.m. - 5:15 p.m.
FROM:	Melanne Verveer MV.
	Betsy Myers
	Jennifer Klein JK.

I. PURPOSE

To veto H.R. 1833, The "Partial Birth" Abortion Ban Act of 1995, and to meet privately with women who have been forced to end pregnancies using the procedure banned by the bill.

II. BACKGROUND

The Event

You will meet with four families: Mary-Dorothy Line (and her husband Bill), Tammy Watts (and her husband Mitchell), Vikki Stella and Coreen Costello (and her husband, Jim, and their two children, Carlin and Chad. (See attached descriptions.) These are women who, based on the advice of their doctors, made potentially life-saving although tragic decisions to have this abortion procedure. You will meet with them privately, and they will witness your signing of the veto message in the Oval Office. You will then proceed with the women and their husbands to the Roosevelt Room where you will introduce Mary-Dorothy Line, she will make brief remarks, and you will make brief remarks in front of the White House Pool.

The Bill

H.R. 1833 prohibits doctors from performing a certain kind of abortion procedure and enforces this prohibition with criminal penalties. You have made clear, both in letters to Members of Congress and in your veto statement, that you cannot sign H.R. 1833 because it fails to protect women from serious health threats, as the Constitution and sound public policy require.

The House originally passed H.R. 1833 on November 1, 1995 by a vote of 288 to 139. (215 Republicans and 73 Democrats voted for the bill; 15 Republicans and 123 Democrats voted against it.)

The Senate passed H.R. 1833 in December, 1995 by a vote of 54 to 44. (45 Republicans and 9 Democrats voted for it; 36 Democrats and 8 Republicans voted against it.) The Senate bill included an exception from the criminal prohibition on this procedure in cases where the *life* of the mother is at risk. An amendment to include an exception from the prohibition if the *health* of the mother were at risk did not pass. Forty-seven Senators (38 Democrats and 9 Republicans) voted for this amendment.

The House did not conference the bills. Instead, they voted on the Senate version with the life exception. The bill passed on Wednesday, March 27, with a final vote of 286 to 129. (214 Republicans and 72 Democrats voted for it; 113 Democrats and 15 Republicans voted against it.)

III. PARTICIPANTS

The President
Mary-Dorothy Line
Bill Line
Tammy Watts
Mitchell Watts
Vikki Stella
Coreen Costello
Jim Costello
Carlyn Costello
Chad Costello

White House Staff
George Stephanapoulos
John Hilley
Melanne Verveer
Betsy Myers
John Hart
Elena Kagan
Jeremy Ben-Ami
Jennifer Klein

IV. PRESS PLAN

White House Pool

V. SEQUENCE OF EVENTS

- You meet privately with families and veto H.R. 1833 in the Oval Office.
- You proceed to Roosevelt Room with families.
- You introduce Tammy Watts.
- Tammy Watts makes brief remarks.
- You make statement on H.R. 1833.

VI. REMARKS

To be provided by speechwriting.

SUGGESTED QUESTIONS FOR PRIVATE MEETING WITH WOMEN

You may want to begin by asking each of the women to share their stories with you. They are likely to talk about how difficult it was to make this choice -- for some, particularly in light of their strong religious beliefs.

If they do not address the following issues, you may want to ask the following specific questions:

1. Did your physician warn you about the risks to your own health of continuing the pregnancy?

2. Did the physician tell you that he or she believed this was the safest procedure for your own health?

3. FOR VIKKI STELLA OR COREEN COSTELLO (who both had two other children when they discovered the problems with their unborn children): I know you had two other children when you discovered the severe problems with your child. Did you worry about your own health and your responsibility to care for them?

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 chromosonal 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.

My name is Mary-Dorothy Line. My husband Bill and I are honored to be here today to speak for the many other women and families who have also come forward to tell their stories in opposition to this terrible, dangerous legislation.

Last April, we were overjoyed to find out that I was pregnant with our first child. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor diagnosed a condition 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.

When we have problems and worries, we turn to prayer. As we waited to find out more from the doctors, our whole family prayed together. 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.

But the diagnosis was as bad as it could be. Our little boy had a very advanced, textbook case of hydocephaly. All the doctors told us that there was no hope. We asked about *in utero* surgery, about shunts to remove the fluid, but there was nothing we could do. 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.

This was not our choice. For not only was our son going to die, but the complications of the pregnancy put my health in danger as well. If I carried to term, he might die in utero and the resulting toxins could cause a hemorrhage and a possible hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus. Several specialists recommended that we terminate the pregnancy.

I thank God every day that I had this safe medical option available to me. . .especially now that I am pregnant again and expecting a baby in September. I pray that this will never happen to anyone else, but it will. Those of us unfortunate enough to live this nightmare need a procedure that will give us hope for the future.

And I thank God for President Clinton. The people who promoted this bill do not understand the real issue, but he does. It is about women's health – not abortion and certainly not choice. These decisions belong between families and their doctors, not in the government. President Clinton listened to us, and protected other families like ours, by vetoing legislation that would hurt so many people. Thank you, Mr. President.

DRAFT

STATEMENT BY

PRESIDENT WILLIAM JEFFERSON CLINTON

VETO OF H.R. 1833

THE WHITE HOUSE

APRIL 10, 1996

Good afternoon. I have just met with four courageous women who have had to make a potentially life-saving, although tragic decision to have the kind of abortion that would be banned by H.R. 1833. They represent a small, but extremely vulnerable group of women in this country. They may have different faiths...different political views...and come from different parts of the country. But, they have one thing in common: they all wanted their children; they didn't want to have abortions; and they made the agonizing choice only when it became clear that their babies would not survive and their own lives and health were in grave danger.

No one can tell this story better than one of the women who has lived through it. At this time I would like to introduce Mary-Dorothy Line.

[MARY-DOROTHY LINE TELLS HER STORY]

Thank you, Ms. Line. Unfortunately, Mary-Dorothy Line is not alone.

Tammy and Mitchell Watts were elated when they found out she was going to have a baby. But, that joy was shattered when they found out in her seventh month that the fetus would not live and her health was in serious danger.

She and her husband, in consultation with their doctor and pastor, tearfully made the decision to terminate the suffering of the fetus and protect her own health and life. It was the toughest decision they ever had to make -- but it was right for them and gave them hope that someday they would have a healthy baby.

Thirty-two weeks into her pregnancy, Vicki Stella learned that her son had nine major abnormalities that added up to certain death. As a diabetic, Vicki's doctors advised her that she faced grave health risks if she were to go through with a delivery that her baby could not survive.

Vicki has two other children and she told me that she made the painful decision to terminate the pregnancy because those children needed her alive.

Seven months into her third pregnancy, Coreen Costello's doctors broke the devastating news that her fetus had a severe and fatal disorder. They told her that going through with the pregnancy would be dangerous and even life-threatening for her. After much agonizing soul-searching, she and her husband finally decided that the safest option for Coreen's health was to terminate the pregnancy.

This is a difficult and disturbing issue -- one that I have studied and prayed about for many months. After much reflection, I have concluded that I could not support use of this method of abortion on an elective basis, where there are other equally safe procedures available. However, I understand that, as in the cases of these families here today, there are rare and tragic situations where, in a doctor's judgement, this procedure may be necessary to save a woman's life or to avert serious adverse consequences to her health. My concern is for the health of the mother. I am surprised that Congress would explicitly rule out consideration of the mother's health in this legislation.

I have always believed that abortion should be safe, legal and rare. And that the decision to have an abortion generally should be between a woman, her doctor, her conscience and her God -- not the Congress. I have always opposed late-term abortions except where necessary to protect the life or health of the woman.

I am opposed to H.R. 1833 because it contains a fatal flaw. It does not allow women to protect themselves from serious threats to their health, as required by the Constitution. I cannot, in good conscience, sanction this injustice.

Few people are faced with the tragic choices that the families here today have had to make. And we should be careful to judge them if we have not walked in their shoes. Were it not for access to the safest procedure for these women, they might not be here today with us or their families. It is for them, their children and their families that I am compelled to veto H.R. 1833.

Thank you.

THE WHITE HOUSE

WASHINGTON

April 9, 1996

Veto of H.R. 1833, The "Partial Birth" Abortion Ban Act of 1995

DATE:	April 10, 1996
LOCATION:	Oval Office and Roosevelt Room
TIME:	4:30 p.m. - 5:15 p.m.
FROM:	Melanne Verveer MV.
	Betsy Myers
	Jennifer Klein JK.

I. PURPOSE

To veto H.R. 1833, The "Partial Birth" Abortion Ban Act of 1995, and to meet privately with women who have been forced to end pregnancies using the procedure banned by the bill.

II. BACKGROUND

The Event

You will meet with four families: Mary-Dorothy Line (and her husband Bill), Tammy Watts (and her husband Mitchell), Vikki Stella and Coreen Costello (and her husband, Jim, and their two children, Carlin and Chad. (See attached descriptions.) These are women who, based on the advice of their doctors, made potentially life-saving although tragic decisions to have this abortion procedure. You will meet with them privately, and they will witness your signing of the veto message in the Oval Office. You will then proceed with the women and their husbands to the Roosevelt Room where you will introduce Mary-Dorothy Line, she will make brief remarks, and you will make brief remarks in front of the White House Pool.

The Bill

H.R. 1833 prohibits doctors from performing a certain kind of abortion procedure and enforces this prohibition with criminal penalties. You have made clear, both in letters to Members of Congress and in your veto statement, that you cannot sign H.R. 1833 because it fails to protect women from serious health threats, as the Constitution and sound public policy require.

The House originally passed H.R. 1833 on November 1, 1995 by a vote of 288 to 139. (215 Republicans and 73 Democrats voted for the bill; 15 Republicans and 123 Democrats voted against it.)

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The House did not conference the bills. Instead, they voted on the Senate version with the life exception. The bill passed on Wednesday, March 27, with a final vote of 286 to 129. (214 Republicans and 72 Democrats voted for it; 113 Democrats and 15 Republicans voted against it.)

III. PARTICIPANTS

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White House Pool

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- You meet privately with families and veto H.R. 1833 in the Oval Office.
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- Tammy Watts makes brief remarks.
- You make statement on H.R. 1833.

VI. REMARKS

To be provided by speechwriting.

SUGGESTED QUESTIONS FOR PRIVATE MEETING WITH WOMEN

You may want to begin by asking each of the women to share their stories with you. They are likely to talk about how difficult it was to make this choice -- for some, particularly in light of their strong religious beliefs.

If they do not address the following issues, you may want to ask the following specific questions:

1. Did your physician warn you about the risks to your own health of continuing the pregnancy?

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3. FOR VIKKI STELLA OR COREEN COSTELLO (who both had two other children when they discovered the problems with their unborn children): I know you had two other children when you discovered the severe problems with your child. Did you worry about your own health and your responsibility to care for them?

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."

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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.

THE PRESIDENT HAS SEEN
4/9/96

THE WHITE HOUSE

WASHINGTON

96 APR 8 P8:51

April 8, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: TODD STERN

SUBJECT: Veto of H.R. 1833 -- "Partial Birth" Abortion bill

Your advisors (Melanne, George, Counsel's Office, DPC and others) seek your guidance on how you want to handle the veto of this bill, which will probably be scheduled for Thursday (last day for action is April 17). All agree that the veto event should be relatively low-key, but three different options have been discussed:

Option 1: You sign privately. No press. (There could be a White House photo.) This has the advantage of keeping the veto, which is highly unpopular with pro-life and religious groups, as low key as possible. The disadvantages are that (i) it may look as though you are trying to hide the veto -- something that won't work anyway and won't look forthright; and (ii) by not speaking orally to the press, you will give your opponents an advantage in defining the issue rather than getting your own message out.

Option 2: You first meet privately with a woman or, if possible, a couple who have a powerful story to tell. White House photo only. You then sign the veto message in the Oval alone, before the pool. In your brief remarks, you would reference your conversation with them. Public Liaison has been in touch with a number of women who have moving stories to tell -- women, for example, who were staunchly pro-life but came to see, through their own painful experience, that, on rare and painful occasions, this procedure is necessary to save a women's life or spare her truly serious adverse consequences to her health.

Option 3: You meet with the couple privately, then bring them into the Oval Office, where they witness you sign the veto message before the pool, but do not speak. This option goes the furthest in putting a human face on why you are vetoing the bill.

Most of your advisors, including George and Melanne, favor Option 3.

Option 1___ Option 2___ Option 3 ✓ Discuss ✓

Q and A on HR 1833 FOR INTERNAL USE ONLY
As of 2/27; 10:30am

Does this mean that the President is threatening to veto HR 1833?

If HR 1833 were passed by the Congress as it is currently written, the President has made clear that he would veto it. But he has also made clear to Congress how HR 1833 could be changed so that he would support it.

Does this letter suggest or state a change in the President's position on abortion?

No. The President's position on abortion is consistent. He supports the Constitutional guarantee for a woman's right to choose as defined in Roe v. Wade, and he would oppose any attempts to overturn that guarantee. He believes that the decision to have an abortion is very personal -- one that is between the woman, her doctor and her faith, and that abortions should be safe, legal and rare.

That's why he has consistently protected women's health and safety, and the right of American women to make their own reproductive choices, while he has worked to reduce the number of unwanted pregnancies.

But the President also has always believed that the decision to have an abortion is very personal -- one that is between the woman, her doctor and her faith. However, he also believes that states have the right to pass certain restrictions, especially on late-term abortions, that are consistent with that Constitutional guarantee. For example, when he was Governor of Arkansas, he signed a bill that prohibited third-trimester abortions, except when necessary to protect the life or health of the woman. He also signed a parental notification law with a judicial bypass provision applying to pre-viability abortions.

The President's support for an amended HR 1833 that would adequately protect the life and health of the mother is consistent with his view that certain narrow regulations of abortions, which do not interfere with the woman's ultimate choice, are permissible.

Recently, a judge in Ohio ruled that legislation banning a procedure similar to this one was unconstitutional. Is the President's position consistent with this ruling?

Yes. Although the federal and state bills differ in detail, both fail to protect adequately the woman's health. This was one of the bases for the Ohio court's decision. The President finds HR 1833 unconstitutional for that same reason.

Why are you sending up this letter now when the legislation is not moving in Congress? Are you responding to the Pat Buchanan's recent rise in support as a candidate for President, in part because of his attacks on abortion?

The President thought long and hard about this. He has a position, and he felt it was his responsibility to tell the Congress and you what that position is. He is not responding to Pat Buchanan.

There are some in the provider community who would object to Congress taking a position on a medical procedure as a dangerous precedent. What's to say that this kind of position won't lead to Federal regulation of a variety of medical procedures?

The President respects the importance of the doctor-patient relationship, and of the medical community's unique ability to make these complicated judgments about what is best for the patient.

That is why he has stated that there must be exceptions to the prohibition in HR 1833 when the attending physician, in his or her medical judgment, determines that this procedure is necessary to avert serious health consequences for the woman. And that is why, for example, he has been so opposed to Congressional attempts to undermine the Accreditation Standards developed by the medical community.

Don't you think that this position will fuel current efforts at the state level to limit access to abortion?

The President has been clear that he supports the Constitutional guarantee for a woman's right to choose as defined in Roe v. Wade. He believes that the decision to have an abortion is very personal -- one that is between the woman, her doctor and her faith. However, he also believes that states have the right to pass certain restrictions, especially on late-term abortions, that are consistent with that Constitutional guarantee. For example, when he was Governor of Arkansas, he signed a bill that prohibited third-trimester abortions, except when necessary to protect the life or health of the woman. He also signed a parental notification law with a judicial bypass provision applying to pre-viability abortions.

But he opposes any efforts to violate a woman's reproductive rights, and he certainly is not aiming to fuel those efforts.

If asked by pro-choice supporters about the forum for veto, and whether or not we will bring in women who have undergone the procedure:

Since the bill has not passed out of Congress, we have not developed any formal plans for a veto. We do appreciate the offer to bring in women who have had to make this decision themselves because they do have such compelling stories to tell, and we will consider it as an option. We'll keep in touch with you about it.

How can a Democratic President who is supposed to be a defender of reproductive rights restrict access to pre-viability abortions for women, particularly when there is an amendment currently offered by Senator Boxer that would change the legislation to protect the health of the woman without restricting pre-viability abortions?

The President has been a strong defender of reproductive rights, and his position has not changed: He is committed to providing every woman with the choice to have an abortion prior to viability. But the President finds this particular procedure extremely troubling and he cannot support its use when other procedures are equally safe for the woman, according to the medical judgment of the attending physician.

The President's position will not interfere with the ability of any woman to obtain a pre-viability abortion. It will restrict only the availability of a single procedure, in cases where that procedure is medically unnecessary.

APRIL 3, 1996

MEMORANDUM TO BETSY MYERS
For confidential and internal use only

FROM: Judy
SUBJECT: Your Questions this morning on H.R.1833

Q: How many so called "partial-birth" abortions are performed a year?

A: o The pro-choice community (NAF, NARAL, AAUW, CRLP) estimates that 400-500 of these procedures are performed annually. (this is an educated estimate based upon regressions as well as survey)

o The medical community can not give a hard number as many states do not track abortions, but unofficially they (ACOG) assure us that the number is infact very low, and more importantly the percentage represented by this procedure of the total abortions performed is low.

THE OPPOSITION DISTORTS THE TRUTH WHEN THEY CLAIM THAT THOUSANDS OF THESE PROCEDURES ARE PERFORMED- THEIR TACTIC IS TO CONFUSE THIS OPERATION WITH 3rd TRIMESTER ABORTIONS GENERALLY

o There are only 3 doctors who officially perform this operation (and one of them died this year), so even if they worked morning, noon and night-how many operations could they perform.

o It is important to remember that questioning how many of these procedures are performed a year is falling right into the trap set by the opposition. H.R. 1833 bans a procedure that is necessary to preserve the life and health of the MOTHER-the number is a "red-herring". It takes the attention off of the real target of this legislation-the women. In addition H.R.1833 bans the procedure with out regard to gestational age. Under Roe the state does not have a compelling interest in the fetus during the first two trimesters.

Abortion Update of Budget and Non-Budget Related Legislation
For Internal Use Only
SIGNED BILLS

1. Treasury Postal Appropriations: Forbids the FEHB from providing federal employees the option of purchasing health insurance plans that include abortion coverage, with an exception for coverage where the life of the mother is at stake, and for cases of rape and incest.

   The President signed the bill on November 19, 1995, though Statements of Administration Policy (SAP) had indicated our opposition to this provision. The signing statement by the President did not mention the issue.

2. Department of Defense Appropriations: Became law on November 30, 1995, without the President's signature. This overturns the President's January 1993 Executive Order allowing abortions to be performed at overseas medical facilities using private funds; Life, rape and incest exceptions are included. SAPs and the President's signing statement indicated the Administration's opposition to this provision.

3. Department of Defense Authorization: The President signed this into law on February 10. It enacts into law the policy described above in the DOD appropriations bill. The Administration's opposition to this provision was stated in a number of SAPs, in the President's statement vetoing the original bill, and in the signing statement.

4. Foreign Operations Appropriations: After several SAPs conveying the Administration's opposition, this bill was signed by the President as a part of the most recent Continuing Resolution (the 9th CR) on January 26 and separately on February 12, 1996. It had been stalled for months between the House and Senate primarily because of differences over family planning funding for overseas organizations. The House language reinstated "Mexico City" policy, which denies all family planning funding for overseas organizations if they perform abortions or speak out about reproductive choice, even with private money. (The President had signed an executive order when he came into office reversing "Mexico City".) The Senate language maintained the President's policy.

   Unable to resolve differences over "Mexico City" policy, the Appropriations Committee maintained the President's policy, but reduced funding and complicated its administration: without an authorization bill, no international family planning funds will be released until July 1st. Starting July 1st, international family planning funds can be distributed -- but at 65% of the FY95 appropriation. This amounts to approximately $80 million less funding than would otherwise likely have been appropriated for FY96 (based on a rough estimate from AID). Furthermore, the money must be spent in 15 equal installments -- increasing the difficulty of administering the funds. In addition, the UNFPA will be funded by the same guidelines: starting July 1st at 65% of FY95 spending in month-by-month installments.

The "Mexico City" policy, or some variant of it, may appear again in the international affairs authorization bill, which has passed the House and the Senate but has not been conferenced. The House and Senate bills are very different from each other in many ways, however, and it is possible that they will not successfully conference the two.

5. 9th Continuing Resolution -- Human Embryo Research: A provision in the 9th Continuing Resolution prohibits the use of Federal funding for: (1) the creation of human embryos for research purposes, and (2) research in which embryos are "destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero" under Federal law. The latter provision has the effect of applying the same standards to human embryo research funded by the Federal government as applied to research using fetuses. It is important to note here that this provision does not refer at all to fetal tissue research, which is conducted on tissue that is the product of a fetus that has been aborted or miscarried.

Impact on Administration Policy:

- In January 1993, the President issued an Executive Order lifting the Bush Administration ban on Federal funding of research involving transplantation of human fetal tissue from elective, induced abortions. Such research, which is subject to strict requirements and safeguards, could lead to advances in women's health and in treatment of diseases like leukemia and Parkinson's. **The provision in the 9th CR on human embryo research does not have any effect on the President's Executive Order.**

- On December 2, 1994, the President stated that funding of research on human embryos, "... raises profound ethical and moral questions as well as issues concerning the appropriate allocation of federal funds... I do not believe that federal funds should be used to support the creation of human embryos for research purposes, and I have directed that NIH not allocate any resources for such research." Although the provision in the 9th CR goes further than the President's policy -- restricting some research that could have been allowed under his policy -- it does adopt part of his position. (Note: Some of the areas of research restricted by the CR that could have been allowed under the President's directive hold promise for improving human health; such as treating infertility and preventing birth defects.)

- The provision in the 9th CR has no effect on research currently funded by NIH, which has not yet allocated any funds for human embryo research.

6. Commerce, Justice, State: The prohibition of use of Justice Department funds for abortions for female prisoners, with exceptions in cases involving rape or danger to the life of the woman, became law as part of the 9th CR on January 26th. This is effective through 9/30/96. The President has expressed opposition to this provision in his veto statement of the Commerce, Justice, State Appropriations Bill on December 19. The Justice Department thinks there is a strong likelihood that this provision will be held unconstitutional.

7. Telecommunications Act: The Telecommunications Act, signed by the President on February 8, 1996, includes a provision that prohibits transmittal of abortion-related speech and information by interactive computer services. The Justice Department has stated that it will not enforce this provision, consistent with its long-standing policy of not enforcing a similar provision in the Comstock Act that prohibits transmittal of the same information by other means, on the ground that the provision violates the First Amendment. The President's signing statement includes an objection to the provision.

AWAITING ACTION

1. District of Columbia: This bill is now out of Conference and has passed the House; it has not yet been voted on in the Senate. It contains similar language on abortion as the 6th CR, signed by the President earlier this year.

   The 6th CR, which funds D.C. through the end of the fiscal year, prohibits the D.C. government from spending local funds to pay for abortions, with life, rape and incest exceptions. The D.C. Appropriations bill prohibits the DC government from spending Federal or local funds on abortions, with life, rape and incest exceptions. The main issue here is that the restrictions on the use of local funds -- both in the CR and the appropriations bill -- do not apply to any other state or local government.

2. Labor/HHS: Has passed the House; awaiting floor action in the Senate.

   House bill (1) allows states to deny Medicaid funding for victims of rape and incest; (2) denies funds in the Act to any state or program requiring health care entities to conform to the standards set by the American Council on Graduate Medical Education respecting training in abortion procedures; (3) contains the same restrictions as were passed in the 9th CR on human embryo research. The Senate committee bill did not contain these provisions. We have expressed strong opposition to 1 and 2 in SAPs.

3. H.R. 1833: This legislation which criminalizes use of a certain abortion procedure, the so-called "Partial Birth Abortion Ban Act", has passed in the House without life or health exceptions and has passed in the Senate without a health exception. We have expressed opposition to the legislation because it violates the Constitution and does not protect the health of the woman. We have also stated, in a letter to Congress dated February 27, that we would support this legislation if it were amended to exempt cases in which the procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious adverse health consequences to the woman.

February 27, 1996

THE PRESIDENT HAS SEEN
2-13-96

THE WHITE HOUSE
WASHINGTON

February 5, 1996

MR. PRESIDENT:

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

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

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

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

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

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

Todd Stern

7:25 pm

THE WHITE HOUSE

WASHINGTON
February 2, 1996

Wrongoff

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: PARTIAL BIRTH ABORTION ACT

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

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

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

* * * * *

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

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

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

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

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

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

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

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

DRAFT

Dear Senator Hatch:

I understand that the House is preparing to consider H.R. 1833, as amended by the Senate, which would prohibit doctors from performing a certain type of abortion. I want to make the Congress aware of my position on this extremely complex issue.

I have always believed that the decision to have an abortion should be between a woman, her conscience, her doctor, and her God. I strongly believe that legal abortions--those abortions that the Supreme Court ruled in Roe v. Wade must be protected--should be safe and rare. I have long opposed late-term abortions except, as the law requires, where they are necessary to protect the life of the mother or where there is a threat to her health. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions except where they were necessary to protect the life or health of the woman, consistent with the Supreme Court's rulings.

The procedure described in H.R. 1833 is very disturbing, and I cannot support its use on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available. As I understand it, however, there are rare and tragic situations that can occur in a

woman's pregnancy in which, in a doctor's medical judgment, this procedure may be necessary to save a woman's life or to preserve her health. In those situations, the Constitution requires that a woman's ability to choose this procedure be protected.

I have studied and prayed about this issue, and about the families who must face this awful choice, for many months. I believe that we have a duty to try to find common ground: a resolution to this issue that respects the views of those--including myself--who object to this particular procedure, but also upholds the Supreme Court's requirement that laws regulating abortion protect both the life and the health of American women.

I have concluded that H.R. 1833 as drafted does not meet the constitutional requirements that the Supreme Court has imposed upon us, in Roe and the decisions that have followed it, to provide protections for both the life and the health of the mother in any laws regulating abortions.

I am prepared to support H.R. 1833, however, if it is amended to make clear that the prohibition of this procedure does not apply to situations in which the [~~election of the~~] procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious adverse health consequences to the woman.

DRAFT

I urge the Congress to amend H.R. 1833 to ensure that it protects the life and the health of the woman, as the law we have been elected to uphold requires.

Sincerely,