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Folder Title:

Folders with Background Regarding Late Term Abortion Issue & Family Planning Issue [2]

Stack:

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Row:

43

Section:

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THE WHITE HOUSE

WASHINGTON

(11/27/96

Dear Viki,

Thanks for your letter
and your support. It's been
rough out there with all the
back political rhetoric, on the
"partial birth" issue but you and
the other women like West who
had to deal with this terrible
dilemma deserve not to be
sacrificed in the white heat of
an emotional but flawed fight.

Good luck with your family.
Thanks again for speaking out.

Sincerely,

Barack Obama

Send my reply
cc: Betsy Myers

Viki Wilson
1801 N. Adoline
Fresno, CA 93705



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

FAX COVER SHEET

Number of pages 3
(excluding cover sheet)

Date 3/19/97

Time 12³⁰ am pm

TO: SAP DISTRIBUTION LIST

FROM: OMB LEGISLATIVE AFFAIRS
Phone: 395-4790

SUBJECT OF SAP:

H.R. 929 -- Partial-Birth Abortion Ban Act of 1997



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

March 19, 1997
(House)

STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

H.R. 929 - Partial-Birth Abortion Ban Act of 1997 (Rep. Canady and 181 cosponsors)

H.R. 929 contains the same serious flaws as H.R. 1833, a virtually identical bill that was passed during the 104th Congress and vetoed by the President on April 10, 1996.

The President will veto H.R. 929 for the reasons he expressed in his veto message of April 10, 1996, which is attached.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

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

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

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

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

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

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

more

(OVER)

2

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

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THE WHITE HOUSE

WASHINGTON

October 18, 1996

Dr. Joe D. Bennett
Box 969
Harrison, Arkansas 72601

Dear Joe:

Thanks for your letter about so-called partial-birth abortions. This is a difficult and disturbing issue, one to which I have devoted a good deal of time and study and prayer. I know you are concerned about it. Let me try to explain for a moment where I stand and why.

I do not, as a general matter, support the use of this procedure, but I do believe that a very limited exception is necessary to protect the serious health interests of women. In particular, as I said to Congress on several occasions dating back to February, I would have signed legislation banning the procedure if it had included an exception permitting the procedure to be used in those rare cases where a woman's doctor believes that its use is necessary to save her from death or serious injury to her health. Had Congress responded to my repeated requests to add such a narrow, tightly drawn exception, I would have signed the bill.

As you may know, in April I was joined at 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. Their babies were certain to perish before, during or shortly after birth. The only question was how much damage the women were going to suffer.

I understand that your consultations with doctors have led you to question whether this procedure is ever medically most appropriate. In my view, the best answer to this question comes from the medical community itself, which broadly supports the continued availability of the procedure in cases where a woman's serious health interests are at stake. In those rare cases, I believe a woman's doctors should at least have the option to determine, in the best exercise of their medical judgment, whether the procedure is indeed necessary.

Of course, I do not contend that this procedure is always used in circumstances that meet my standard. But to the extent that it is used in situations where a woman's serious health interests are not at risk, I oppose such uses and would sign legislation banning them.

Joe, I hope this helps clarify my position on this troubling issue. As always, I am grateful for your steadfast support. Please give Mary Jean my very best wishes. Hillary and I are glad to hear that she is doing so well.

Sincerely,

Bin

THE WHITE HOUSE

WASHINGTON

September 26, 1996

Dr. Robert P. Dugan, Jr.
Vice President for Governmental Affairs
National Association of Evangelicals
1023 15th Street, N.W.
Washington, D.C. 20005

Dear Dr. Dugan:

Thank you for your letter asking that I reconsider my position on the late-term abortion bill in light of Richard Cohen's September 24 column in The Washington Post on that subject. I appreciate the heartfelt concern that you and many other people of faith have about this issue. The truth is that nothing in Mr. Cohen's column is inconsistent with my own views. As I have said on a number of occasions, I would favor legislation banning the "partial-birth" abortion procedure as long as there is an exception to save a woman from death or serious damage to her health. To the extent, as Mr. Cohen suggests, that the procedure is used for non-medical reasons, I think that is wrong and I would sign legislation banning it.

Let me take a moment to explain, as clearly and carefully as I can, the basis for my views on this issue.

I have long opposed late-term abortions 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, 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 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 have never stated that this procedure, today, is always used in circumstances that meet my standard. But, as I indicated, to the extent that the procedure is used in situations where a woman's serious health interests are not at risk, 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 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.

I continue to hope that a solution can be reached on this painful issue. Again, thank you for writing and letting me know your views.

Sincerely,

A handwritten signature in cursive script that reads "Ron Clusen". The signature is written in dark ink and is positioned below the typed name "Ron Clusen".

THE WHITE HOUSE

WASHINGTON

May 26, 1997

Dr. Stephen L. Carter
Yale Law School
Post Office Box 208215
New Haven, Connecticut 06520-8215

Dear Stephen:

Thank you for your thoughtful and heartfelt letter.

As you know, I vetoed H.R. 1833 last year because Congress would not include a limited exception in the bill for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health; I will veto H.R. 1122 for the same reason.

I have never contended that this procedure, today, is always used in circumstances falling within this exception. To the contrary, 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, as I have stated repeatedly, I would sign appropriate legislation banning them.

I know that you believe that any health exception will be so broad as to eviscerate the ban. That is not the kind of exception I support; instead I am asking for an exception that takes effect only when a woman faces real, serious adverse health consequences. I remain confident that Congress and this Administration, working together, could craft such an exception, and I regret the failure of recent good faith efforts to reach a workable compromise.


I appreciate your counsel on this complex and important issue.

Sincerely,

Bill

10/11/97 - I had this article months ago in your work this out. I found your arguments as always compelling. My problem with the law, as written, is narrow but deep. It appears to prohibit procedures in cases where doctors tell mothers their babies are certain to perish before, during, or just after childbirth and that maternal deliveries will in all likelihood cause their bodies and heads to be further damaged. I met with some of these women, including two pro-life Catholics, one pro-life Christian evangelist and a devout Jew. They've my concern - I don't want to head health exception

5/22/97



Yale Law School
127 Wall Street
New Haven, Connecticut 06511

STEPHEN L. CARTER
William Nelson Cromwell
Professor of Law

(203) 432-4839
(203) 432-4871 (fax)

May 21, 1997

The President
The White House
Washington, D.C. 20500-2000

Dear Mr. President:

Some time ago, you asked me to feel free to get in touch with you if I had any ideas or suggestions. I have not presumed upon that privilege until now. But I believe we have reached a singular moral moment.

I am writing, Mr. President, to ask you -- to plead with you -- to sign the just-passed legislation banning what has come to be called "partial-birth abortion."

Mr. President, you have shown yourself admirably ready to act as a "New Democrat" across so many important areas of American life: race, religion, welfare, crime, and foreign affairs, to name a few. You have rejected the ready instinct of so many liberals (and conservatives) to do at once what powerful constituencies have demanded. You have reminded Democrats that the soul of the Party belongs not to liberal interest groups, but to the middle class that is the backbone of the nation. In consequence, you have managed to lead an often unwilling Democratic Party back to its roots and thus back to a near-majority status. Moreover, you have demonstrated to the nation that it is possible for us to have a politics that is driven by a mix of moral judgment and practical compromise, rather than by adherence to the narrow agendas of particular organizations.

But by refusing to compromise on the "partial-birth abortion" question, you risk this significant accomplishment. For abortion, too, is an issue on which the Democratic Party needs a leader who will help it to claim the center. A ban on this abortion method is both a very sensible and a very moral place to start.

Letter to the President
May 21, 1997
Page 2

I know that you are aware of the lack of medical necessity for this gruesome procedure, and of the remarkable endorsement of the ban by the American Medical Association -- hardly a bastion of pro-life activism.

I know that you are aware of the moral arguments against the procedure, and I will not repeat them in detail here, other than to point out that it is difficult to explain how a fetus that is entirely born except for its head can be considered anything other than a human being. Pro-choice Democrats, I fear, did not cover themselves with glory during congressional debate on this issue when, pressed by pro-life members, they refused to say what would happen if (by accident) the fetus was born alive in the midst of the "partial-birth" procedure. A few of them implied (and some pro-choice advocates have echoed this view) that, even were the fetus inadvertently born alive, the abortion right would still allow the woman to have the doctor kill it.

The absurdity of the moral position in favor of the procedure becomes apparent from this example. If (as I suspect you would agree) it is wrong for the physician to kill the fetus if it has emerged alive from the womb, it is difficult to see why it is right to do so when a mere 80 or 90 percent of the body has emerged.

The pro-choice response, that the choice even of this particular abortion procedure must be left as a private matter between a woman and her doctor, is incoherent. It suggests that there *never* comes a point at which the fetus enjoys a right to life -- even once the fetus has emerged almost entirely from the womb. But it is both profoundly anti-democratic and profoundly amoral to propose that the status of being pregnant (or of facing a difficult decision within the pregnancy) frees one from the normal human requirement of possessing a moral justification for an action.

Like many Americans, I appreciate the compassion that leads you to insist on a broad exception to guard the health of the woman who is pregnant. Yet, as a Christian, I remain wary of state policies that choose the health of a woman over the life of what is, for every other purpose, a human being. Moreover, as I am sure you are aware, it is an unfortunate fact, but a fact nevertheless, that if an exception is granted for the health of the pregnant woman, many abortion providers will take the position that *all* abortions are necessary for the health of the pregnant woman. (Many obstetricians evidently share the view that one stated on a televised panel a few years ago: "Abortion is always safer for a woman than childbirth.")

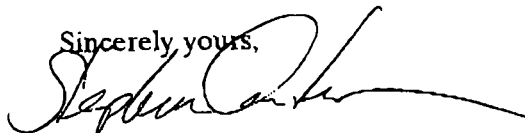
The moral rule here should be simple and clear: no matter how pro-choice we as a society may be, the choice must be exercised before the fetus has placed a single foot out of the womb and into our world. We might argue long and hard about the point at

Letter to the President
May 21, 1997
Page 3

which life begins, but we should be able to agree that at the moment when it takes its first symbolic step into the material world, the fetus is no longer a fetus -- it is a human child, and thus inviolable.

With respect and gratitude for all that you have done and continue to do for the nation, I remain,

Sincerely yours,



Stephen L. Carter

THE WHITE HOUSE
WASHINGTON

May 2, 1997

The Reverend Richard T. McSorley, S.J.
Georgetown University Center for
Peace Studies
419 Loyola
Washington, D.C. 20057

Dear Father McSorley:

I want to thank you for your letter and for sending the statement by PHACT.

As you know, I vetoed H.R. 1833 because Congress would not include a limited exception in the bill for those few but tragic cases in which the procedure is necessary to save the life of a woman or prevent serious harm to her health. I regret that we disagree on the medical evidence about whether such an exception is ever warranted.

In any event, I have never contended that this procedure, today, is always used in circumstances falling within this exception. To the contrary, 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 as I have stated repeatedly, I would sign appropriate legislation banning them. I am confident that Congress and my Administration, working together, could craft such legislation.

I am always grateful for your counsel.

Sincerely,

Bill

6/11/97 - I read this all these months hoping we could work this out, especially for mothers whose doctors have told them their babies are certain to die and that maternal delivery will in all likelihood render them unable to have more children - I personally met with some of them, the pro-life Catholics, the pro-life Christians evangelists, one devout Jew, I wanted to protect their child bearing ability, not to justify the procedure or create broad exceptions.

3/26/97 Me Sorley Staff See Partial Bush

3-25-97
TO DORSKIWD FOR
REPLY?
YES
NO

1997 MAR 24 AM 11:47

Georgetown University
Jesuit Community
Washington, D.C.
3/13/97

President William J. Clinton
The White House

Dear Bill:

The enclosed statement of partial-birth abortion by a group of medical doctors is the most accurate I have found. They say it is never medically indicated. They say that children with the same conditions as those of the five women you showcased when you vetoed the partial -birth abortion act, are regularly treated by physicians across the country. Even when their children suffer these and other serious conditions, never is the partial-birth abortion medically indicated. Moreover they say that partial-birth abortion can be dangerous and potentially life-threatening to women.

I send you this statement hoping you will reconsider your veto and reverse is when the opportunity offers itself.

With renewed thanks for your world wide peacemaking, I am,

Your old friend,
Richard T. McSorley
Richard T, McSorley, S.J.

THE WHITE HOUSE
WASHINGTON

BRAIN SUCK DUDES

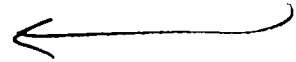
REV. FRED KAMMER
AND. RAY FLYNN
REV. BILL HYBELS
REV. GORDON MACDONALD
ARCH. JOSEPH BERNARDIN
ARCH. JAMES HICKEY
ARCH. ROGER MAHONEY
ARCH. BEARD LAW
KATE BRITTON

COLLEEN

THE DREADED LIST.
THESE FOLKS HAVE
BEEN WRITTEN TO.

- SETH

SO HAVE THESE



M I

9/19

THE WHITE HOUSE
WASHINGTON

April 12, 1996

Bishop John Antony
Ukrainian Orthodox Church of USA
4 Von Steuben Lane
South Bound Brook, NJ 88800

A circle containing handwritten initials 'AP' and a signature 'Buhh'. A diagonal line crosses through the circle from the top right to the bottom left.

Dear Bishop Antony:

I wanted to let you know my thoughts regarding H.R. 1833, a bill banning a certain abortion procedure.

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

Indeed, when I first heard the procedure referred to in H.R. 1833 described, I thought I would support the bill. But as I studied the matter and learned more about it, I came to understand that this is a rarely used procedure, justifiable as a last resort when doctors judge it necessary to save a woman's life or to avert serious health consequences to her.

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

In short, I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent serious risks to her health.

Chris F...
DPL

G-5170

IDENTICAL LETTERS (AUTO-
PENNYED
BY MICHAEL SEPTOFF) PREPARED
FOR EVERYONE ON ATTACHED LIST.
LETTERS WERE PICKED UP FROM ORU
ON 4/13/96

That is why I implored Congress to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. The life exception in the current bill fails to cover cases where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. - I want to say again that if Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill.

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

I appreciate your concern about this issue.

Sincerely,

That is why I implored Congress to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. The life exception in the current bill fails to cover cases where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I want to say again that if Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill.

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

I appreciate your concern about this issue.

Sincerely,

Tom Clintan

Jim - No apparel list!!!

Rev. Ed Matthews
First United Methodist Church
723 Center
Little Rock, AR 72201

Dr. Luis Palau
P.O. Box 1173
Portland, OR 97207

Rev. James Andrews
Presbyterian Church (USA)
100 Witherspoon Street
Louisville, KY 40202-1369

Father Robert Brooks
The Episcopal Church
110 Maryland Avenue, NE
Suite 309
Washington, DC 20002

Rev. Gessel Berry
United Methodist Church
611 Martin
Deerfield, IL 60015

Dr. Wallace Ford
New Mexico Conference of Churches
124 Hermosa, SE
Albuquerque, NM 87108

Reverend Samuel Abbott
Grace Church in New York
802 Broadway (at 10th Street)
New York, NY 10003

Rev. Dr. John Buchanan
Fourth Presbyterian Church of
Chicago
126 E. Chestnut
Chicago, IL 60611

Rev. Gilbert Caldwell
St. Marks United Methodist Church
239 W. 139th St.
New York, NY 10030

Bishop Alfred Norris
The United Methodist Church
7920 Mountain Road, NE
Albuquerque, NM 87110

Dr. T.L. Lowery
National Church of God
6700 Bock Road
Ft. Washington, MD 20744

Reverend George Brandt, Jr.
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225 West 99th Street
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Dr. Carroll Gunkel
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United Methodist Church
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Bishop Felton May
The United Methodist Church
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Room 214
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Rev. Daniel Rosemergy
Brookmeade Congregational Church
United Church of Christ
700 Bresslyn Road
Nashville, TN 37205

Mr. Tim McElwee
Church of the Brethren
110 Maryland Avenue, NE
Washington, DC 20002

Dr. George Mason
Wilshire Baptist Church
4316 Abrams Road
Dallas, TX 75214

Rev. Charles Rush
Christ Church
561 Springfield Avenue
Summit, NJ 07901

Rev. Charles Crabtree
Assemblies of God
1445 Booneville Avenue
Springfield, MO 65802-1894

Rev. John Dennis
First Presbyterian Church
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Corvallis, OR 97333

Archbishop Vatche Hovsepian
Armenian Church of North America
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Pasadena, CA 91170

Rev. Ronald McManus
Assemblies of God
3730 University Parkway
Winston Salem, NC 27106

Rev. Elias Perez
Iglesia de Jios Pentacostal, MI
P.O. Box 360455
San Juan, PR

Dr. John Perkins
J.M.P. Foundation for
Reconcilliation and Development
Harambee Christian Family Center
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Pasadena, CA 91103

Archbishop Antony Scharba
Ukranian Orthodox Church of USA
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Rev. Leslie Welk
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Mountlake Terrence, WA 98155

Rev. Alfred McClure
Seventh-day Adventist Church
12501 Old Columbia Pike
Silver Spring, MD 20904

Mrs. Patricia Ayres
Baptist Joint Committee
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Austin, TX 78731

Dr. Reginald McDonough
Baptist General Association of
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Richmond, VA 23226

Rev. Robert Ricker
Baptist General Conference
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Mr. Calvin Babcock
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Janesville, WI 53547

Dr. Pat Anderson
Co-operative Baptist Fellowship
817 Lexington Street
Lakeland, FL 33801

Dr. Charles Wade
Baptist General Convention of
Texas
1811 Tennyson
Arlington, TX 76013

Rev. Clint Hopkins
Baptist General Assembly of
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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

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

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

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

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

In the past several months, I have heard from women who desperately wanted to have their babies, who were devastated to learn that their babies had fatal conditions and would not live, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to ever bear children again.

For these women, this was not about choice -- not about deciding against having a child. These babies were certain to perish before, during or shortly after birth, and the only question was how much grave damage was going to be done to the woman.

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

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

#

May 20, 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 am deeply appreciative of the support you have given me over the years. And I want to do my best to explain to you the real and genuine basis for my veto of H.R. 1833, the ban on the procedure commonly known as partial birth abortion.

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 woman'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 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. 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,

BC/SEM/JRS/emu-lynn-pw-emu-emu-bws (Corres. #2883693)
(5.brothers.rv)

cc: Seth Masket, Rm. 93
cc: Kyle Baker, Rm. 93

Xeroxed copy of personally signed original to NH through Todd Stern

CLEAR THRU TODD STERN

PRESIDENT TO SIGN

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 only 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.

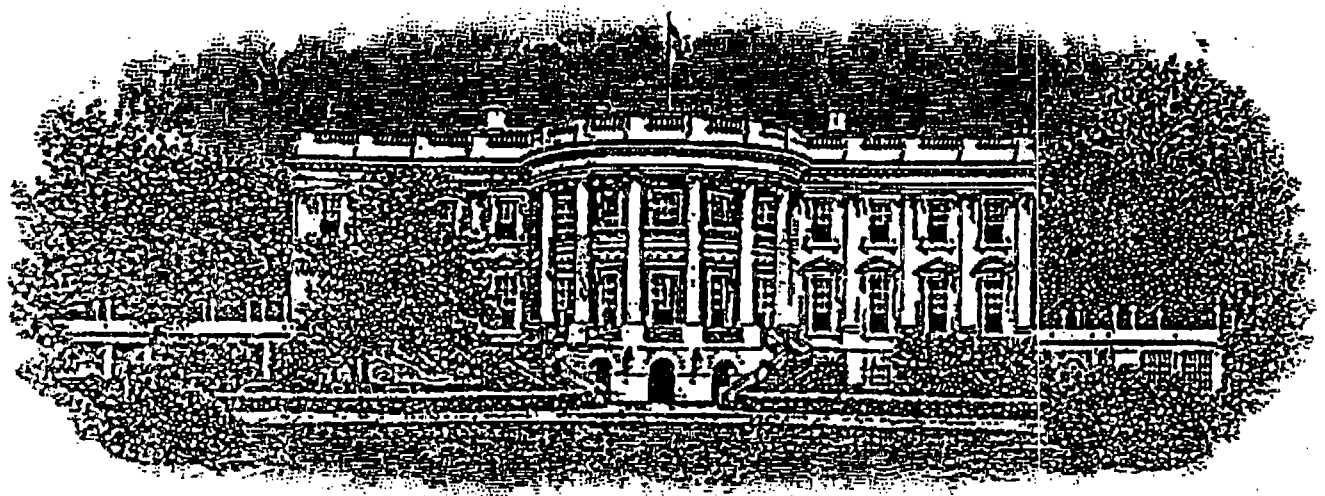
I recognize that many people will continue to disagree with me about this issue. But they should all know the truth about where I stand: I do not support the use of this procedure on demand. I do not support the use of this procedure on the strength of mild or fraudulent health complaints. But I do believe 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,

Bin Clinton

The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Seth Maskit

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if there is too much fluid, the brain cannot develop.

As practicing Catholics, when we have problems and worries, we turn to prayer. As we waited to find our more from the doctors, our whole family prayed together. My husband and I were very scared, but we are strong people and believe that God would not give us a problem if we couldn't handle it. This was our baby. Everything would be fine. We never thought about abortion.

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

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

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

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

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

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

Thank you, Mr. President.

THE PRESIDENT: Thank you.

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

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

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

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

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

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

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

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

Thank you.

THE PRESIDENT: Thank you.

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

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

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

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

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

Thank you.

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

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

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

MRS. STELLA: My name is Vikki Stella, and I'm from Chicago, Illinois. My story is basically the same thing. We're like a family now. And at 22 weeks I found out that...

a family now. And at 32 weeks I found out that my son wasn't growing properly, and when everything was all done and said and the ultrasounds were in and I had the answer, I found out my son had nine major anomalies, one including no brain. It did not show up on the amnio because it was a closed neural tube defect, so those things don't show up. That's for genetic research.

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

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

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

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

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

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

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

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

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

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

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

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

follow us, because all women deserve the finest medical care that exists. And we are the blessed ones and we want that for them.

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

Thank you.

THE PRESIDENT: Thank you very much.

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

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

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

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

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

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

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

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

We need more families in America like these folks. Me

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

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

Thank you. Thank you all very much.

END

5:40 P.M. EDT

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

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

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

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

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

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

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

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence Joseph Cardinal Bernardin
Archbishop of Chicago
Post Office Box 1979
Chicago, Illinois 60690

Dear Cardinal Bernardin:

I want to thank you for your letter on H.R. 1833. I appreciate and considered the strong moral convictions you expressed.

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

Indeed, when I first heard the procedure referred to in H.R. 1833 described, I thought I would support the bill. But as I studied the matter and learned more about it, I came to understand that this is a rarely used procedure, justifiable as a last resort when doctors judge it necessary to save a woman's life or to avert serious health consequences to her.

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

In short, I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent serious risks to her health.

That is why I implored Congress to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. The life exception in the current bill fails to cover cases where the doctor believes not that the mother's death is probable, but rather that, without the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I want to say again that if Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill.

Again, I thank you for your concern. These are painful and sobering issues. I understand your desire to eliminate the use of a procedure you see as inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be, in my judgment, even more inhumane.

Although I know you disagree with me on this matter, I hope we can continue our dialogue and continue to work together on the broad array of issues on which we do agree. I need your help and your insight.

Sincerely,

Bill Clinton

**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, to be named 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.

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.