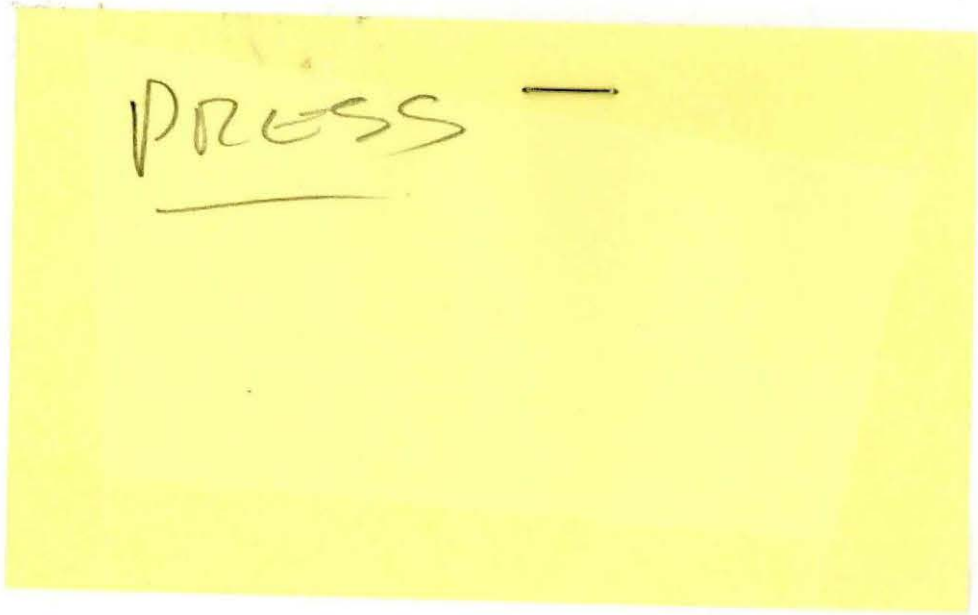
PRESS —

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April 24, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Summary of Status of Proposed State Bans

Attached fyi is a summary that the Center for Reproductive Law and Policy put together outlining the status of 1995-1996 proposed state bans on either D&X procedures, "partial-birth abortions" or various types of late-term abortions.

I have not attached copies of the actual bills described in the summary, however, I do have copies of many of them. If you are interested, please do not hesitate to let me know.

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1995-1996 STATE LEGISLATION AND BALLOT INITIATIVES BANNING D&X / "PARTIAL BIRTH" AND LATE ABORTIONS

California

AB 2984 (ban on D&X abortions) (prohibits "partial birth" abortions; affirmative defense for abortions necessary to save the woman's life, if no other procedure would suffice) Assembly Health; 4/10 reported favorably from committee by a vote of 11-6, referred to Assembly Public Safety.

SB 1999 (ban on D&X abortions) (prohibits "partial birth" abortions; affirmative defense for abortions necessary to save the woman's life, if no other procedure would suffice) Senate Health and Human Services.

Colorado

HB 1298 (ban on late abortions) (requires certification that post-viability abortions are necessary to preserve a woman's life or to prevent irreversible impairment of a major bodily function; establishes conditions for performing post-viability abortions) House Health, Environment, Welfare and Institutions; 2/20 postponed indefinitely.

Georgia

HB 1573 (ban on D&X abortions) (bans "partial birth" abortions except in cases of life-endangerment when no other procedure will suffice) House Judiciary; *died when the legislature adjourned.*

Idaho

A measure proposed for the November 1996 ballot would prohibit abortions after viability except to prevent death or "serious physical injury" to the pregnant woman; the bill also prohibits the use of all abortion methods except induction or hysterotomy for post-viability procedures.

Illinois

SB 1492 (ban on D&X abortions) (prohibits "partial birth" abortions unless necessary to preserve a woman's life or prevent serious and permanent impairment of a major bodily function) Senate Rules; *died according to the rules of the legislature*.

Iowa

HF 2109 (ban on late abortions) (prohibits the intentional termination of a pregnancy after the end of the second trimester if done with the knowledge and voluntary consent of the pregnant woman) 4/10 Governor signed the bill, which is scheduled to take effect on July 1, 1996.

Kentucky

SB 253 (ban on D&X abortions) (prohibits "partial birth" abortions; affirmative defense if procedure was necessary to save the woman's life and no other procedure would suffice) Senate Judiciary; 3/12 a petition requesting hearing defeated by 15-22; *died when the legislature adjourned.*

Maryland

HB 1213 (ban on D&X abortions) (prohibits "partial birth" abortions unless necessary to save a woman's life or prevent a substantial risk of severe permanent disability when no other procedure is available) House Environment; 3/21 received an unfavorable committee report; 3/22 a motion to overturn the report failed on the House floor by a vote of 39-89, which killed the bill for this session.

SB 695 (ban on D&X abortions) (bans "partial birth" abortions unless the woman's life is endangered and no other medical procedure is available to save her life; permits civil actions by putative married fathers and parents of a minor) Senate Judicial Proceedings; *died when the legislature adjourned.*

Minnesota

HF 2001 (ban on D&X abortions) (prohibits "partial birth" abortions; affirmative defense if procedure necessary to save a woman's life) House Health and Human Services; *died when the legislature adjourned.*

Mississippi

SB 2741 (ban on D&X abortions) (prohibits D&X after viability except for life-endangerment and substantial and irreversible impairment of a major bodily function) Senate Public Health and Welfare; *died when the legislature adjourned.*

SB 2742 (ban on D&X abortions) (prohibits the use of D&X after viability except for life-endangerment and substantial and irreversible impairment of a major bodily function) Senate Public Health and Welfare; *died when the legislature adjourned.*

New York

A 9717/S 6901 (ban on D&X abortions) (bans "partial birth" abortions; affirmative defense for life-saving procedures) Assembly Health.

Oregon

A measure proposed for the November 1996 ballot would prohibit abortions after the first trimester, except when necessary to save a woman's life.

South Carolina

HB 4380 (ban on D&X abortions) (prohibits "partial birth" abortions) House Judiciary.

Utah

HB 206 (ban on methods of abortion) (bans saline amnioinfusion and "partial birth" abortions after viability unless necessary to preserve a woman's life or health) 3/18 Governor signed the bill, which is scheduled to take effect on April 29, 1996.

Virginia

HB 1185 (ban on D&X abortions) (prohibits D&X procedures after the second trimester) House Courts of Justice; 2/11 committee voted 21-1 to carry the bill over to later this year -- the legislature must vote on this measure by December 20, 1996.

Washington

HB 2524 (ban on D&X abortions) (prohibits abortions in the third trimester and after viability unless necessary to prevent death; prohibits "partial birth" abortions with an affirmative defense that the procedure was necessary to save the woman's life and no other procedure would suffice) House Law & Justice; *died when the legislature adjourned.*

THE WHITE HOUSE

WASHINGTON
April 25, 1996

MEMORANDUM FOR LEON PANETTA

FROM: JACK QUINN

SUBJECT: PARTIAL-BIRTH ABORTION

We may be asked, as we explain our position on the Partial Birth Act, whether our proposed exception for "serious adverse health consequences" could include psychological harm. One possible answer goes as follows:

> No; that is a real red herring. Psychological reasons can never justify a doctor's decision to use the "partial birth" procedure as a way to perform an abortion. That's because it can't possibly matter to a woman's mental health whether a doctor chooses one procedure rather than another. And that's all this legislation is about: not whether a woman can have an abortion, but whether she can have this kind of abortion. When that's the question, the woman's mental health is and should be entirely irrelevant. No doctor can make the choice of procedure on that basis.

To explain this answer a bit further: what we are arguing about here is the justification for using a particular procedure -- not the justification for choosing to have an abortion at all. That's because the partial-birth legislation has to do only with the choice of procedure and not with the availability of abortion generally. It prohibits the use of a particular procedure in cases where an abortion is otherwise available.

Because the above is true, the whole issue of mental health is a ruse. Mental health (though it may be a reason for having an abortion at all) just isn't a justification for choosing one procedure from the range of alternatives: no one procedure is better for the psyche than any other. Thus, we can say with certainty that the President's exemption -- which sets forth the circumstances in which a doctor can choose this procedure rather than another -- does not include the risk of psychological harm.

The downsides of using an answer along these lines are: (1) Though the ultimate conclusion is easy to state, the rationale behind it is more difficult. If a person has to explain the conclusion, this complexity could cause trouble. (2) The answer suggests another question: Would the President allow a woman, in the post-viability stage, to get some kind of abortion for mental health reasons? Our answer says mental health is never a reason for choosing one procedure over another; but that leaves open whether it may be a reason for having an abortion at all. In suggesting that question, the answer may buy us trouble.

DRAFT QUESTIONS AND ANSWERS ON HR 1833
FOR INTERNAL USE ONLY
As of 4/19/96

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

The President vetoed HR1833 because it shows total indifference to the health of women. The bill, which prohibits a certain kind of rare abortion procedure, does not allow women to protect themselves from serious threats to their health, as both the Constitution and humane public policy require.

The President is opposed to late-term abortions except where necessary to protect the life or health of the mother, and he does not support the use of the procedure on an elective basis. In fact, he implored Congress in a letter dated February 28, to add an exemption for the rare number of tragic cases where in the medical judgment of the physician, this procedure is the best hope for saving the life of the mother or preventing serious injury to her health. He has made clear that he would 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. But he will not compromise by signing a bill that shows total indifference to women's health.

How can the President support this awful procedure that many have compared to infanticide?

This is not about the procedure, it is about women's health.

The President has stated that he does not support this procedure. To that end, he has strenuously urged Congress to amend the bill to include an exemption for cases where, absent the procedure, serious harm is very likely to occur. The life exception in the bill only covers cases where the doctor believes the mother is certain to die--and there are some women and families we have heard from who may not have been allowed access to this procedure as a result. These are women who wanted their babies and who faced tragic situations--not who could not fit into their prom dress and were depressed as a result.

The President's position now is consistent with the Constitution and with humane public policy. It is also consistent with his position as Governor of Arkansas, when he signed a bill that outlawed late-term abortion unless there was a serious threat to the health of the mother or likelihood of death.

Despite his repeated pleas to amend the bill to exempt rare situations when this procedure is the safest to protect the woman from serious harm, the Congress sent the President the very bill that he announced early on he could not support.

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

Let me start by saying that I am not a physician and I do not have medical training. As a result, as the American College of Obstetricians and Gynecologists has said, we ought not to be in the position to decide in what cases this procedure is necessary. We have heard, however, from doctors and from the women who have gone through this, that in the doctor's medical judgment this procedure was the safest for these women.

We have also heard from doctors--in letters and in testimony--that there are cases when this procedure could be the safest for a woman to protect her health from serious injury or to save her life, depending on a number of factors. The President supports an amendment that would allow selection of the procedure banned by H.R.1833 in these cases only. His decision is about protecting women's health.

[Optional: For some women, induction of labor for delivery of the fetus is not possible because of the position of the fetus, which might be lying sideways or in the shape of a swan dive as Coreen Costello described. These positions are incompatible with vaginal delivery. For those women for whom it is possible, induction might also be twice as likely to cause death as the procedure described in the bill. Cesarian delivery is another option. It is said to be far more dangerous because of severe blood loss and the uterine scar that creates an increased risk of uterine rupture in future pregnancies. In the case of Vikki Stella, her diabetes made this option extremely dangerous.]

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

In the past few months, the President has learned of several cases of pregnant women who desperately wanted to have their babies, who were devastated to learn late in the pregnancy that their babies had fatal conditions and would not live. The babies in these cases were certain to perished before, during, or shortly after birth, and the only question was how much grave harm was going to be done to the woman.

These families were advised by their doctors that they terminate the pregnancy because of the danger posed to the mother's health. Without the possibility of choosing the safest medical procedure--in these cases the procedure banned in HR 1833--these women could have seriously injured their health. All of these women have made clear that this was not about choice or about the pro-choice/pro-life debate. Indeed, they feel that they had no choice.

The President has always opposed late-term abortions, except in cases where the life or health of the mother is at risk, consistent with the Supreme Court decision of Roe v. Wade. The life exception in the current bill fails to provide limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences.

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

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

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

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

The debate around HR1833 has focused on a procedure called "intact dilation and evacuation" or "dilation and extraction," performed rarely, by only a few doctors, usually after the 20th week of pregnancy. There are several ways to terminate a pregnancy at this late stage. Each has medical upsides and downsides in particular cases. Intact D and E (or D&X) was developed because the procedure itself may pose less risk to the mother than other options in some cases, and it may better ensure the future ability of the woman to have another child. It may also be fairly noted that while any medical procedure has risks and may sound disturbing to people without a medical background, some of the women who have had an "intact D&E" are on record as viewing this as a "humane" option, and one that best preserved their health and their future ability to have children.

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

The President has specifically stated that when he says serious, adverse health consequences, he is not talking about women who are emotionally upset by their pregnancy. In his letter to Cardinal Bernardin he stated: *"This is not about having a headache or fitting into a prom dress...This was not about choosing against having a child. These babies were certain to perish...The only question was how much grave damage was going to be done to the woman."*

There are rare cases in which selection of the procedure described in H.R. 1833 may be

necessary to avert serious adverse health consequences: for example, the onset or worsening of a medical condition, such as diabetes or certain kinds of cancer; or the danger sometimes involved in carrying to term a fetus with a fatal anomaly; or the potential loss of a woman's future reproductive capacity. These are cases that the life exception in the bill failed to cover-- where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm is very likely to occur. The President believes a doctor must have the discretion in such cases to use whatever procedure best protects the woman -- including the procedure described in this bill.

The best examples of what the President means are the families who stood with him and told their tragic stories. (See attached for details on the stories of these families.) Attacks like the ones you mention trivialize profoundly tragic situations.

Where does the National Conference of Catholic Bishops stand on the "late-term" abortion issue?

You need to go to them for specific position, but they have said they are strongly opposed to late-term abortions.

Where does the Catholic community, and particularly Catholic women, stand generally on this issue?

As leadership of the American Catholic church, the Bishops and Cardinals have clearly spoken on their opposition to this. I do not think it is appropriate for us to comment on how individuals in the Catholic community feel about this issue.

What is the White House's response to the Republican statements that they will make this an issue in the fall?

The President has clearly stated that the grounds for reaching this decision are both moral and legal. To that degree he has consulted broadly with religious leaders, Legal Counsel and Department of Justice on this matter. He is opposed to making this a political issue and to using these families as political pawns. Any discussion of this issue in political terms trivializes the difficult and emotional process these families must go through. It is regrettable that rather than attempt to find common ground, the Republican leadership has chosen to use this for political gain.

How might the National Conference of Catholic Bishops attempt to educate the Catholic community regarding the President's position?

You need to ask them.

On the April 11, 1996 edition of "Inside Politics," Helen Alvare of the National Conference of Catholic Bishops claimed that some of the women who were with President Clinton when he vetoed the bill had previously testified on Capitol Hill that they had not had "late-term" abortions. What are the facts?

None of the women who were with the President testified that they had not had "late-term" abortions. On the contrary, their testimonies tell their tragic stories -- how much they wanted children and how devastated they were to learn late in pregnancy of their doctors' recommendations to terminate in order to protect their health. All of them sought out any other possible solution, ways to save their babies, but their babies were certain to perish before, during, or shortly after birth. So in the end, they followed their doctors' advice in order to protect their health.

These women did say that these were not elective abortions. They also said that some of the descriptions that supporters of the ban were using to describe what happened to them were not true. Many of them did say that they have historically opposed abortions, and would never have dreamt that they would have had to undergo an abortion.

Some who have supported the ban, including Members of Congress, have argued that some of these women would have been exempted from the ban because of the life exception or because their procedure is not included in the scope of the bill's definition. These women recognize that there is no guarantee that they would be exempted from the ban because though many of them faced the possibility of death and grave harm -- they did not all face certain death. This ban would discourage doctors from doing what is best for their patient because they would fear the consequences.

Further, it is unclear exactly what procedures would be included in the scope of the ban because no specific procedure is named. As a result, any one of these women could have been denied access to the safest medical procedure for them if this bill was enacted into law.

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

The AMA's Board of Trustees has said that it will not take a position on H.R. 1833. I would note that the California Medical Association has expressed opposition to bill, however.

In addition, the American College of Obstetricians and Gynecologists, the American Medical Women's Association, and the American Nurses Association have all said that they support the President's decision to veto the legislation because it would supersede the medical judgment of appropriate providers. There are also individual physicians that have written letters to the editor opposing the legislation.

Why does President Clinton believe he is still the best person to serve the Catholic community, and the United States, as President?

J. HARRY health reform —

Talk about issues which P. has worked on w/ Catholics.

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

Yes, I have heard her say that. I would only say that there are not accurate records to document exactly when this procedure is used, but we do know that there are cases when this procedure has been used to preserve the life of the woman or to avert serious adverse consequences to her health. We have heard from these women ourselves.

The President is not defending every situation when this procedure might be used, but he is defending those cases when serious harm to a woman's health is a risk. Surely Congress, working with the Administration, can write legislation making clear that serious harm to health means just that--not depression as some have suggested.

Helen Alvare of the National Conference of Catholic Bishops has made the claim that medical evidence and common sense tell us that this procedure is not necessary to protect a woman's health. Can you respond to that claim?

I would first like to say that because I am not a doctor, I do not feel comfortable talking about what common sense tells about a woman's health. I dare say that we ought not to rely on anyone's common sense on such a serious issue.

In terms of the medical evidence, I would like to say that I have heard her quote a doctor who performs abortions as saying that he would dispute any statement that this is the safest procedure to use. It is my understanding that he had made that statement long ago, and since has said many times that he made it with inaccurate information about the procedure. He has since said many times, indeed his written testimony to the contrary was printed in the Record, that there are cases where this is the safest procedure for a woman. Other doctors have said the same-- doctors who refer these women for the abortion, doctors who have observed the procedure or read about it, and doctors who have performed it..

What is President Clinton's track record on women's issues?

President Clinton has a superior record on women and family issues -- from his appointments throughout the Administration to his policies that help women thrive in the workplace and at home. The President's Administration has initiated strong, practical measures to improve women's economic and educational opportunities, to provide quality health and child care, to prevent violence on the streets and at home and to make sure that women's voices are heard at every level of our government.

More than 40 percent of the President's appointments are women, the highest percentage ever and several of his appointments are firsts for women, including Evelyn Lieberman as the White House deputy chief of staff, Janet Reno as Attorney General, Hazel O'Leary as Energy Secretary and Sheila Widnall as Secretary of the Air Force.

The President's pro-woman/pro-family record is extensive, including the first bill he signed as President, the Family and Medical Leave Act, creating the Child Care Bureau, expanding tax breaks for working families, passing the Violence Against Women Act, expanding access to capital for women entrepreneurs, ensuring women's health research--including for breast cancer, and promoting reproductive health services.

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

April 10, 1996

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

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

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

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

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

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

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

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

VIKKI STELLA; NAPERVILLE, ILLINOIS.

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

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

TAMMY AND MITCHELL WATTS; TEMPE, ARIZONA.

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

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

CLAUDIA AND RICHARD ADES; LOS ANGELES, CALIFORNIA

Claudia and Richard were expecting the birth of their first child--they had sent out shower invitations and were picking out names for a little boy--when tests late in the second trimester revealed that their expected son suffered from trisomy-13. Like the Watts', they were told by many medical specialists that the condition of the fetus was fatal and that in utero demise was very likely, posing a serious risk to Claudia's health. After consulting with their doctors, family friends and clergy, Claudia and Richard made the difficult decision to terminate the pregnancy and protect Claudia's health.

They are now planning to adopt a child.

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

CLAUDIA AND RICHARD ADES; LOS ANGELES, CALIFORNIA

Claudia and Richard were expecting the birth of their first child--they had sent out shower invitations and were picking out names for a little boy--when tests late in the second trimester revealed that their expected son suffered from trisomy-13. Like the Watts', they were told by many medical specialists that the condition of the fetus was fatal and that in utero demise was very likely, posing a serious risk to Claudia's health. After consulting with their doctors, family friends and clergy, Claudia and Richard made the difficult decision to terminate the pregnancy and protect Claudia's health.

They are now planning to adopt a child.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

19-Apr-1996 03:48pm

TO: Todd Stern
TO: Elena Kagan

FROM: Deborah L. Fine
Domestic Policy Council

SUBJECT: q and a

Attached are draft q and a.

The only suggestion I know that John had so far was for the first question -- he feels it does not mention the importance of medical judgment/role of doctor prominently enough in the response.

I will call Kitty's office and let them know that you will bring the final q and a with you to the meeting tomorrow morning. I think they have everything else.

Can you also e-mail me back a final version, or e-mail me where I can pick it up? I will be here this weekend.

Thanks.

I will e-mail separately the "timeline". Let me know if I can help in any other way.

Debbie.

FOR INTERNAL USE ONLY
PRESIDENT CLINTON'S RECORD ON ABORTION

The President has always believed that decisions about abortion should be between a woman, her doctor and her faith, and that abortions--as protected by the decision in Roe v. Wade--should be safe and rare. That is 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. That is also why he has long opposed late-term abortions except when necessary to protect the life or health of the mother, consistent with Roe v. Wade.

KEEPING ABORTION SAFE AND LEGAL

As President:

Ended the Gag Rule: The Bush Administration instituted a "Gag Rule" that prevented women using federally funded clinics--primarily poor women--from getting the information they needed to make informed choices about unwanted or health-threatening pregnancies. President Clinton reversed the "Gag Rule" in his first week in office.

Ensuring Clinic Safety: Since 1992, five people have been murdered and seven others have been shot and wounded at family planning clinics where abortions are performed. President Clinton signed the Freedom of Access to Clinic Entrances Act to fight violence and intimidation by anti-choice extremists against women and their doctors, which is now being implemented by the Department of Justice.

Assured Access for Military Families Overseas: President Clinton reversed the Bush Administration ban on privately funded abortions at military medical facilities overseas for women in the military and in military families. *The ban has since been reinstated by the Republican Congress in the Fiscal Year 1996 Department of Defense Appropriations and Authorizations Bills despite strong opposition from the President.*

Repealed the "Mexico City Policy": President Clinton reversed 12 years of attacks on reproductive choice for women around the world when he repealed the "Mexico City" policy that banned distribution of family planning funding for overseas organizations if they perform abortions or speak out about reproductive choice, even with private money.

Established Services for Victims of Rape or Incest: President Clinton supported permitting Medicaid coverage for abortion services for poor women who are the victims of rape or incest, in addition to those whose life is endangered. These services had been banned during the Reagan and Bush Administrations by the "Hyde Amendment" to the appropriations bill that funds Medicaid. *The proposed 1996 Republican House Appropriations Bill for the Departments of Labor, Health and Human Services, Education and Related Agencies, allow states to deny Medicaid funding for victims of rape and incest.*

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Appointed Two Supreme Court Justices who support the constitutional right to privacy

Fought for Women's Health: President Clinton vetoed legislation passed by the Republican Congress that would prohibit doctors from performing a certain abortion procedure. He vetoed the bill because it failed to contain an exception allowing women to use this procedure when necessary to protect their health from serious injury, as the Constitution and sound public policy require. The President also made clear to Congress that he would support legislation that included an exception for cases where selection of the procedure is necessary to avoid serious health consequences.

MAKING ABORTION RARE

Preventing Teenage Pregnancy: The President has urged young people not to become parents before they are adults, have finished school and are ready to support their children. At the same time, he has fought hard for policies that give them the tools they need to build responsible and productive lives by providing them with positive alternatives to early sexual behavior and parenting. The Clinton Administration strategy for reducing teenage pregnancy is driven by two goals: instilling a sense of personal responsibility in young people, and providing them with increased opportunities by investing in their education, their health, their families and communities. We have supported policies and local programs consistent with these goals.

Recognizing that the government cannot solve this problem alone, the President has called upon leaders in the private sector to join together to take action in their own communities. The Administration has worked to support community-wide collaborations that teach responsibility and promote opportunity by providing information about what approaches work and grant funding for promising programs. In an effort to help local communities further develop effective prevention strategies, HHS plans to launch a $30 million collaborative Teen Pregnancy Prevention Initiative in FY 1997. Demonstration grants to combat teen pregnancy will be made available to selected cities with disturbingly high teen pregnancy rates. Funds will be targeted to communities that have demonstrated a commitment to community problem solving in order to initiate efforts to reach at-risk teens.

President Clinton's challenge to the private sector to address the high rates of teen pregnancy has also prompted formation of a National Campaign to Reduce Teen Pregnancy. This effort aims to marshal the resources across the country to effectively reduce teen pregnancy rates by 1/3 in ten years.

Funding Family Planning: To help prevent unwanted pregnancies, the President has requested budget increases for the federal Family Planning Program for each year he has been in office. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

Facilitating Adoption: The Administration is working to encourage adoption and reduce the amount of time children spend in foster care. In October 1994, President Clinton signed the Multiethnic Placement Act, which removes barriers to adoption based on race or ethnic origin. The President has also stood firm throughout the budget debate to protect funds for adoption, foster care, child abuse and neglect, Medicaid, and SSI -- programs that are critical for many adoptive families and children. During this Administration, the number of children with special needs who have been adopted with Federal adoption assistance has increased by about 30%.

Signed Family and Medical Leave Act: President Clinton signed the Family Medical Leave Act into law, allowing workers to take up to 12 weeks of unpaid leave to care for an infant or ailing loved one without losing their jobs. American workers are no longer forced to choose between their jobs and their families in times of crisis.

Welfare Reform: President Clinton has fought hard for welfare reform that promotes work and responsible parenting, but that does not force states to cut people off welfare just because they're poor, young, and unmarried. Instead of punishing young mothers by simply cutting them off welfare -- a policy that the Catholic Church and others believe might lead to more abortions -- we should require minor mothers to live at home, stay at school, and turn their lives around.

As Governor

Late-Term Abortions: Signed a law prohibiting abortions after the 25th week of pregnancy, except for minors impregnated by rape or incest, or when the woman's life or health are endangered.

Parental Notification: Signed a parental notification law which requires minors to notify their parents with whom they are living unless they go through a judicial bypass provision and have a reason why they should not.

4/17/96

per Natalie is GS's office there is only 1 edit from George insert

"Religious leaders like Joan Campbell prefer this approach"

April 17, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN AND DON BAER

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

CC: LEON PANETTA, HAROLD ICKES AND EVELYN LIEBERMAN

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

I. COMMUNICATIONS

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

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

GS insert

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

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

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

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

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

II. OUTREACH

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

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

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

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

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

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

DRAFT FOR INTERNAL USE ONLY

Legislative History of HR 1833

HR 1833 was introduced and referred to the House Judiciary Committee on June 14, 1995. It was approved for Full Committee action by the House Subcommittee on the Constitution on June 21. The House Judiciary Committee began markup on the bill on July 12, and on September 27, it was reported in the House.

The Administration issued a Statement of Administration Policy on the House version of HR 1833 on November 1, stating that the Administration could not support HR 1833 because it failed to provide for consideration of the need to preserve the life and health of the mother, consistent with Roe v. Wade.

The House passed H.R. 1833 on November 1, with a final vote at 288 to 139. (215 Republicans and 73 Democrats voted for, 15 Republicans and 123 Democrats voted against.)

On November 7, the Senate began consideration of the measure. On November 8, the Senate agreed to a Specter motion to commit the bill to the Senate Judiciary Committee. On November 17, Senate Judiciary Committee concluded hearings.

On November 22, the Department of Justice Office of Legal Counsel submitted written testimony before the Senate Committee on the Judiciary from Assistant Attorney General Walter Dellinger on H.R. 1833. He was unable to appear before the committee at the hearing because the hearing occurred during the shutdown. The testimony states why the Department of Justice finds that HR 1833 does not adequately protect the health of the woman.

On December 4, Senate resumed consideration of the bill and several amendments were submitted including:

- Smith/Dole Amendments provided a life of the mother exception;
- the Smith Amendment to strike the affirmative defense provisions.
- the Brown Amendment to limit liability under the Act to the physician performing the procedure involved; and
- Boxer Amendment provided for exceptions in cases where necessary to preserve the life or avert serious adverse health consequences to the woman.

On December 6, the Administration sent a Statement of Administration Position to Congress, stating that the Administration could not support the Senate version of H.R. 1833 because it failed to provide for consideration of the need to preserve the life and health of the mother, consistent with Roe v. Wade. The SAP further stated that if the bill was not amended to rectify these constitutional defects, the Attorney General and the White House Counsel would recommend that the President veto the bill.

The Senate voted to pass HR 1833 with a life exception in December 7, 1995. The final vote was 54 to 44 (45 Republicans and 9 Democrats voted for, 36 Democrats and 8 Republicans voted against.)

The Senate version adopted several amendments, including the Smith and Dole Amendments to provide a life of the mother exception. It did not include the Boxer Amendment that proposed a health exception to the ban, which failed by a vote of 51 to 47. (Voting to include a health exception were 38 Democrats and 9 Republicans and voting against the health exception were 44 Republicans and 7 Democrats.)

Other amendments it adopted included:

- the Brown Amendment to limit the ability of dead beat fathers and those who consent to the mother receiving a partial-birth abortion to collect relief;
- the Brown Amendment to limit liability under this Act to the physician performing the procedure involved; and
- the Smith Amendment to strike the affirmative defense provisions.

On February 28, the President sent a letter to the Chairs of the House and Senate Judiciary Committees explaining why he could not support H.R. 1833 as it was written in the House or the Senate versions. He further states clearly that he would support H.R. 1833 if it were amended to include an exception for cases where selection of the procedure is necessary to avoid serious adverse health consequences.

On March 21, the House Judiciary Constitution Subcommittee held a hearing on the impact of anesthesia on fetuses during this procedure.

The House did not conference the bills, rather they voted on the Senate version with the life exception and without a health exception. It passed on Wednesday March 27, with a final vote of 286-129 (214 Republicans and 72 Democrats voted for; 113 Democrats and 15 Republicans voted against.)

On April 10, the President vetoed the bill, again stating why he could not support it and that he would have supported an amended version that provided for exceptions when selection of the procedure was necessary to avoid serious health consequences.

FOR INTERNAL USE ONLY
PRESIDENT CLINTON'S RECORD ON ABORTION
DRAFT as of 4/16

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April 11, 1996

MEMORANDUM TO ALEXIS HERMAN

FROM: BARBARA WOOLLEY

RE: OUTREACH TO PROVIDER COMMUNITY--H.R. 1833

The following information summarizes the provider community activities in regard to the President vetoing H.R. 1833.

* 3 Statements: American College of Obstetricians and Gynecologists (ACOG)
  American Medical Women's Association (AMWA)
  American Nurses Association (ANA)
  CNA

* AMWA: Task Force will do press across the U.S.
  National President sent letter to LA Times.
  sent statement to 70 news orgs
  25 members of Govt Rel. Cttee wrote letters to Editor

* ANA: National President wrote Op Ed for Tennessee newspaper.
  Government Relations Committee will do press.

* California Physicians for Clinton/Gore:
  Dr. Susan Reynold sent letter to Editor to LA Times.
  Dr. Patricia Salber sent letter to Editor San Francisco Chronicle.

* Other Physicians participated in press in the following states: OH, NY, NH, IL, GA, CA, TN.

Attachments

cc: Marilyn Yager
Betsy Myers

The
American
College of
Obstetricians and
Gynecologists

April 9, 1996

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

Dear Mr. President:

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

Thank you for considering our views on this important matter.

Sincerely,

Ralph W. Hale MD

Ralph W. Hale, MD
Executive Director

409 12th Street, S.W. Washington, DC 20024-2188 (202)638-5577

AMWA

AMERICAN MEDICAL WOMEN'S ASSOCIATION

For Immediate Release
April 10, 1996

Contact: Anne Pritchett, Director of Public Affairs and Government Relations 703/838-0500

AMWA ENDORSES PRESIDENT CLINTON'S LEADERSHIP IN VETO OF H.R. 1833

Alexandria, VA -- The American Medical Women's Association supports President Clinton's veto of H.R. 1833, which would have prohibited physicians from performing a specific surgical procedure to terminate pregnancy. "Throughout the debate on the issue of abortion, AMWA has sought to protect the reproductive rights of American women and has opposed any legal requirements for medical or surgical care decisions," said AMWA President Dr. Jean Fourcroy. "We strongly support the principle that all medical care decisions should be left to the judgment of a woman and her physician without governmental restrictions placed on her physician's judgment and without fear of civil action or criminal prosecution."

H.R. 1833 would have dictated available procedures to be used by physicians rather than allowing physicians to use medical judgment to determine the most appropriate treatment for patients. "We hope that the President and members of Congress will ensure that there is no further erosion of the constitutionally protected rights guaranteed by *Roe v. Wade*," says Dr. Fourcroy.

"We cannot support any measures that seek to undermine the ability of physicians to make medical decisions. It is medical professionals, not the President or Congress, who should determine appropriate medical options," concludes Dr. Fourcroy.

Founded in 1915, the American Medical Women's Association represents over 13,000 women physicians and medical students and is dedicated to promoting women's health. AMWA President Jean Fourcroy, MD, PhD, is a clinical urologist and holds clinical appointments at the Uniformed Services University of Health Sciences, F. Edward Hebert School of Medicine. Dr. Fourcroy's accomplishments include serving as president of the National Council on Women in Medicine and National Council on Women's Health as well as co-authoring a chapter for *The Women's Complete Healthbook.*

American Nurses Association
600 Maryland Avenue SW
Suite 100 West
Washington, DC 20024-2571
Tel. 202 651 7000
Fax 202 651 7001

NEWS RELEASE

FOR IMMEDIATE RELEASE
April 11, 1996

CONTACT: Sara Foer
202/651-7023

AMERICAN NURSES ASSOCIATION SUPPORTS VETO OF LATE-TERM ABORTION BILL

Calls legislation an intrusion into a personal health care decision

WASHINGTON, DC ---The American Nurses Association today commended President Clinton's veto of legislation which would have prohibited health care providers from performing a certain type of late-term abortion.

ANA opposed this legislation as an inappropriate intrusion of the federal government into a therapeutic decision that should be left in the hands of a pregnant woman and her health care provider. ANA has long supported freedom of choice and equitable access of all women to basic legal health services, including services related to reproductive health. This legislation would impose a significant barrier to those principles.

"Registered nurses have worked for decades to make real the goal of every birth being planned and wanted. These late-term abortions are rare and tragic, and they occur when something has gone terribly wrong with a pregnancy," said ANA President Virginia Trotter Betts, JD, MSN, RN. "It is inappropriate for the law to mandate a clinical course of action for a woman who is already faced with an intensely personal and difficult decision. If a woman and her health care provider determine that this procedure is safest for protecting her life and health, the government should not intrude. This protection of a woman's right to choose safe, reproductive care is the essence of *Roe v. Wade*."

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The American Nurses Association is the only full-service professional organization representing the nation's Registered Nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

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ANA
AMERICAN NURSES ASSOCIATION

SUSAN F. REYNOLDS, M.D., Ph.D.
652 JACON WAY
PACIFIC PALISADES, CA 90272
(310) 454-4933
F (310) 454-5934

April 11, 1996

Letters to the Editor
The Los Angeles Times
Times Mirror Square
Los Angeles, CA 90053

Dear Editor:

I am writing in support of President Clinton's decision to veto HR 1833, a bill which would have made it a criminal offense for doctors to perform a certain type of abortion. Although this is a highly charged and emotional issue, I believe that women and physicians should applaud the President's courage in defending what is currently legal and, in rare instances where medically necessary, acceptable medical practice.

The procedure in question is used only if the woman's life or health is threatened or if there are gross fetal abnormalities incompatible with life. Medical science has developed appropriate procedures to deal with tragic events in pregnancy when and if they occur. Qualified doctors must do post-graduate training in Obstetrics and Gynecology learning the indications, risks, and complications of abortions procedures.

It would be a dangerous precedent to allow lawyers, legislators, or Supreme Court justices to determine appropriate medical procedures. Scientific investigation and medical ethics should determine the scope of a physician's practice. What Congress should do is make sound laws, not practice medicine. The Supreme Court should determine which laws will stand.

The President's role is to uphold and defend the law of the land. That is exactly what he did by vetoing HR 1833. Although not an easy decision, his action supported the constitutional requirements determined by the Supreme Court. His compromise on this bill to this effect was rejected. His action also supported the concept that doctors, not legislators, should determine what is an appropriate medical procedure. He deserves our support.

Sincerely,

Susan F. Reynolds, M.D.

Grosvenor Hall
Athens, Ohio 45701
Phone 614-593-2178

Office of the Dean

Ohio
University
College of
Osteopathic
Medicine

For Immediate Release: 4-11-96

Op-Ed Regarding President Clinton's Veto of HR 1833
By Barbara Ross-Lee, D.O.
Dean, Ohio University College of Osteopathic Medicine

LEGISLATORS SHOULD NOT DECIDE CLINICAL PRACTICE OF MEDICINE

President Clinton vetoed a House Bill (HR 1833) Wednesday which would have prohibited physicians in America from performing a certain type of abortion, typically done only in the third trimester when a woman's health or life is in danger. The bill would have outlawed performing the procedure under any circumstances.

I agree with the President's decision. This bill should not have become law because this type of legislation supercedes sound medical decision making and shakes the very foundation of the doctor-patient relationship we have in our nation. This type of legislative "solution" to a very complex medical circumstance seeks to implement bad policy that has avoidable life-threating implications.

How can physicians make informed, objective medical decisions based on the health of the patient in cases when legislation prevents him or her from doing so? Legislation such as this – which ties the hands of physicians and prevents them from safeguarding the health of their patients – would erode the patient-physician confidence and trust which serves as the cornerstone of health-care delivery in the United States.

The crux of HR 1833 comes down to this: I don't believe the American people want legislators to decide their health care treatment, particularly when their lives may be seriously threatened. This is an issue that I can relate to both personally and professionally. I am alive today because of third trimester induced deliveries implemented late in three of my pregnancies to save my life – while heroic life-saving measures were also instituted for my babies. One of these babies survived. Today I have a life-saving third trimester-induced delivery to thank for my beautiful daughter who is now enrolled in college.

Solutions other than outright prohibition to this very complex issue can and must be found. This legislation, as it stands, is summary punishment handed down to all patients and physicians who find themselves facing this difficult and personal decision.

Editors Note: Barbara Ross-Lee, D.O., has served as Dean of the Ohio University College of Osteopathic Medicine (OU-COM) since 1993. She was the first osteopathic physician to participate in the prestigious Robert Wood Johnson Health Policy Fellowship, where she served as a legislative assistant for health for U.S. Sen. Bill Bradley of New Jersey. She was named a fellow of the American College of Osteopathic Family Physicians last fall. She is also currently serving a four-year term with the prestigious 18-member National Advisory Committee on Rural Health.

For more information, contact the Dean's Office at OU-COM at 614-593-2178.

MONTEFIORE

MONTEFIORE MEDICAL CENTER
The University Hospital
for the Albert Einstein
College of Medicine

IRWIN REDLENER, M.D., F.A.A.P.
ASSOCIATE PROFESSOR OF PEDIATRICS
DIRECTOR, DIVISION OF COMMUNITY PEDIATRICS

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April 15, 1996

Ronald Patafio
Editorial Page Editor
Gannett Suburban Newspapers
One Gannett Drive
White Plains, NY 10604

To the Editor:

Certainly the very idea of a late-term abortion is distressing to anyone, including physicians and patients who are forced to make such a difficult clinical decision. But President Clinton's decision to veto a bill that would have denied appropriate access to the procedure was absolutely correct.

Late-term abortions certainly should be permissible when a woman's life is endangered by continuation of the pregnancy, particularly if the baby would have no chance of reasonable survival. In these situations, the doctor-patient relationship must be protected from regulations that would block life-saving decisions.

In instances where this procedure is considered to safeguard a woman's health, the appropriate course of action must be determined by a skilled physician in consultation with his or her patient. This exercise of clinical judgement, guided by trust and professional medical standards, is at the core of the doctor-patient relationship. Most importantly, the decision-making process must be driven and circumscribed by medical rather than political considerations. By making a tough call in support of women and their physicians, the President has shown courage and leadership.

Sincerely,

Irwin Redlener, MD

Letters to the Editor
Los Angeles Times
Times Mirror Square
Los Angeles, CA 90053

April 10, 1996
For Publication
To the Editor:

As President-Elect of the American Medical Women's Association (AMWA), I am proud of our organization's support of President Clinton's veto of HR 1833. This bill would have denied the availability of a rarely used medical procedure to terminate a pregnancy in the tragic situations when the fetus is not viable and the life or health of the mother are in jeopardy. AMWA has stood firm in the protection of reproductive rights of American women. We support the principle that all medical care decisions should be between the woman and her physician without governmental restrictions or fear of civil or criminal prosecution.

As a physician, woman and mother, I am profoundly grateful for this veto. My ability to evaluate my patients' condition, discuss their medical options, and help them come to a decision on medically appropriate care should never be restricted by politically motivated legislation. Could you imagine Congress banning coronary artery bypass surgery and filing criminal charges against physicians who perform the procedure? How would you like to be the patient needing this procedure and having it denied because an ill-informed Congress thought it barbaric, regardless of that ban's effect on your health?

As the Supreme Court has established the legality of abortion, it is a lawful procedure. Review Boards exist which knowledgeably help to make decisions as to appropriate uses of procedures. All other judgments regarding abortion should be left to the medical and personal evaluation of the individuals involved. President Clinton's veto of HR 1833 is compassionate, fair, and greatly appreciated by anyone who has ever had to make a thoughtful decision regarding any medical procedure.

Debra R. Judelson, MD
Internist and Cardiologist
President-Elect, American Medical Women's Association

Home Address: 139 N. Carson Road Beverly Hills, CA 90211 310-652-4754
<judelsondr@ajdj.com>
Work Address: Cardiovascular Medical Group of Southern California 414 N. Camden Dr. #1100
Beverly Hills, CA 90210 310-278-3400

Founded in 1915, the American Medical Women's Association represents over 13,000 women physicians and medical students and is dedicated to promoting women' health. Their address is 801 North Fairfax Street, Suite 400, Alexandria, VA 22314 (703) 838-0500.

THE PRESIDENT HAS SEEN
4-14-96

THE WHITE HOUSE

WASHINGTON

April 11, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN

SUBJECT: RELIGIOUS OUTREACH ON H.R. 1833

Per our conversation, I wanted to outline our outreach efforts to religious outlets on H.R. 1833. As you are aware, personalized letters were sent to several prominent leaders outlining your position on the bill. In addition, we are taking the following steps to ensure the religious community understands the reasons why you vetoed H.R. 1833.

I. Catholic Leaders

We are working with Catholics who are influential on the national level and in targeted states in order to convey your position and rationale adequately to the Catholic lay community. We are talking and sending materials that include: the transcript of the veto event, your veto message, and the letter to Cardinal Bernardin.

III. Specialty Press

The following list of Religious press organizations have been sent copies of the transcript, letter and remarks: Religious News Service, Associated Baptist Service, Catholic News Service, Catholic Health World, and Religious News Service.
At this point, we know that Religious News Service is writing a story; the special press office has been in close touch with the reporter to make sure she had the transcript and letter.

IV. Other Religious Leaders

We will send a personalized letter from you (the original letter staff secretary sent) and a copy of the transcript to approximately 400 friends in the religious community including leaders from Jewish and Hispanic communities.

If this issue continues to play out and you are interested in continuing the dialogue with religious groups, we could consider the following:
1) bring in religious organizations for a briefing by senior administration officials on your position;
2) accept the invitation for you to speak to the Catholic Press Association's convention in May.

cc: Leon Panetta
Harold Ickes
Evelyn Lieberman

April 11, 1996

MEMORANDUM TO ALEXIS HERMAN

FROM: BARBARA WOOLLEY

RE: OUTREACH TO PROVIDER COMMUNITY--H.R. 1833

The following information summarizes the provider community activities in regard to the President vetoing H.R. 1833.

* 3 Statements: American College of Obstetricians and Gynecologists (ACOG)
  American Medical Women's Association (AMWA)
  American Nurses Association (ANA)

* AMWA: Task Force will do press across the U.S.
  National President sent letter to LA Times.

* ANA: National President wrote Op Ed for Tennessee newspaper.
  Government Relations Committee will do press.

* California Physicians for Clinton/Gore:
  Dr. Susan Reynold sent letter to Editor to LA Times.
  Dr. Patricia Salber sent letter to Editor San Francisco Chronicle.

* Other Physicians participated in press in the following states: OH, NY, NH, IL, GA, CA, TN.

Attachments

cc: Marilyn Yager
Betsy Myers

The
American
College of
Obstetricians and
Gynecologists

April 9, 1996

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

Dear Mr. President:

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

Thank you for considering our views on this important matter.

Sincerely,

Ralph W. Hale MD

Ralph W. Hale, MD
Executive Director

AMWA

AMERICAN MEDICAL WOMEN'S ASSOCIATION

For Immediate Release
April 10, 1996

Contact: Anne Pritchett, Director
of Public Affairs and Government
Relations 703/838-0500

AMWA ENDORSES PRESIDENT CLINTON'S LEADERSHIP IN VETO OF H.R. 1833

Alexandria, VA -- The American Medical Women's Association supports President Clinton's veto of H.R. 1833, which would have prohibited physicians from performing a specific surgical procedure to terminate pregnancy. "Throughout the debate on the issue of abortion, AMWA has sought to protect the reproductive rights of American women and has opposed any legal requirements for medical or surgical care decisions," said AMWA President Dr. Jean Fourcroy. "We strongly support the principle that all medical care decisions should be left to the judgment of a woman and her physician without governmental restrictions placed on her physician's judgment and without fear of civil action or criminal prosecution."

H.R. 1833 would have dictated available procedures to be used by physicians rather than allowing physicians to use medical judgment to determine the most appropriate treatment for patients. "We hope that the President and members of Congress will ensure that there is no further erosion of the constitutionally protected rights guaranteed by *Roe v. Wade*," says Dr. Fourcroy.

"We cannot support any measures that seek to undermine the ability of physicians to make medical decisions. It is medical professionals, not the President or Congress, who should determine appropriate medical options," concludes Dr. Fourcroy.

Founded in 1915, the American Medical Women's Association represents over 13,000 women physicians and medical students and is dedicated to promoting women's health. AMWA President Jean Fourcroy, MD, PhD, is a clinical urologist and holds clinical appointments at the Uniformed Services University of Health Sciences, F. Edward Hebert School of Medicine. Dr. Fourcroy's accomplishments include serving as president of the National Council on Women in Medicine and National Council on Women's Health as well as co-authoring a chapter for *The Women's Complete Healthbook*.

American Nurses Association
600 Maryland Avenue SW
Suite 100 West
Washington, DC 20024-2571
Tel. 202 651 7000
Fax 202 651 7001

NEWS RELEASE

FOR IMMEDIATE RELEASE
April 11, 1996

CONTACT: Sara Foer
202/651-7023

AMERICAN NURSES ASSOCIATION SUPPORTS VETO OF LATE-TERM ABORTION BILL

Calls legislation an intrusion into a personal health care decision

WASHINGTON, DC ---The American Nurses Association today commended President Clinton's veto of legislation which would have prohibited health care providers from performing a certain type of late-term abortion.

ANA opposed this legislation as an inappropriate intrusion of the federal government into a therapeutic decision that should be left in the hands of a pregnant woman and her health care provider. ANA has long supported freedom of choice and equitable access of all women to basic legal health services, including services related to reproductive health. This legislation would impose a significant barrier to those principles.

"Registered nurses have worked for decades to make real the goal of every birth being planned and wanted. These late-term abortions are rare and tragic, and they occur when something has gone terribly wrong with a pregnancy," said ANA President Virginia Trotter Betts, JD, MSN, RN. "It is inappropriate for the law to mandate a clinical course of action for a woman who is already faced with an intensely personal and difficult decision. If a woman and her health care provider determine that this procedure is safest for protecting her life and health, the government should not intrude. This protection of a woman's right to choose safe, reproductive care is the essence of *Roe v. Wade*."

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The American Nurses Association is the only full-service professional organization representing the nation's Registered Nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

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ANA
AMERICAN NURSES ASSOCIATION

Grosvenor Hall
Athens, Ohio 45701
Phone 614 593 2178

Office of the Dean

Ohio
University
College of
Osteopathic
Medicine

For Immediate Release: 4-11-96

Op-Ed Regarding President Clinton's Veto of HR 1833
By Barbara Ross-Lee, D.O.
Dean, Ohio University College of Osteopathic Medicine

LEGISLATORS SHOULD NOT DECIDE CLINICAL PRACTICE OF MEDICINE

President Clinton vetoed a House Bill (HR 1833) Wednesday which would have prohibited physicians in America from performing a certain type of abortion, typically done only in the third trimester when a woman's health or life is in danger. The bill would have outlawed performing the procedure under any circumstances.

I agree with the President's decision. This bill should not have become law because this type of legislation supercedes sound medical decision making and shakes the very foundation of the doctor-patient relationship we have in our nation. This type of legislative "solution" to a very complex medical circumstance seeks to implement bad policy that has avoidable life-threating implications.

How can physicians make informed, objective medical decisions based on the health of the patient in cases when legislation prevents him or her from doing so? Legislation such as this – which ties the hands of physicians and prevents them from safeguarding the health of their patients – would erode the patient-physician confidence and trust which serves as the cornerstone of health-care delivery in the United States.

The crux of HR 1833 comes down to this: I don't believe the American people want legislators to decide their health care treatment, particularly when their lives may be seriously threatened. This is an issue that I can relate to both personally and professionally. I am alive today because of third trimester induced deliveries implemented late in three of my pregnancies to save my life – while heroic life-saving measures were also instituted for my babies. One of these babies survived. Today I have a life-saving third trimester-induced delivery to thank for my beautiful daughter who is now enrolled in college.

Solutions other than outright prohibition to this very complex issue can and must be found. This legislation, as it stands, is summary punishment handed down to all patients and physicians who find themselves facing this difficult and personal decision.

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For more information, contact the Dean's Office at OU-COM at 614-593-2178.

SUSAN F. REYNOLDS, M.D., Ph.D.
652 JACON WAY
PACIFIC PALISADES, CA 90272
(310) 454-4933
F (310) 454-5934

April 11, 1996

Letters to the Editor
The Los Angeles Times
Times Mirror Square
Los Angeles, CA 90053

Dear Editor:

I am writing in support of President Clinton's decision to veto HR 1833, a bill which would have made it a criminal offense for doctors to perform a certain type of abortion. Although this is a highly charged and emotional issue, I believe that women and physicians should applaud the President's courage in defending what is currently legal and, in rare instances where medically necessary, acceptable medical practice.

The procedure in question is used only if the woman's life or health is threatened or if there are gross fetal abnormalities incompatible with life. Medical science has developed appropriate procedures to deal with tragic events in pregnancy when and if they occur. Qualified doctors must do post-graduate training in Obstetrics and Gynecology learning the indications, risks, and complications of abortions procedures.

It would be a dangerous precedent to allow lawyers, legislators, or Supreme Court justices to determine appropriate medical procedures. Scientific investigation and medical ethics should determine the scope of a physician's practice. What Congress should do is make sound laws, not practice medicine. The Supreme Court should determine which laws will stand.

The President's role is to uphold and defend the law of the land. That is exactly what he did by vetoing HR 1833. Although not an easy decision, his action supported the constitutional requirements determined by the Supreme Court. His compromise on this bill to this effect was rejected. His action also supported the concept that doctors, not legislators, should determine what is an appropriate medical procedure. He deserves our support.

Sincerely,

Susan F. Reynolds, M.D.