THE WHITE HOUSE

WASHINGTON
May 25, 1999

MEMORANDUM FOR RECORDS MANAGEMENT

FROM: OFFICE OF SPECIAL PROJECTS

It should be noted that the following files are from Todd Stern when he was Staff Secretary and should not be listed under Office of Special Projects. If you have any questions, please feel free to contact Meagan Earley at 456-1648.

Abortion Correspondence
State of the Union '94
China Trade
Race Commission
Correspondence Precedents
Habeas Corpus
Honorary Chairs
Signing of the Peace Treaty between Jordan and Israel.
Thursday, May 27, 1993
Evelyn
Landmines
Executive Orders Welfare
Rep. Tejada
Bernice Young - Citizen's Medal

14128

NAA 11290

ENCLOSURES FILED OVERSIZE ATTACHMENTS

5 slopes filed 6/10/99

THE WHITE HOUSE

WASHINGTON

May 13, 1996

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

Dear Bishop Browning:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Bill Clinton

THE PRESIDENT HAS SEEN
6/7/96

THE WHITE HOUSE

WASHINGTON

June 6, 1996

MR. PRESIDENT:

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

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

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

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

Todd Stern

THE WHITE HOUSE

WASHINGTON

June 7, 1996

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

Dear Dr. Henry:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Bill Clinton

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 5, 1996

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

Dear Mr. President,

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

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

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

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

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

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

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

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

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

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

Franklin Paschall

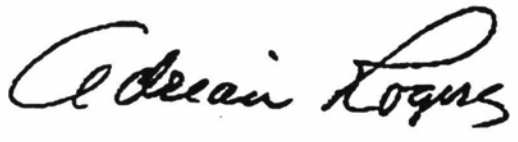
Dr. Franklin Paschall, Pres 1967 & 1968

W. A. Criswell

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

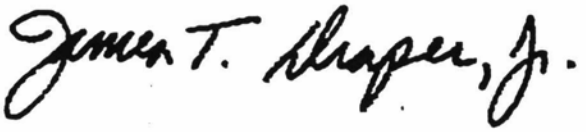
James L. Sullivan

Dr. James Sullivan, Pres. 1977

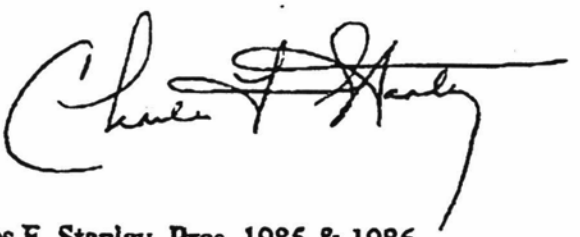


Dr. Adrian Rogers, Pres. 1980, 1987, 1988

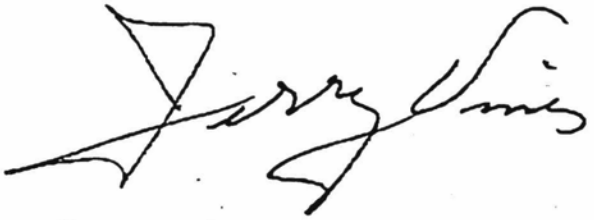
Dr. Bailey Smith, Pres. 1981 & 1982



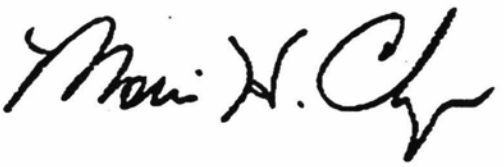
Dr. James T. Draper, Jr., Pres. 1983 & 1984



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

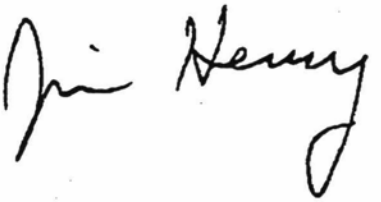


Dr. Jerry Vines, Pres. 1989 & 1990



Dr. Morris Chapman, Pres. 1991 & 1992

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



Dr. James Henry, Pres. 1995 and 1996

Todd

THE WHITE HOUSE

WASHINGTON

June 5, 1996

To: List
Fr: Todd Stern

We need to consider how to deal with the attached. I'll try to set up a short meeting on it tomorrow.

Todd

To: George Stephanopoulos
Melanne Verveer
Martha Foley
Vicki Radd
Elena Kagan
Betsy Meyers
Jeremy Benami
John Hart
Jennifer Klein
Flo McAfee
Debbie Fine

THE WHITE HOUSE

WASHINGTON

96 JUN 5 P6:55

June 5, 1996

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN
FLO MCAFEE

SUBJECT: SOUTHERN BAPTIST CONVENTION LETTER

The Southern Baptist Convention (SBC) will hold their annual meeting in New Orleans from June 11 through 13. We have learned that one of the key topics to be discussed will be the "Partial-Birth Abortion Ban." Jim Henry is in the process of gathering signatures from former presidents of the SBC for a letter to you asking you to reverse your veto position. A draft of the letter is attached. It is not clear when the letter will be sent, but it is presumed it will be released during their convention.

We understand that only 8 of the 14 living former presidents have signed the letter so far. Approximately five past presidents who served before 1980 and represent the more moderate sector of SBC such as Dr. Wayne Dehoney have not and probably will not sign. Dr. Dehoney fully supports your position.

ATTACHMENTS

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

June 3, 1996

Flo McAfee
The White House
Office of Public Liaison
Washington, D.C. 20500

Flo,

I just got the pictures of our meeting with the President in the Rose Garden. They are excellent and I appreciate the thoughtful gesture.

Flo, we are sending, to the President, a letter from me and most of the former presidents of the Southern Baptist Convention in relation to his veto of the Partial-Birth Abortion Ban. It is sent, not in malice, but with deep concern and prayer. Please convey that to him.

God bless you. I trust you had some good rest on your vacation.

Prayers and friendship,

Jim

JH/sm

Philippians 4:19

First Baptist Church · 3701 L.B. McLeod Road · Orlando, Florida 32805-6691 · (407) 425-2555

THE SOUTHERN BAPTIST CONVENTION

Jim Henry, President

DRAFT

May 24, 1996

The Honorable Bill Clinton
The White House
Washington, D.C.

Mr. President:

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

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

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

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

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

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

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

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

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

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

* Dr. Wayne Dehoney, Pres. 1965 & 1966

* Dr. Franklin Paschall, Pres 1967 & 1968

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

* Dr. Carl Bates, Pres. 1971 & 1972

* Dr. James Sullivan, Pres. 1977

* Dr. Jimmy Allen, Pres. 1978 & 1979

* = represent moderate group

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

Dr. Bailey Smith, Pres. 1981 & 1982

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

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

Dr. Jerry Vines, Pres. 1989 & 1990

Dr. Morris Chapman, Pres. 1991 & 1992

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

Dr. James. Henry, Pres. 1995 and 1996

SENT TO PORSKIND

Great letter THE PRESIDENT HAS SEEN
5-22-96

cc David Matthews

This is whether we should
send out - but I'll see

Thx

THE WHITE HOUSE

WASHINGTON

May 16, 1996

Mr. Robert V. Brothers
13881 Harris Road
Rogers, Arkansas 72756

Dear Rob:

David Matthews recently forwarded your heartfelt letter to me. I want you to know that I deeply appreciate the support you have given me over the years. I understand that you are distressed about my veto of the bill banning the procedure commonly known as partial birth abortion. Inasmuch as my position on this bill has been widely misunderstood, I'd like to set it forth for you as clearly and directly as I can.

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

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

Last month, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live. These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have

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

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

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

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

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

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

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

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

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

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

I continue to hope that a solution can be reached on this painful issue. Again, thank you for writing and letting me know where you stand. I hope you have a better understanding now of my own position.

Sincerely,

Bill Clinton

THE WHITE HOUSE

WASHINGTON

Chicago

September 18, 1996

Dear Steny:

I am writing to urge that you vote to uphold my veto of H.R. 1833, a bill banning so-called partial-birth abortions. My views on this legislation have been widely misrepresented, so I would like to take a moment to state my position clearly.

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

The procedure aimed at in H.R. 1833 poses a difficult and disturbing issue. Initially, I anticipated that I would support the bill. But after I studied the matter and learned more about it, I came to believe that it should be permitted as a last resort when doctors judge it necessary to save a woman's life or to avert serious consequences to her health.

In April, I was joined in the White House by five women who were devastated to learn that their babies had fatal conditions. 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, including, in some cases, an inability to bear children. These women gave moving testimony. For them, this was not about choice. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage the women were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

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

Some have raised the question whether this procedure is ever most appropriate as a matter of medical practice. The best answer comes from the medical community, which believes that, in those rare cases where a woman's serious health interests are at stake, the decision of whether to use the procedure should be left to the best exercise of their medical judgment.

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

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

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

I also understand that many who support this bill believe that a health exception could be stretched to cover almost anything, such as emotional stress, financial hardship or inconvenience. That is *not* the kind of exception I support. I support an exception that takes effect *only* where a woman faces real, serious risks to her health. Some have cited cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure should be allowed.

Further, I reject the view of those who say it is impossible to draft a bill imposing real, stringent limits on the use of this procedure -- a bill making crystal clear that the procedure may be used only in cases where a woman risks death or serious damage to her health, and in no other case. Working in a bipartisan manner, Congress could fashion such a bill.

That is why I asked Congress, by letter dated February 28 and in my veto message, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. As I have said before, if Congress produced a bill with such an exemption, I would sign it.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity. Accordingly, I urge that you vote to uphold my veto of H.R. 1833.

I continue to hope that a solution can be reached on this painful issue. But enacting H.R. 1833 would not be that solution.

Sincerely,

Bill Clinton

The Honorable Steny H. Hoyer
House of Representatives
Washington, D.C. 20515

April 16, 1996

President William Clinton
The White House
Washington, D.C.

Dear President Clinton,

It is with deep sorrow and dismay that we respond to your April 10 veto of the Partial-Birth Abortion Ban Act.

Your veto of this bill is beyond comprehension for those who hold human life sacred. It will ensure the continued use of the most heinous act to kill a tiny infant just seconds from taking his or her first breath outside the womb.

At the veto ceremony you told the American people that you "had no choice but to veto the bill." Mr. President, you and you alone had the choice of whether or not to allow children, almost completely born, to be killed brutally in partial-birth abortions. Members of both Houses of Congress made their choice. They said NO to partial-birth abortions. American women voters have made their choice. According to a February 1996 poll by Fairbank, Maslin, Maullin & Associates, 78 percent of women voters said NO to partial-birth abortions. Your choice was to say YES and to allow this killing more akin to infanticide than abortion to continue.

During the veto ceremony you said you had asked Congress to change H.R. 1833 to allow partial-birth abortions to be done for "serious adverse health consequences" to the mother. You added that if Congress had included that exception, "everyone in the world will know what we're talking about."

On the contrary, Mr. President, not everyone in the world would know that "health," as the courts define it in the context of abortion, means virtually anything that has to do with a woman's overall "well being." For example, most people have no idea that if a woman has an abortion because she is not married, the law considers that an abortion for a "health" reason.

Similarly, if a woman is "too young" or "too old," if she is emotionally upset by pregnancy, or if pregnancy interferes with schooling or career, the law considers those situations as "health" reasons for abortion. In other words, as you know and we know, an exception for "health" means abortion on demand.

You say there is a difference between a "health" exception and an exception for "serious adverse health consequences." Mr. President, what is the difference--legally--between a woman's being too young and being "seriously" too young? What is the difference--legally--between being emotionally upset and being "seriously" emotionally upset? From your study of this issue, Mr. President, you must know that most partial-birth abortions are done for reasons that are purely elective.

It was instructive that the veto ceremony included no physician able to explain how a woman's physical health is protected by almost fully delivering her living child, and then killing that child in the most inhumane manner imaginable before completing the delivery. As a matter of fact, a partial-birth abortion presents a health risk to the woman. Dr. Warren Hern, who wrote the most widely used textbook on how to perform abortions, has said of partial-birth abortions: "I would dispute any statement that this is the safest procedure to use."

Mr. President, all abortions are lethal for unborn children, and many are unsafe for their mothers. This is even more evident in the late-term, partial-birth abortion, in which children are killed cruelly, their mothers placed at risk, and the society that condones it brutalized in the process.

As Catholic bishops and as citizens of the United States, we strenuously oppose and condemn your veto of H.R. 1833 which will allow partial-birth abortions to continue.

In the coming weeks and months, each of us, as well as our bishops' conference, will do all we can to educate people about partial-birth abortions. We will inform them that partial-birth abortions will continue because you chose to veto H.R. 1833.

We will also urge Catholics and other people of good will -- including the 65% of self-described "pro-choice" voters who oppose partial-birth abortions--to do all that they can to urge Congress to override this shameful veto.

Mr. President, your action on this matter takes our nation to a critical turning point in its treatment of helpless human beings inside and outside the womb. It moves our nation one step further toward acceptance of infanticide. Combined with the two recent federal appeals court decisions seeking to legitimize assisted suicide, it sounds the alarm that public officials are moving our society ever more rapidly to embrace a culture of death.

Writing this response to you in unison is, on our part, virtually unprecedented. It will, we hope, underscore our resolve to be unremitting and unambiguous in our defense of human life.

sincerely yours,

Cardinal Joseph Bernardin
Archbishop of Chicago

Cardinal Anthony Bevilacqua
Archbishop of Philadelphia

Cardinal James Hickey
Archbishop of Washington

Cardinal William Keeler
Archbishop of Baltimore

Cardinal Bernard Law
Archbishop of Boston

Cardinal Roger Mahony
Archbishop of Los Angeles

Cardinal Adam Maida
Archbishop of Detroit

Cardinal John O'Connor
Archbishop of New York

Most Rev. Anthony Pilla
President
National Conference of Catholic Bishops

COPY

THE WHITE HOUSE

WASHINGTON

Chicago

September 18, 1996

Dear Elijah:

I am writing to urge that you vote to uphold my veto of H.R. 1833, a bill banning so-called partial-birth abortions. My views on this legislation have been widely misrepresented, so I would like to take a moment to state my position clearly.

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

The procedure aimed at in H.R. 1833 poses a difficult and disturbing issue. Initially, I anticipated that I would support the bill. But after I studied the matter and learned more about it, I came to believe that it should be permitted as a last resort when doctors judge it necessary to save a woman's life or to avert serious consequences to her health.

In April, I was joined in the White House by five women who were devastated to learn that their babies had fatal conditions. 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, including, in some cases, an inability to bear children. These women gave moving testimony. For them, this was not about choice. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage the women were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

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

Some have raised the question whether this procedure is ever most appropriate as a matter of medical practice. The best answer comes from the medical community, which believes that, in those rare cases where a woman's serious health interests are at stake, the decision of whether to use the procedure should be left to the best exercise of their medical judgment.

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

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

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

I also understand that many who support this bill believe that a health exception could be stretched to cover almost anything, such as emotional stress, financial hardship or inconvenience. That is *not* the kind of exception I support. I support an exception that takes effect *only* where a woman faces real, serious risks to her health. Some have cited cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure should be allowed.

Further, I reject the view of those who say it is impossible to draft a bill imposing real, stringent limits on the use of this procedure -- a bill making crystal clear that the procedure may be used only in cases where a woman risks death or serious damage to her health, and in no other case. Working in a bipartisan manner, Congress could fashion such a bill.

That is why I asked Congress, by letter dated February 28 and in my veto message, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. As I have said before, if Congress produced a bill with such an exemption, I would sign it.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity. Accordingly, I urge that you vote to uphold my veto of H.R. 1833.

I continue to hope that a solution can be reached on this painful issue. But enacting H.R. 1833 would not be that solution.

Sincerely,

Bill Clinton

The Honorable Elijah E. Cummings
House of Representatives
Washington, D.C. 20515

THE WHITE HOUSE

WASHINGTON

Chicago

September 18, 1996

Dear Neil:

I am writing to urge that you vote to uphold my veto of H.R. 1833, a bill banning so-called partial-birth abortions. My views on this legislation have been widely misrepresented, so I would like to take a moment to state my position clearly.

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

The procedure aimed at in H.R. 1833 poses a difficult and disturbing issue. Initially, I anticipated that I would support the bill. But after I studied the matter and learned more about it, I came to believe that it should be permitted as a last resort when doctors judge it necessary to save a woman's life or to avert serious consequences to her health.

In April, I was joined in the White House by five women who were devastated to learn that their babies had fatal conditions. 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, including, in some cases, an inability to bear children. These women gave moving testimony. For them, this was not about choice. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage the women were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

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

Some have raised the question whether this procedure is ever most appropriate as a matter of medical practice. The best answer comes from the medical community, which believes that, in those rare cases where a woman's serious health interests are at stake, the decision of whether to use the procedure should be left to the best exercise of their medical judgment.

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

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

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

I also understand that many who support this bill believe that a health exception could be stretched to cover almost anything, such as emotional stress, financial hardship or inconvenience. That is *not* the kind of exception I support. I support an exception that takes effect *only* where a woman faces real, serious risks to her health. Some have cited cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure should be allowed.

Further, I reject the view of those who say it is impossible to draft a bill imposing real, stringent limits on the use of this procedure -- a bill making crystal clear that the procedure may be used only in cases where a woman risks death or serious damage to her health, and in no other case. Working in a bipartisan manner, Congress could fashion such a bill.

That is why I asked Congress, by letter dated February 28 and in my veto message, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. As I have said before, if Congress produced a bill with such an exemption, I would sign it.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity. Accordingly, I urge that you vote to uphold my veto of H.R. 1833.

I continue to hope that a solution can be reached on this painful issue. But enacting H.R. 1833 would not be that solution.

Sincerely,

The Honorable Neil Abercrombie
House of Representatives
Washington, D.C. 20515

THE WHITE HOUSE

WASHINGTON

June 12, 1996

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

Dear John:

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

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

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

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

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

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

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

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor believes that a woman's life is at risk, but not when the doctor believes that she faces real, grave risks to her health. I understand that many who support this bill believe that any health exception is untenable and could be stretched to cover almost anything, such as youth, emotional stress, financial hardship, or inconvenience. But that is not the kind of exception I support. I support an exception that takes effect only where a woman faces a real, serious threat to her health.

That is why I implored Congress to add a limited exception for the small number of compelling cases where use of the procedure is necessary to avert serious adverse health consequences. Congress ignored my proposal, but I have continued to make it clear that if Congress will produce a bill that meets my concerns, I will sign it.

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

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

Sincerely,

(RESTRICTED TO STAFF)

THE WHITE HOUSE

WASHINGTON

June 7, 1996

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

Dear John:

Thank you for your letter regarding H.R. 1833, the so-called "partial birth abortion ban." As you know, I have vetoed this bill, but I appreciate your sincerity and candor on this difficult issue. Because my position on this bill has been widely misunderstood, I'd like to explain it as clearly as I can.

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

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

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

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

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor believes that a woman's life is at risk, but not when the doctor believes that she faces real, grave risks to her health. I support an exception that takes effect only where a woman faces real, serious adverse health consequences. Some have cited cases where fraudulent health reasons are relied upon as an excuse -- excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure must be allowed.

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

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

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

Sincerely,

(6/7/96)

Insert A

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

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

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

Religious Coalition for Reproductive Choice

1025 VERMONT AVE NW
SUITE 1130
WASHINGTON
DC 20005
202 628 7700
FAX 202 628 7716

April 29, 1996

President William Jefferson Clinton
The White House
Washington, D.C.

Dear President Clinton:

As mainstream religious leaders, we write to express our agreement with your veto of HR 1833, the so-called "Partial Birth Abortion Ban," and we are urging Congress not to override that veto. We know that some religious leaders have criticized you for that veto based on their sincere religious beliefs that human life is sacred. You should know that we, too, hold human life sacred, yet we respectfully disagree with this legislation. We fully support your action in standing with women and their families who face tragic, untenable pregnancies.

In the case of severe fetal anomalies or threats to the life and health of the mother, people of faith are called to cherish the life of the mother and others who are affected—the husband or partner, the children already living, and others—and to have compassion for a fetus who, if born, would inevitably suffer or die.

We are convinced that each woman who is faced with such difficult moral decisions must be free to decide how to respond, in consultation with her doctor, her family, and her God. Neither we as religious leaders, nor you the President, nor the Congress—none of us can discern God's will as well as the woman herself, and that is where we believe the decision must remain.

Indeed, where religious people have such profound and sincere differences—even within our own denominations and faith groups—the government must not legislate, and thus impose, one religious view on all our citizens. To do so violates our most cherished tradition of religious freedom.

Thank you for your leadership, courage, and compassion.

Signers of this letter are attached.

INTERFAITH STATEMENT/LETTER RE:
"PARTIAL BIRTH" ABORTION BAN VETO
Signers as of April 29, 1996

THE EPISCOPAL CHURCH
The Most Reverend Edmond L. Browning, Presiding Bishop
The Reverend Robert J. Brooks, Director of Government Relations
The Reverend Katherine Hancock Ragsdale, President, Religious Coalition for Reproductive Choice

PRESBYTERIAN CHURCH USA
The Reverend James Andrews, Stated Clerk
The Reverend Elenora Giddings Ivory, Director, Washington Office
The Reverend Vernon Broyles III, Director, National Ministries Division

THE UNITED METHODIST CHURCH
Dr. Thom White Wolf Fassett, Executive Secretary, General Board of Church and Society
Lois Dauway, Women's Division, General Board of Global Ministries
The Reverend George McClain, Executive Director, Methodist Federation for Social Action
Dr. M. Douglas Meeks, Dean, Wesley Theological Seminary
Bishop Susan Morrison
The Reverend Philip Wogaman, Foundry United Methodist Church

UNION OF AMERICAN HEBREW CONGREGATIONS
Rabbi Alex Schindler, President
Rabbi Eric Yoffie, President-Elect
Rabbi David Saperstein, Director, Religious Action Center of Reform Judaism
Rabbi Lynne Landsberg, Associate Director, Religious Action Center of Reform Judaism

THE UNITED CHURCH OF CHRIST
The Reverend Paul Sherry, President
The Reverend Thomas Dipko, Executive Vice President, United Church Board of Homeland Ministries
The Rev. Jay Lintner, Director, Washington Office
Dr. F. Allison Phillips, General Secretary, Division of the American Missionary Society, UCBHM

BAPTIST (for identification only)
The Reverend Walter Fauntroy
The Reverend Carlton Veazey

UNITARIAN UNIVERSALIST ASSOCIATION
The Reverend Dr. John Buehrens, President
The Reverend Meg Riley, Director, Washington Office

NATIONAL COUNCIL OF JEWISH WOMEN
Nan Rich, President

AMERICAN HUMANIST ASSOCIATION
Edd Doerr, President
Frederick Edwards, Executive Director
The Reverend Dr. John Swomley, Professor Emeritus of Christian Ethics
St. Paul School of Theology, Kansas City, MO

WOMEN'S RABBINIC NETWORK
Rabbi Amy Schwartzman

April 29, 1996

THE WHITE HOUSE

WASHINGTON

96 MAY 20 P1:26

Told
As you
requested

May 13, 1996

Adele Simmons
643 West Arlington Place
Chicago, Illinois 60614

Dear Adele:

Thank you for your heartfelt letter supporting my veto of H.R. 1833. I appreciate your kind words and your openness in sharing your own trying and painful story, as set forth in your letter to *The Chicago Tribune*.

This is a difficult and disturbing issue, one which I studied and prayed about for many months. In the end, I came to believe that the problem with the bill is its failure to include an exception for the rare and compelling cases where selection of the procedure, in the medical judgment of a woman's doctor, is necessary to prevent death or serious adverse consequences to her health. Because the bill thus exposes American women to serious health risks, I could not sign it.

Again, thank you for writing. I am grateful for your words of support.

Sincerely,

Bill Clinton

cc Betsy Myers

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→ 1 copy
please
T.

T -

FYI. NARAL gets it. Send this back to me when you're done.

Jen

Jennifer K -
This is what NARAL developed for mbrs, ~~abbased~~ on results of focus groups.
NKM

NARAL *Promoting Reproductive Choices*

96 MAY 25 P5 : 08

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

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

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

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

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

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

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

National Abortion and Reproductive Rights Action League

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Suite 700
Washington, DC 20005

Phone (202) 973-3000
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Some pro-life groups have circulated detailed diagrams of the so-called "D and X" procedure used in partial-birth abortions. Do you condone this procedure?

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

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

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

Are you comfortable with your vote on this issue?

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

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

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

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

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

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

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

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

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

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

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

ME

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WE003

THE WHITE HOUSE

WASHINGTON

Adele
(Miss or Lichtman for proj.)

May 13, 1996

COPY

Adele Simmons
643 West Arlington Place
Chicago, Illinois 60614

Dear Adele:

Thank you for your heartfelt letter supporting my veto of H.R. 1833. I appreciate your kind words and your openness in sharing your own trying and painful story, as set forth in your letter to *The Chicago Tribune*.

This is a difficult and disturbing issue, one which I studied and prayed about for many months. In the end, I came to believe that the problem with the bill is its failure to include an exception for the rare and compelling cases where selection of the procedure, in the medical judgment of a woman's doctor, is necessary to prevent death or serious adverse consequences to her health. Because the bill thus exposes American women to serious health risks, I could not sign it.

Again, thank you for writing. I am grateful for your words of support.

Sincerely,

Bill Clinton

960514

cc Betsy Myers

THE WHITE HOUSE

WASHINGTON

May 28, 1996

The Honorable George V. Voinovich
Governor of Ohio
Columbus, Ohio 43266-0601

Dear George:

Thank you for your letter regarding H.R. 1833. As you know, I have vetoed this bill, but I appreciate your sincerity and candor on this difficult issue.

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

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

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

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

risks to her health. I support an exception that takes effect only where a woman faces real, serious adverse health consequences.

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

I continue to hope that a solution can be reached on this difficult issue, and I am grateful for your involvement.

Sincerely,

SENT BY: 4-11-96 ; 4:23PM ;

Women's Legal Defense Fund — Twenty-Fifth Anniversary 25

96 APR 11 P5: 4

from Oval
Potus has
Not seen

April 11, 1996

Dear President Clinton:

I write to applaud you for your veto of H.R. 1833, the so-called "Partial-Birth Abortion Ban Act." This bill is a dangerous piece of propaganda that runs roughshod over the Constitution. If it had become law, it would have significantly interfered with the ability of women and their doctors to make medically appropriate decisions regarding their care.

In the two decades since Roe v. Wade was handed down, those opposed to the right to choose have pointed to the potential for late-term abortions as a way to negatively influence public opinion against all abortions and move a political agenda restricting access to all abortion services. By focusing public attention on late abortions, anti-choice activists have attempted to exploit what is a rare and tragic occurrence to further their political and public relations agendas. H.R. 1833 is the most recent example of this type of propaganda.

As you so wisely recognized, late-term abortions are rare; they occur only for the most compelling reasons, such as situations where the fetus is seriously deformed or when the woman develops critical medical conditions late in pregnancy. For these women, terminating a pregnancy at a later stage may be the only solution. These women need our compassion and understanding. They do not need additional obstacles put in their way that make it more difficult, if not impossible, to carry out this intensely personal and agonizing decision. They do not need their doctors prevented from using the medical procedure their doctors have concluded is best to preserve their life, health or ability to bear healthy children in the future.

The heartbreaking stories and the courage of the women who stood with you yesterday make it clear why you were right to veto this legislation. You did what was necessary to preserve the lives and the health of America's women, and we applaud you.

Todd to see 4/13

Very truly yours,

Judy

Judith L. Lichtman
President

Mr President – watched your veto message on C Span. Can only begin to ... what a difference you had. We are so ... You are our President – Warmly, Judy

1875 Connecticut Ave., NW ■ Suite 710 ■ Washington, DC 20009 ■ Telephone

4/11/96

TODD:

back from oval office

TO DORSKIND FOR REPLY?

✓ YES

WOMEN'S LEGAL DEFENSE FUND

FAX COVER SHEET

TO: PRESIDENT CLINTON % BETTY CURRIE

ORGANIZATION: WHITE HOUSE

FROM: JUDITH LICHTMAN

DATE: 4/11/96 PROGRAM CHARGED: 216

FAX NO.: 456-1210 NO. OF PAGES (incl cover): 2

COMMENTS: Betty:

As we discussed.

My love,

Judy

Hard Copy to follow

1875 Connecticut Avenue, NW • Suite 710 • Washington, DC 20009 • (202) 986-2600 • Fax: (202) 986-2539

PLEASE CALL 202/986-2600, IF TRANSMISSION IS INCOMPLETE