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Veto on Abortion Bill (H.R. 1833) 4/10/96 [1]

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

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

[MARY-DOROTHY LINE TELLS HER STORY]

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

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

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

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

Let me be clear: I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent grave risks to her health. That is why I implored Congress to add an 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 only covers cases where the doctor believes that the woman will die. It fails to cover cases where -- without the procedure -- serious physical harm, often including losing the ability to have more children, is very likely to occur. If Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill into law.

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

Thank you.

Clinton veto of abortion bill bodes far-reaching political effects

By ADELLE M. BANKS

 April 11, 1996

WASHINGTON (RNS) -- President Clinton's veto Wednesday (April 10) of a proposed ban on a controversial late-term abortion procedure has highlighted an emotional moral battle that may have profound implications for the 1996 presidential race.

Condemned harshly by groups ranging from the National Conference of Catholic Bishops to the Christian Coalition and praised by religious and secular groups that favor abortion rights, Clinton vetoed legislation that would have made it a crime for doctors to perform a third-trimester procedure known as "intact dilation and evacuation" -- what foes called "partial-birth abortion."

If it had not been vetoed, the legislation would have been the first congressional ban of an abortion procedure since the U.S. Supreme Court upheld women's right to abortion in the 1973 Roe vs. Wade decision.

Opponents of abortion rights said the procedure is tantamount to murdering a fully formed human. Clinton argued that while he, too, abhors late-term abortions, the procedure is necessary in a small number of cases to protect the life or health of a mother suffering the effects of a dangerously difficult pregnancy.

Immediately after vetoing the measure Wednesday evening, the president put a personal face on the debate by introducing several women who had undergone the procedure after learning of dire health problems with their fetuses.

"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," Clinton said. "And they should not become pawns in a larger debate, even though it is a serious and legitimate debate of profound significance."

Clinton said he vetoed the ban because its supporters did not include an exception for "serious, adverse health consequences to the mother." The proposed measure would have allowed the procedure if the mother's life were in danger, but did not make a broader exception to cover cases where the woman's health -- but not life -- was in jeopardy.

The procedure involves partially extracting a fetus, feet first, and then collapsing the skull in the birth canal by suctioning out the brain.

Spokespersons on either side of the debate variously described Clinton as an extremist and a protector of sound public policy.

"Even though it (the veto) was promised ... we are shocked that he could put himself on the side of what is virtually infanticide," said Helen Alvare, planning and information director of the pro-life office of the National Conference of Catholic Bishops.

"I think it means pro-lifers have gained the moral high ground in an even stronger way. They have shown that the other side is more extreme than their ordinary rhetoric would reveal. It will be a black mark on the pro-abortion group and the pro-abortion president that will last a long time."

But Ann Thompson Cook, executive director of the Religious Coalition for Reproductive Choice, a group representing 38 Christian and Jewish religious organizations, said those who supported the ban are exercising only "partial compassion."

"They're not compassionate toward the women who do what can only be called soul-searching at this moment, and it's not compassionate toward the fetus that is in severe circumstances," she said.

Cook said giving the government an opportunity to "second-guess" the decisions of women, their families and physicians is inappropriate.

"It can only impose somebody else's religion for the government to say one thing is right and wrong in all situations," she said.

Ban supporters, including Sen. Majority Leader Robert Dole of Kansas, the expected Republican nominee for president, intend to make Clinton's action a key issue in the 1996 election campaign. Dole said Clinton has "embraced the extreme position of those who support abortion at any time, at any place and for any reason."

"It will be very hard, if not impossible, for Bill Clinton to look Roman Catholic and evangelical voters in the eye and ask for their support in November," declared Ralph Reed, Christian Coalition executive director. "By allowing that procedure to continue unchecked, President Clinton has disappointed and deeply offended one of the largest voting blocks in the electorate. Bill Clinton has done more today than jeopardize the lives of unborn children, he has jeopardized his own chances of re-election."

Gloria Feldt, president-elect of the Planned Parenthood Federation of America, said she, too, expects that voters will be reminded of the veto closer to Election Day.

"I'm sure that anti-choice groups will try to make it an issue," she said. "This is not an issue for Congress. This is an issue for doctors and for their patients."

John C. Green, director of the Ray C. Bliss Institute of Applied Politics at the University of Akron in Ohio, said the debate over the procedure will likely help Republicans and hurt Democrats as they attempt to attract swing voters.

"The Catholic swing vote among those people who might be influenced by this type of issue may amount to 5 percent," said Green. "In a real close election, you can see how that could make a difference one way or another."

Beyond the political rhetoric are the sheer emotions that are evoked by descriptions of the medical procedure and the conditions of the fetuses that prompt its consideration.

The women who met with Clinton shortly after his veto described the torment of the doctor's-office visits when they learned that the child they looked forward to bearing was no longer a healthy fetus.

Claudia Ades of Los Angeles, Calif., said she and her husband implored physicians to help them.

"We begged for a cardiologist or a neurosurgeon or someone that could fix my baby's brain or the hole in his heart," said Ades, who is Jewish. "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."

Ban supporters, describing the procedure in explicit detail, say they can't see how it can improve the mother's health.

"Once a woman has vaginally delivered a child four-fifths of the way, to say that it is medically necessary rather than to just deliver it another couple of inches ... defies common sense," Alvare said.

Clinton explained in a letter Wednesday to Cardinal Joseph Bernardin of Chicago why he had used his veto pen. Bernardin was among those who supported the ban.

"These are painful and sobering issues," the president wrote. "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."

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COMMENTARY: Who's the victim here?

By DICK FEAGLER

 April 11, 1996

(Dick Feagler is a columnist for the Cleveland Plain Dealer.)

(RNS) — The long mugging of Bernie Goetz continues.

Twelve years ago, Goetz shot four kids on a New York subway train. The kids were after his wallet. Now, one of the muggers is back and he's better armed and more ambitious. This time he's packing a lawyer and he wants $50 million.

After the moment that made him notorious, self-defense became Goetz's career. His batting average of self-preservation shows him two for three. He kept his money in the subway. He beat an attempted murder rap in criminal court. But he was convicted of having an unlicensed firearm and served eight months in jail. Now he's back where he started in 1984 with the same hostile stranger reaching for his wallet.

But plenty has changed in America since Goetz earned the nickname "subway vigilante." Many states have passed laws allowing citizens to carry concealed weapons. This is not a happy evolution. Even the people who champion these laws would have to admit that they represent a breakdown of civil order. They are a symbol of too many bad guys and too few cops.

In the days of the old West, a hero could ride into a town and tame it. The Hollywood historian who wrote the Western persuaded us that a town could be tamed in one dramatic gunfight. When the smoke cleared, the bad guys who were still alive high-tailed out of there. They didn't hang around to declare victimization and go shopping for defense lawyers.

But these days the script sometimes takes a startling new turn. After a crime is committed, roles are often swapped. The victimizers of the first act become the victims in act three. A magician with a law degree takes their vice and, Presto!, reverses it.

In Philadelphia the other day, convicted cop killer Mumia Abu-Jamal filed a $2 million suit against National Public Radio for first agreeing and then refusing to run his commentaries recorded on death row. Abu-Jamal alleges he is the victim of artistic censorship.

I am an NPR fan and have, from time to time, unloaded commentaries on that network myself. But I joined those who protested the idea that a cop killer would be a welcome addition to the stable of NPR blabbermouths.

My reasons were admittedly simple. I thought it would be tough on Patrolman Daniel Faulkner's family to twirl the radio dial and encounter the regularly scheduled musings of the man who killed him. There was no talk of giving Faulkner's wife equal time, and Faulkner himself is obviously unavailable for comment.

In the face of a lot of flak, NPR backed down.

April 16, 1996

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

Dear President Clinton,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely yours,

Cardinal Joseph Bernardin
Archbishop of Chicago

Cardinal Anthony Bevilacqua
Archbishop of Philadelphia

Cardinal James Hickey
Archbishop of Washington

Cardinal William Keeler
Archbishop of Baltimore

Cardinal Bernard Law
Archbishop of Boston

Cardinal Roger Mahony
Archbishop of Los Angeles

Cardinal Adam Maida
Archbishop of Detroit

Cardinal John O'Connor
Archbishop of New York

Most Rev. Anthony Pilla
President
National Conference of Catholic Bishops

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

Dear Cardinal Hickey:

I want to thank you for your letters 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 about 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

FOR Discussion with

Betsy Myers

6-7300 or 67308.

Thanks!

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

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

[MARY-DOROTHY LINE TELLS HER STORY]

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

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

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

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

Let me be clear: I do not support the use of this procedure on an elective basis where it is not necessary to save the life of the woman or prevent grave risks to her health. That is why I implored Congress to add an 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 only covers cases where the doctor believes that the woman will die. It fails to cover cases where -- without the procedure -- serious physical harm, often including losing the ability to have more children, is very likely to occur. If Congress will amend the bill as I have suggested, remedying its constitutional and human defect, I will sign the bill into law.

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

Thank you.

Draft - just typed

APRIL 9, 1996

MEMORANDUM TO Jen Klein

FROM: Judy Gold

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

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

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

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

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

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

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

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

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

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

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

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

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

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

treatment.

Mary-Dorothy Line
Marina del Rey, CA 90292

March 31, 1996

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

CC: Judy Gold

VIA FAX: 202-456-7311

Reference: HR 1833/S 939

Dear Betsy:

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

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

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

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

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

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

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

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

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

> These statements couldn't be further from the truth. These procedures are the only help for families with babies who are not viable, families who <u>want</u> their babies - even with a disability. That is certainly not birth control.
>
> - Claudia and Richard Ades' son had Trisomy 13, a hole in his heart and excessive fluid in his head.
> - Phyllis and Randy Baker's daughter, B.B., had severe hydrocephalus, thus no brain.
> - Coreen and Jim Costello's daughter, Katherine, had a neuro-muscular disease and could not move, not even to blink.
> - Mary-Dorothy and Bill Line's son, Danny, had hydrocephalus, thus no brain; he also had no stomach.
> - Vikki and Archer Stella's son, Anthony, had a cleft palate, but he also had no liver and no brain.
> - Tammy and Mitchell Watts' daughter, Mackenzie, had Trisomy 13 - her bowel, bladder and intestines all developed outside her body and her kidneys did not function.
> - Viki and Bill Wilson's daughter, Abigail, had encephalocoele - her brain grew on the outside of her skull.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Mary-Dorothy Line

NATIONAL ABORTION FEDERATION

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

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

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

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

1436 U Street NW Suite 103 Washington DC 20009 Telephone: 202 667 5881 Fax: 202 667 5890

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

November 17, 1995

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

March 21, 1996

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

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

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

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

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

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

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

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

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

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

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

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

June 15, 1995

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

'I didn't choose death for this child'

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

By Kari E. Christiansen

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

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

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

He was to be her first son.

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

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

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

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

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

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

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

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

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

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

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

"There were a whole two weeks that were really a blur, but there are parts that I remember vividly," Stella said. "I was in such shock. I was paralyzed, basically. I was paralyzed with this fear. What would people think of me? This is such a conservative area. I mean, you just never know. I just kept it quiet."

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

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

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

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

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

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

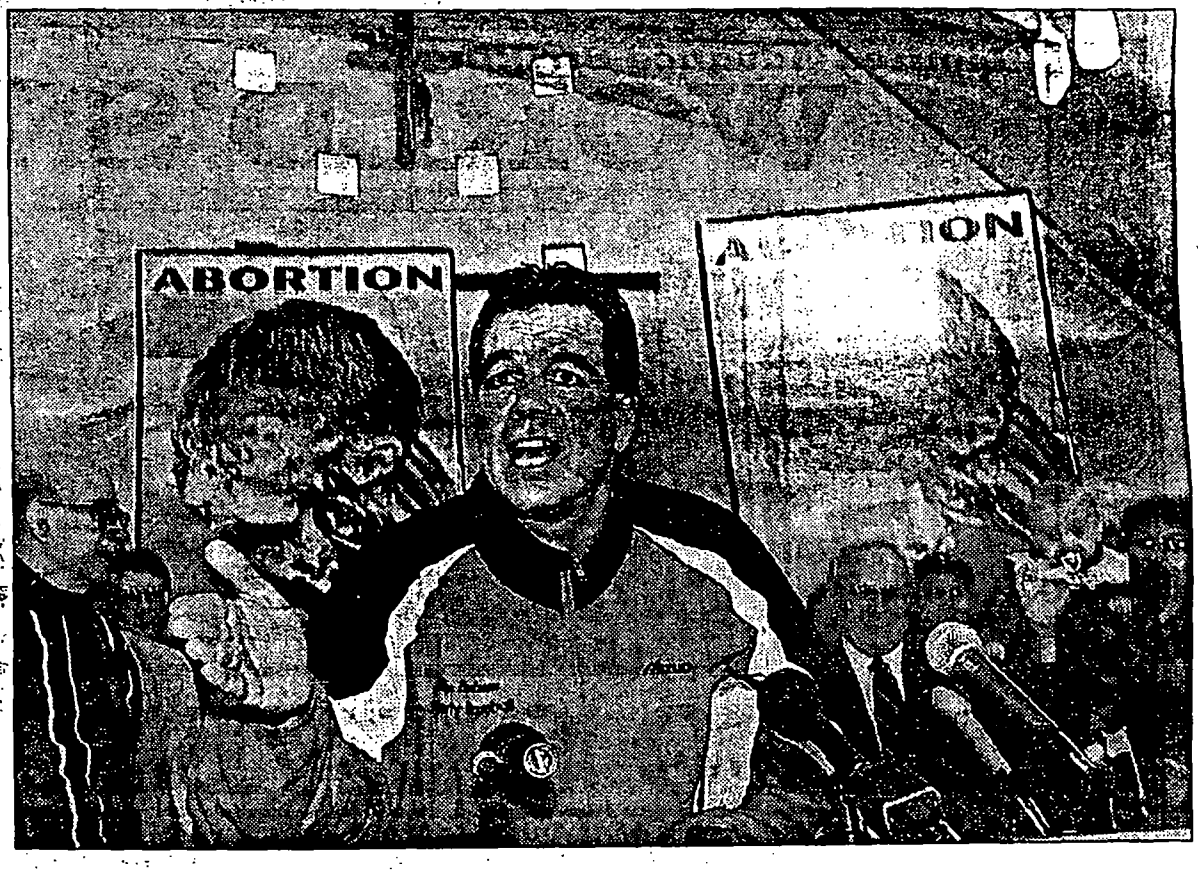
Stella said Congress mustn't ban the procedure because what happened to her and her family can happen to any family, at any time.

See CHOICES on Page 11

A Plan That Raises Risks

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

By Mary-Dorothy Line



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

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

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

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

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

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

My doctors, some of the best in the country, recommended the Intact Dilation and Evacuation procedure. No scissors were used and no one sucked out our baby's brains, as is being depicted in the inflammatory ads supporting this legislation. A simple needle was used to remove the fluid—the same fluid that killed our son—to allow his head to pass through the birth canal undamaged. Our baby never developed a brain, his head was filled with fluid and he had no stomach.

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

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

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

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

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

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

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

WEST

The Agony of Choice

Because Viki Wilson's unborn child had a serious abnormality, carrying it to term could imperil Viki's own life and health. So she made the painful decision to have a late-term abortion. But new legislation in Congress would have taken the decision out of her hands.

SAN JOSE MERCURY NEWS / SEPTEMBER 10, 1995

Viki Wilson made a choice that saved her health and perhaps

The Death of

In one set of photographs Baby Abigail is adorable.

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

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

In another set of photographs, Baby Abigail is disturbing.

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

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

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

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

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

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

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

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

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

BY DAVID E. EARLY

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

Baby Abigail

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

PHOTOGRAPH COURTESY OF THE WILSON FAMILY

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

like the one Viki Wilson had.

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

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

"I didn't know much but I knew this doctor was a hero," Wilson says. "If there was going to be legislation trying to make the procedure illegal then I wanted to fight it. It gave my daughter death with dignity instead of subjecting her to a process that would have taken away all her dignity."

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

"I hate that Abigail had to die," says Wilson, 39, who lives in Fresno, in a warm, sprawling house that used to be a convent. "God put me through this because he knew I would be strong enough to be an an advocate against this bill. This has given me whole new justification for why I went through what I did."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lofgren calls that view ridiculous.

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

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

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

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

"I wanted a lot of kids," Viki says. "We have this convent with all these rooms to fill. When I found myself 37 years old I figured I better get on the ball."

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

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

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

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

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

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

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

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

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

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

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

The technician asked Viki's mom and sister

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

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

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

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

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

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

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

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

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

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

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

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

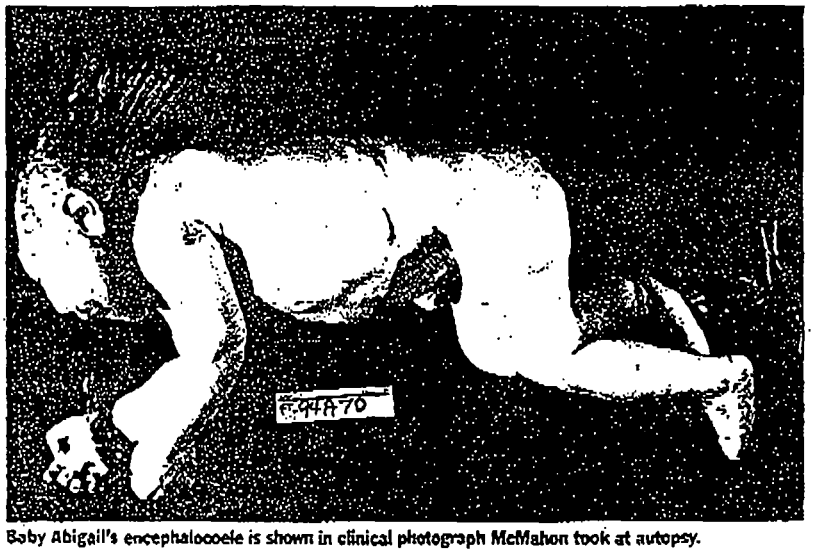
The couple got an intensive lesson about the 400 fetal anomalies, about encephalocoeles, about grieving when, as one pamphlet put it, "Hello Means Goodbye." They were also told about the dire percentages of mortality even if some of the pregnancies make it to term. They were told that massive abnormalities increase the chances of something going wrong before or during birth that could cause hemorrhaging or a ruptured uterus. Bill asked medical questions. The answers clarified their options.

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

Finally, they agreed to end the pregnancy, finding it unbearable to go another month knowing their baby had no chance of survival.

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

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



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

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

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

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

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

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

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

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

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

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

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

Viki recalls the doctor telling er: "This was nothing wrong you id. This is just a pregnancy gone erribly wrong and I am here to elp you. I don't mean to sound arsh but the baby is not the issue. fy concern is you. You are my nly patient here. I am going to do verything in my medical expertise nd knowledge to get you through iis physically and emotionally. If ou decide to have a subsequent regnancy you will be able to do it ecause this is the safest method nown to medicine today."

McMahon explained that the iovements by Abigail, celebrated y family and friends, had been eizures. He said that because of ie anomaly, her head was stuck in iki's pelvis. If she had gone into ontaneous labor, with the uterus ontracting, the size and position f the anomaly could have rup-ired Viki's uterus or caused a assive infection that could have ft her unable to have more chil-ren.

IN LATE-TERM abortions, McMahon writes, "the risk is based on geometry. Something rge must pass through some-ing small. Specifically, the fetus ust be brought out through a nall, very vascular canal. Also in te pregnancy, the tissue integrity the fetus is quite substantial ompared to that of the cervix. his poses an increasing threat to ie cervix as the gestation gets rger."

In simple terms McMahon ods the cervix with a laminaria, seaweed fluid that gently larges the canal while shrinking ie fetus. This process takes sever-. days until the fetus can be ipped out of the lower uterus ntact.

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

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

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

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

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

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

"There were 12 to 14 people in the room when Jon was born," Viki says. "Just a few days before we had been thinking of that same happy scene. Instead here are our kids coming in to see their dead sister."

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

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

After two hours Gail McMahon came into the room to retrieve Abi-gail.

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

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

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

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

continued from page 22

BABY

continued from page 15

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

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

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

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

But looking back, Viki says Bill's way of being both emotional and strong gave her something solid to hold on to. Finally, she got back on her feet knowing, "I am forever a changed individual."

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

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

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

Viki has flown to Washington twice. She walked the hallways of Congress, chasing down anyone willing to listen to her story. She says she has been transformed from "some little woman in Fresno" into a pro-choice warrior.

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

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

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

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

DAVID E. EARLY is a staff writer for West.

DRAFT

THE PRESIDENT HAS SEEN
4-10-96

STATEMENT BY

PRESIDENT WILLIAM JEFFERSON CLINTON

VETO OF H.R. 1833

THE WHITE HOUSE

APRIL 10, 1996

cc: Gabrielle
Bussman

96 APR 9 P9:20

THE PRESIDENT HAS SEEN
4-10-96

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

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

[MARY-DOROTHY LINE TELLS HER STORY]

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

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

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

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

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

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

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

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

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

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

Thank you.

REVISED DRAFT 4/9/96 8:30 P.M.

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Thank you.

Los Angeles Times

SUNDAY, NOVEMBER 26, 1995

Lifesaving Option or Criminal Conduct?

ROBIN ABCARIAN

To be perfectly honest, what Claudia Crown Ades and her husband, Richard Ades, chose in 1993, 26 weeks into Claudia's pregnancy, was an elective abortion. Yes, they had already signed up for Lamaze classes. Yes, the shower invitations had already been mailed. Yes, the Santa Monica couple deeply wanted this baby. And yes, when it became clear—heartbreakingly clear—that the son Claudia carried was hopelessly malformed and destined to die, they *elected* to terminate the pregnancy.

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

And Claudia and Richard desperately wanted another child.

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

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

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

□

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

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

Please see ABCARIAN, E2

ABCARIAN

Continued from E1

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

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

But there are no exceptions under the proposed law.

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

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

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

□

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

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

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

"I am a registered Republican," she told senators, "and very conservative. I don't believe in abortion. Because of my deeply held Christian beliefs, I knew that I would never have an abortion."

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

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

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

She and her husband, Jim, elected to have the very procedure that abortion foes would jail doctors for performing. After telling her moving story to a Senate aide, she said he looked at her and said, "You had other options."

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

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

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

Ellen Goodman

Congress crops anguished parents from the picture

BOSTON—In the drawings all you see of the woman is a womb.

The black and white sketches that have become truly graphic art for the debate over late-term abortions don't show the shock on Vikki Stella's face when a routine pregnancy became, "Oh, my God."

They don't show Tammy Watts' expression when the doctor reading her ultrasound said quietly, "There is something I did not expect to see."

Nor do they show Coreen Costello's pain when she discovered that there was something horribly wrong with the child she was expecting and that the amniotic fluid puddled in her uterus could rupture at any time.

The woman, her family and her humanity have been cropped out of the illustrations shown on the Senate floor as if they were irrelevant.

As for the fetus in this pro-life portfolio, the perfect, Gerber-baby outline of a fetus in the birth canal? It doesn't look much like the one in Viki Wilson's sonogram, with two-thirds of her brain lodged in a separate sack, looking "as if she had two heads." Nor does it look like the Watts' fetus, which had no eyes, six fingers and six toes and a mass of bowel and bladder outside of her stomach.

Would full-color, real-life illustrations be too graphic for legislators? Would it have been too sensational to show torn cervixes on television, fetuses for whom the decision wasn't life or death, but what kind of death? Or are they too vivid a portrait of the real tragedies that force families and doctors into painful decisions.

Over the past months, we have watched the phrase "partial-birth abortion" forced into the political language by sheer repetition. It's been used over and again to mislabel a rarely used medical technique called "intact dilation and evacuation."

A bill to criminalize this procedure—described with inflammatory inaccuracy as the scissor-stabbing murder of a conscious baby—sailed through the House. It barely lost momentum in the Senate and was temporarily detoured last Wednesday to the judiciary committee.

But when the hearings begin next Friday, the chamber will once again be turned into an anti-abortion art gallery.

What is clever about this new visual tack of the anti-abortion leaders is that any late-term abortion is gruesome. What is malicious about this attack is that it's aimed at families that wanted babies, at women whose pregnancies went terribly awry.

A reckless Maureen Malloy of the National Right to Life Committee, described "healthy women carrying healthy babies." An overheated Bob Smith, the Republican senator from New Hampshire, waxing on about the trip through the birth canal, called the doctor "an executioner."

They talked as if women carried their pregnancies for 36 weeks and then decided, "Oops, I changed my mind." As if doctors performed such treatments "on demand."

If you only saw these drawings on the board, you would not know that state laws already restrict late-term abortions except for the life or health of the woman. Nor would you know that this procedure is sometimes the best of the rotten options—the one that may best enable a woman to have another baby. You wouldn't even know that anesthesia ends the life of such a fetus before it comes down the birth canal.

But this artwork is just the most recent rendering of the anti-abortion strategy. For years, they have targeted doctors, the "weak link" of abortion rights, through harassment, death threats, violence. Now they are threatening them with jail.

For the first time, Congress has been asked to outlaw a medical procedure. If it works, right-to-life advocates hope to eliminate abortion, one procedure and one prosecution at a time.

Under the current bill, doctors who don't practice the congressionally approved protocol, risk two years in prison. Even if the Senate amends the law to permit this technique to save the life of a woman, it would not be allowed to "merely" save her health. What would that mean? A legislated ruptured uterus? A "mere" hemorrhage? Who would decide?

Sen. Barbara Boxer, a mother and grandmother, spoke to her colleagues last week and asked these senators to, yes, think about "babies." The California Democrat asked them to think of their own babies, growing and grown daughters, whose futures could be at risk.

Now the hearing room is set to become a "drawing room." Stark, black-and-white renderings of womb and fetus will carry all the easy appeal of propaganda into the judiciary committee.

But life doesn't always imitate art. And in this real world, only the women whose pregnancies turned into "Oh, my God" can paint the whole picture.

The Chicago Tribune
11/14/95

There's no way to judge what another is experiencing

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

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

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

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

I will never forget what the doctor told us as I looked out the window of that San Francisco skyrise building. "She has no eyes, six fingers and six toes and enlarged kidneys which are already failing. The mass on the outside of her stomach involves her bowel and bladder, her genitals are abnormal and her heart and other major organs are also affected.

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

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

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

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

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

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

— *Tammy Watts*

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

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

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

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

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

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

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

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

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

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

■ Tammy Watts is a resident of Aptos.

'A Decision Based Entirely in Love'

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

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

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

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

For example, many antiabortion activists claim that McMahon performs many "elective" abortions this way. I'm not sure what they mean by elective, since I know that 95 percent of McMahon's patients are referred by at least one, and usually several, perinatologists and geneticists who have tried in vain to save a desperately wanted pregnancy. How "elective" is it to have an abortion when your child will live only a week or a month after birth and will never experience anything but pain?

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

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

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

—Viki Wilson

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

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

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

[MARY-DOROTHY LINE TELLS HER STORY]

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

Tammy and Mitchell Watts were elated when they found out she was going to have a baby. But, that joy was shattered when they found out in her seventh month that the fetus would not live and her health was in serious danger. She and her husband, in consultation with their doctor and pastor, tearfully made the decision to terminate the suffering of the fetus and protect her own health and life. It was the toughest decision they ever had to make -- but it was right for them and gave them hope that someday they would have a healthy baby.

Thirty-two weeks into her pregnancy, Vicki Stella learned that her son had nine major abnormalities that added up to certain death. As a diabetic, Vicki's doctors advised her that she faced grave health risks if she were to go through with a delivery that her baby could not survive. Vicki has two other children and she told me that she made the painful decision to terminate the pregnancy because those children needed her alive.

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

This is a difficult and disturbing issue -- one that I have studied and prayed about for many months. After much reflection, I have concluded that I could not support use of this method of abortion on an elective basis, where there are other equally safe procedures available. However, I understand that, as in the cases of these families here today, there are rare and tragic situations where, in a doctor's judgement, this procedure may be

necessary to save a woman's life or to avert serious adverse consequences to her health. My concern is for the health of the mother. I am surprised that Congress would explicitly rule out consideration of the mother's health in this legislation.

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

I am opposed to H.R. 1833 because it contains a fatal flaw. It does not allow women to protect themselves from serious threats to their health, as required by the Constitution. I cannot, in good conscience, sanction this injustice. Few people are faced with the tragic choices that the families here today have had to make. And we should be careful to judge them if we have not walked in their shoes. Were it not for access to the safest procedure for these women, they might not be here today with us or their families. It is for them, their children and their families that I am compelled to veto H.R. 1833.

Thank you.

Giving Up My Baby

By Coreen Costello

Jerelle Kraus

AGOURA, Calif.

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

Then I had one.

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

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

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me — possibly even life-threatening. Because she could not absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

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

Finally we confronted the painful reality: our only real option was to terminate the pregnancy. Geneticists at Cedars-Sinai Medical Center in Los Angeles referred us to a doctor who specialized in cases like ours. He knew how much pain we were going through, and said he would help us end Katherine's pain in the way that would be safest for me and allow me to have more children.

> When a late-term abortion is the only option.

That's just what happened. For two days, my cervix was dilated until the doctor could bring Katherine out without injuring me. Her heart was barely beating. As I was placed under anesthesia, it stopped. She simply went to sleep and did not wake up. The doctor then used a needle to remove fluid from the baby's head so she could fit through the cervix.

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

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

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

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

628 78

health of the mother. We are surprised that Congress would explicitly rule out consideration of the mother's health in this legislation.

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

I am opposed to H.R. 1833 because it does not allow women to protect themselves from serious threats to their health. In refusing to permit women to avail themselves of this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has chosen to ignore or trivialize the legitimate concerns of women like Tammy Watts and Claudia Ades. I cannot be a party to this indifference. I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation. Therefore, I am compelled to veto it.

Thank you.

On March 24, 1995, Coreen Costello was seven months into her third pregnancy when ultrasound revealed her fetus had a severe and fatal neurological disorder. The fetus had been unable to move for two months. The head was swollen with fluid and the body was stiff. A conservative Republican, Coreen participated in "Walks for Life" and never thought she'd be faced with such a decision. The Costellos decided, with their doctor, that an abortion was the safest option for Coreen's health and future fertility. The procedure Coreen needed would be banned by this bill.

"We are the families who love and want our babies. We are the families who will forever have a hole in our hearts...It deeply saddens me that you [Senators] are making a decision having never walked in our shoes."

—Coreen Costello

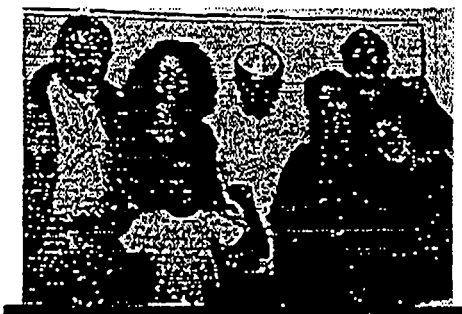
At 32 weeks into her much-wanted pregnancy, Vikki Stella learned that her fetus had nine severe abnormalities — including a fluid-filled cranium with no brain tissue at all. Vikki, a mother of two, and her husband consulted a series of specialists, who offered no hope. For Vikki, a diabetic, the safest procedure to protect her health and preserve her fertility was an abortion. Today, Vikki is again pregnant. She was outraged when the doctor who saved her "life, health and sanity," the doctor whose picture she still keeps on her refrigerator, called and told her the procedure that saved her life was in danger of being banned.

"[I]'ve been told mothers like me all want perfect babies... [My son] wasn't imperfect—he was incompatible with life. The only thing keeping him alive was my body. He could never have survived outside my womb... We hope the Senate will listen to the voices of families and reject S. 939."

—Vikki Stella

Richard and Claudia Ades were devastated. Their first child, due in three months, was diagnosed with a fatal chromosomal disorder, which, among other problems, caused extensive brain damage and serious heart complications. The fetus was also severely deformed and given no chance of living. The Ades decided for the sake of their family and future children to end the pregnancy. The procedure Claudia needed would be banned by this bill.

"Although I never imagined I'd have to make a decision like this, I can honestly tell you that for many reasons we feel very blessed. First, we were able to find out when we did. Second, that we had access to the finest medical care in the world. Third, we live in a place where our right to make that choice has not been compromised...yet."



—Claudia Ades

Eighteen months ago, Viki Wilson, a nurse, and her physician–husband Bill were expecting their third child. Early tests showed the pregnancy to be normal. But, in the eighth month, ultrasound showed the fetus had a fatal condition — two-thirds of the brain had formed outside the skull. Carrying the pregnancy to term would imperil Viki's life and health. In consultation with their doctor, Viki and Bill made the heartbreaking decision to have an abortion. The procedure Viki needed would be banned by this bill.

"I strongly believe that this decision should be left within the intimacy of the family unit. We are the ones who have to live with our decision."

—Viki Wilson, R.N.

Last fall, Tammy Watts and her husband were elated by the news of her pregnancy. But after a routine ultrasound in the seventh month, the Watts learned their fetus was suffering from a devastating chromosomal disorder and would not live. Knowing the fetus was going to die, the Watts made the most difficult decision of their lives and had an abortion. The procedure Tammy needed would be banned by this bill.

"Until you've walked a mile in my shoes don't pretend to know what this is like for me. Everybody has got a reason for what they have to do. Nobody should be forced into having to make the wrong decision. That's what would happen if this legislation is passed."

—Tammy Watts

Erica Fox was 22 weeks pregnant on October, 19, 1995, when doctors discovered her fetus had stopped growing, had suffered severe heart damage and was going to die in terrible pain. Erica and her husband took their doctor's advice and decided an abortion would be the option that would best protect Erica's ability to have children in the future.

"Did I just decide in my fifth month that I was tired of being pregnant? No! No! No! ... [This was] the most traumatic incident of my life...So, imagine my horror, when during my recuperation, I turn on C-SPAN and see the House of Representatives vote to make this very same procedure illegal."

—Erica Fox

THE WHITE HOUSE

WASHINGTON

March 26, 1996

NOTE TO GEORGE STEPHANOPOLOUS
JACK QUINN
ELENA KAGAN

From: Jeremy Ben-Ami

Subject: Materials on HR1833

I understand that there was further discussion at 7:30 this morning about additional materials Leon wants to prepare for the final vote on HR1833 this week in the House.

Attached are current talking points and q and a, as well as the President's letter and some articles on the women whose stories are the best ammunition against the bill.

Please let me know what else you and Leon need.

cc: Carol Rasco
Martha Foley
Nancy Ann Min
Debbie Fine

GUIDANCE FOR TALKING ABOUT HR 1833
FOR INTERNAL USE ONLY
AS OF 3/25, 4 PM

The President made his views on HR1833 clear in a letter to Congress on February 28, 1996. In that letter, the President stated that he could not support HR1833 as amended by the Senate.

THE DECISION TO HAVE AN ABORTION SHOULD BE BETWEEN A WOMAN, HER CONSCIENCE, HER DOCTOR, AND HER GOD. The President further believes that legal abortions should be safe and rare.

THE PRESIDENT HAS LONG OPPOSED LATE TERM ABORTIONS except where necessary to protect the life or health of the mother. As governor, he signed a law barring third trimester abortions except where necessary to protect the life or health of the mother.

THE PRESIDENT FINDS THE PROCEDURE DESCRIBED IN HR 1833 DISTURBING. He cannot support its use on an elective basis.

HOWEVER, IN CASES WHERE, IN A DOCTOR'S MEDICAL JUDGMENT, THE PROCEDURE IS NECESSARY TO SAVE A WOMAN'S LIFE OR PRESERVE HER HEALTH, the Constitution requires that a woman's right to choose this procedure be protected.

HR 1833, as drafted, DOES NOT MEET THE CONSTITUTIONAL REQUIREMENTS of Roe and subsequent decisions, to protect the life and health of the mother in laws regulating abortion.

THE PRESIDENT IS PREPARED TO SUPPORT AMENDED LEGISLATION that makes clear that the prohibition of this procedure does not apply to situations in which the selection of the procedure, in the medical judgment of the attending physician, is necessary to preserve the life of the woman or avert serious health consequences to the woman.

Q and A on HR 1833 FOR INTERNAL USE ONLY
3/25/96 p.m.

Will the President veto HR 1833?

If the Senate-adopted version of HR 1833 is passed by the House, the President has made clear that he would veto it.

He has also made clear in his February 28 letter to Congress how HR 1833 could be changed so that he would support it.

The President has stated that HR 1833 as currently written does not adequately protect the life or health of the woman. How does it fail to protect life or health? What does he consider adequate protection of health?

The current bill, in both its House and Senate versions, prohibits the use of this procedure even when a doctor has determined that it is necessary to protect a woman from serious adverse health consequences.

In many cases where this procedure has been used, the physician has made the judgment that carrying the pregnancy to term could involve serious danger to the health of the mother or the potential loss of the woman's future reproductive capacity. These are extremely rare cases, where, for instance, there is the onset or worsening of a medical condition, such as diabetes or certain kinds of cancer or where carrying to term a fetus with a fatal anomaly could put the mother's life or health at risk.

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.

Does the President's position on this bill indicate a change in his position on abortion?

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

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

However, he also believes that states have the right to pass certain restrictions, especially on late-term abortions, that are consistent with that Constitutional guarantee. For example, when he was Governor of Arkansas, he signed a bill that prohibited third-trimester abortions, except when necessary to protect the life or health of the woman. He also signed a parental notification law with a judicial bypass provision applying to pre-viability abortions.

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

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

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

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

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

February 28, 1996

The Honorable Henry J. Hyde
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

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

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

The procedure described in H.R. 1833 is very disturbing, and I cannot support its use on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available. As I understand it, however, there are rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to preserve her health. In those situations, the Constitution requires that a woman's ability to choose this procedure be protected.

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

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

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

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

Sincerely,

Bill Clinton

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

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

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

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

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

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

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

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

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

health of the mother. ~~We are~~ I am surprised that Congress would explicitly rule out consideration of the mother's health in this legislation.

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

I am opposed to H.R. 1833 because it does not allow women to protect themselves from serious threats to their health. In refusing to permit women to avail themselves of this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has chosen to ignore or trivialize the legitimate concerns of ~~women like Tammy Watts and Claudia Ades.~~ families like those I cannot be a party to this indifference. I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation. Therefore, I am compelled to veto it.

Thank you.

mentioned.

Martin Luther King

Quotes —
Peter Edelman —
244-9004

Man as man

62878

Judy issued 7317 6

Diane 667-5884
vickisaporta-5887
NAF National abortion Federation

Just met - tell her story -
She's not the only one - docs - families -
Crittenden letter -
rare + tragic

melan
jeremy
melanne

Just met w/woman — Tammy Watts + another woman - Arizona - wed. at 5
get remarks to melanne for distribution — — —
anguished

see Todd Stern - letter to Cardinal Hickey -

reached stage - where carry baby to term serious threat to health + potentially her life - w/o her docs. feeling safe - both health + ~~danger~~ life at serious risk -
Tammie Watts
Claudia Addis
Castelle
Vickie Wilson

1. message
→ health of the matter (?) matter.

2 letter / welcome statement.
Elena Kagan – 67901.

3 Jeremy Ben-Ami

4 Q [illegible]

"C" → language (?)

2

FAX COVER SHEET

Office of Don Baer
Director of Communications

Date: 4/9/96 Number of Pages (w/cover) _____

To: Terry Edmonds

From: Vicki Radd

FAX Number: X65709

Comments: Deliver ASAP

Waldman

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TESTIMONY OF RICHARD ADES
SENATE JUDICIARY COMMITTEE
NOVEMBER 17, 1995

My name is Richard Ades. I have been married to Claudia Crown Ades for five great years. I am a writer/producer. My wife is a personal manager. I have lived in California for twenty years, she for fourteen. I want to thank you for the opportunity to submit my testimony to this committee regarding H.R. 1833/S.939.

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

The procedure under assault in H.R. 1833/S.939 protected my wife's health and possibly saved her life. It allowed my son's suffering to end. It allowed us to look forward to a growing family. It was the safest medical procedure available to us.

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

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

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

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

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

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

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

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

As a father and as a husband, my duty is to my family. I have upheld that duty by insisting that my wife and son receive the best medical care possible. I have extended that duty by telling my story to anyone who will listen on behalf of the fathers and mothers that come after us. I press upon you, members of the United States Senate, to uphold your duty by voting against H.R. 1833/S. 939 when it comes to the floor.

Thank you for your compassion and understanding.

AMPLE

CRUTTENDEN ROTH

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

Dear Mr. President,

I wish to express to you, even though I am a registered Republican, that you have done an admirable job of guiding our country, and preserving our world leadership. Thank you.

Recently, I heard on the news that extreme right wing conservatives are trying to enact legislation to outlaw late term pregnancy abortions, or terminations. I sincerely hope that you will put an end to such foolish attempts. The primary reasons for late term terminations are risk to the fetus , and/or the mother. I know this from personal experience, since my spouse had to undergo this procedure two years ago, and the memories are still with us.

My spouse was pregnant in her fourth month, when she started hemorrhaging, and the doctor diagnosed it as Placenta Previa, and recommended absolute bed rest if we were to save the child. After almost three months of bed rest, the condition became more severe, and since the blood loss was becoming worse, the doctors recommended that we terminate the pregnancy. We agonized with the decision, but in the end, we couldn't risk my wife's life.

At this point, we found out that there are only three doctors in the country that specialize in this procedure, however, as luck would have it Dr. James McMahon (one of them) was located in our area. His office was cloaked in secrecy, and we had to use a back entrance to avoid any of the anti-abortion activists that usually loiter around his medical building. In addition, we found out that we could not use any of the first rate local hospitals. They would not allow the use of their medical facilities for this type of procedure, for fear of publicity, which would scare away conservative philanthropists, and benefactors. We had to go to a second rate institution, with the end result that my spouse did not have the best possible care, and almost died after she lost a tremendous amount of blood during her stay there. Had it not been for the expertise and skill of Dr. McMahon, I could be a single father now.

Please do not let this happen to other people in this country. It would be a shame if the puritanical beliefs of the few infringe on the lives of the many.

Sincerely,

Gary Cremo
Vice President

Corporate Headquarters
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Member SIPC/NASD

Regional Offices
Seattle, WA
Menlo Park, CA
Santa Barbara, CA

THE WHITE HOUSE

WASHINGTON

April 10, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

Dear Cardinal Hickey:

I want to thank you for your letters 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 about 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

65709

THE WHITE HOUSE

WASHINGTON

April 8, 1996

His Eminence James Cardinal Hickey
Archbishop of Washington
Post Office Box 29260
Washington, D.C. 20017

HR 1833

Dear Cardinal Hickey:

I want to thank you for your letters on ~~the bill to ban~~ ~~so-called~~ "~~partial birth abortion~~." I appreciate your strong convictions.

This is a difficult and disturbing issue, one which I have studied and prayed about for many months. After much reflection, I concluded that I could not support use of this method of abortion on an elective basis, where there are other equally safe procedures available. However, I understand that there are rare and tragic situations where, in a physician's judgment, this procedure may be necessary to save a woman's life or to avert serious adverse consequences to her health.

I was moved, for example, by the story of a young Catholic woman who became pregnant last year with her first child. More than 20 weeks into her pregnancy, after concluding that her baby had hydrocephalus and that there was no hope, her doctors recommended the intact dilation and evacuation procedure in order to minimize the trauma to her body and to best preserve her ability to become pregnant again. Although the loss of their baby was devastating, she and her husband are now, thankfully, expecting a child in the fall.

My hope is that a common ground can be found on this issue that respects the views of those, including myself, who find this procedure enormously troubling, while at the same time upholding the Constitutional requirement that laws regulating abortion protect the life and health of American women and allowing doctors to exercise their best medical judgment in the rare cases where this procedure may be necessary to save a woman from serious adverse health consequences.

I cannot sign H.R. 1833 as drafted because in permitting an exception solely to preserve a woman's life, it does not meet the legal requirements of the Constitution or protect American women against the risk of serious harm.

Again, I thank you for your letters. These are painful and sobering issues. I remain hopeful that we can all find an appropriate common ground.

Sincerely,

DRAFT 4/9/96 4:00pm.

6308

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

potentially life-saving, although have had to make a tragic ~~and~~ decision,

Good afternoon. I have just met with several courageous women who ~~told me that they want other women to have the same option they had when they made the potentially life-saving decision~~ to have a certain kind of abortion that would be banned by H.R. 1833. Some of these women are liberals and some are conservatives. Some are Catholics and some are Jews. Some are pro-choice. And others are pro-life. But, there is one thing they all have in common: they all wanted their children; they didn't want to have abortions; and they made the agonizing choice only when it became clear that their babies would not survive and their own lives and health were in grave danger.

Tammy and Mitchell Watts were elated when they found out she was going to have a baby. But, that joy was shattered when they found out in her seventh month that the fetus was suffering from a chromosomal disorder and would not live. Furthermore, if the baby were to die inside her, the release of harmful toxins in her own bloodstream could have been fatal. She and her husband, in consultation with their doctor and pastor, tearfully made the decision to terminate the suffering of the fetus and protect her own health and life. It was the toughest decision they ever had to make -- but it was right for them and gave them hope that someday they would have a healthy baby.

Twenty six weeks into her pregnancy, Claudia and Richard Ades found out that their unborn son had a hole in his heart and excessive fluid in his head. He would not live. And Claudia's own health was at risk. They too decided to terminate the pregnancy. Claudia's only thought before undergoing the procedure was would her baby be in pain. The doctors assured her he would not. They hope and pray that no one has to go through what they experienced, but, if they do, they believe that every woman should have the option of seeking the best medical solution.

I was also moved by the story of a young Catholic woman who became pregnant last year with her first child. More than 20 weeks into her pregnancy she discovered her baby had severe hydrocephalus and probably would not live. Her doctor recommended the termination of the pregnancy in order to minimize the trauma to her body and to best preserve her ability to become pregnant again. Although the lost of the baby was devastating, she and her husband are now, thankfully, expecting a child in the fall.

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

DRAFT 4/9/96 4:00pm.

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THE WHITE HOUSE
APRIL 10, 1996

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