FOIA Number: 2011-0582-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Chief of Staff

Series/Staff Member: George Stephanopoulos

Subseries:

OA/ID Number: 8033

FolderID:

Folder Title:
Partial Birth Abortion - HR 1833

Stack:	Row:	Section:	Shelf:	Position:
S	22	2	11	2

Partial Birth -- Message

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

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

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

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

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

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

Partial Birth Letter
(4/18[2]/96)

A great deal has been written in recent days and weeks about legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. In late March, Congress passed that legislation, H.R. 1833, and on April 10, I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

My position on this bill has been widely misrepresented and misunderstood. Some, including those more interested in creating a political issue than in putting real, meaningful limits on the use of this procedure, have deliberately distorted my views. But I know that a great many people of good faith -- and of all faiths -- are sincerely perplexed about the veto. It is to these people that I address these comments -- not because I believe that you will necessarily come to share my view, but so that you will understand the genuine basis of my position.

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

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

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

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing

we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus."

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

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

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

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

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

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

where the health risks facing a woman are deadly serious and real. *It is in those cases that I believe an exception to the general ban on the procedure must be allowed.*

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

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

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

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together.

Sincerely,

Updated
Letter.

Partial Birth Letter
(4/17/96)

A great deal has been written in recent days and weeks about legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. In late March, Congress passed that legislation, H.R. 1833, and on April 10 I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

My position on this bill has been widely misrepresented and misunderstood. Some, including those more interested in creating a political issue than in putting real, meaningful limits on the use of this procedure, have deliberately distorted my views. But I know that a great many people of good faith -- and of all faiths -- are sincerely confused and distressed about the veto. It is to these people that I address these comments -- not because I believe that you will necessarily come to share my view, but so that you will understand the genuine basis of my position.

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

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

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

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about

> shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus."

Some have raised the question whether, as a matter of medical practice, this procedure is ever the safest for a woman. I can only say that there are many doctors -- some of whom testified before Congress -- who believe that this procedure is, in certain rare cases, the safest one to use. In those rare cases, where a woman's serious health interests are at stake, I believe her doctors, in the best exercise of their medical judgment, should have the option to use the procedure.

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

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

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

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

That is not the kind of exception I support. I support an exception that takes effect *only* where a woman faces real, serious adverse health consequences. Those who oppose this procedure may wish to cite cases where fraudulent health reasons

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

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

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

As I said at the outset of this letter, I know that many people will continue to disagree with me about this issue. But they should all know the truth about where I stand: I do not support the use of this procedure on demand. I do not support the use of this procedure on the strength of mild or fraudulent health complaints. But I do believe that we cannot abandon women in grave danger of serious injury whose afflicted babies are certain to die in the immediate aftermath of birth, if not before. That, in my judgment, would be the true inhumanity.

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together.

Sincerely,

TALKING POINTS ON H.R. 1833

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

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

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

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

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

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

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

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

George -
The proposal is to send this as response to) recent letter & then release to press. Do you agree? Vicki

May 6, 1996

Religious Coalition for Reproductive Choice
1025 Vermont Ave., N.W. Suite 1130
Washington, D.C. 20005

Dear ___:

Thank you for your letter of April 29 concerning H.R. 1833, legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. As you know, in late March, Congress passed that bill and on April 10, I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

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

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

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

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

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

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

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

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

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

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

I also understand that many who support this bill believe that any health exception is untenable. In a letter sent to me on April 16 by our leading Catholic Cardinals, they contend that a "health" exception for the use of this procedure could be used to

cover most anything -- for example, youth, emotional stress, financial hardship or inconvenience.

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

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

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

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

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together.

Sincerely,

THE WHITE HOUSE

WASHINGTON

LATE TERM ABORTION BRIEFING
April 20, 1996

MATERIALS

1. President's April 10th Letter to Cardinal Bernadin
2. President's April 10th Letter to the House of Representatives
3. Participants in Meeting with the President before Veto of H.R. 1833
4. Remarks by the President in Press Briefing on H.R. 1833
5. Talking Points on H.R. 1833
6. Legislative History of H.R. 1833
7. The President's Record on Abortion
8. "The Eternity Within--Signed Away by a Pro-Abortion Veto," *Los Angeles Times*, April 12, 1996
9. Draft of the President's Partial Birth Letter
10. Q. and A. on Late Term Abortion

THE WHITE HOUSE

WASHINGTON

April 10, 1996

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

Dear Cardinal Bernardin:

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

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

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

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

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

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

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

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

Sincerely,

Bill Clinton

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

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

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

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

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

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

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

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

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

April 10, 1996

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

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

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

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

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

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

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

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

VIKKI STELLA; NAPERVILLE, ILLINOIS.

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

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

TAMMY AND MITCHELL WATTS; TEMPE, ARIZONA.

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

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

CLAUDIA AND RICHARD ADES; LOS ANGELES, CALIFORNIA

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

They are now planning to adopt a child.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release April 10, 1996

REMARKS BY THE PRESIDENT ON HOUSE RESOLUTION 1833

The Roosevelt Room

5:22 P.M. EDT

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

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

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

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

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

Last April we were overjoyed to find out that I was pregnant with our first child. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor diagnosed a condition called hydrocephalus. Every person's head contains fluid to protect and cushion the brain. But if there is too much fluid, the brain cannot develop.

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

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

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

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

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

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

Thank you, Mr. President.

THE PRESIDENT: Thank you.

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

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

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

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

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

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

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

Thank you.

THE PRESIDENT: Thank you.

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

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

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

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

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

Thank you.

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

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

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

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

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

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

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

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

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

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

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

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

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

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

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

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

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

Thank you.

THE PRESIDENT: Thank you very much.

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

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

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

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

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

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

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

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

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

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

Thank you. Thank you all very much.

END 5:40 P.M. EDT

TALKING POINTS ON H.R. 1833

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

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

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

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

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

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

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

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

LEGISLATIVE HISTORY OF HR 1833, THE "PARTIAL BIRTH ABORTION" BAN BILL
FOR INTERNAL USE ONLY

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

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

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

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

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

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

- Smith/Dole Amendments provided a life of the mother exception;
- the Smith Amendment to strike the affirmative defense provisions.
- the Brown Amendment to limit liability under the Act to the physician performing the procedure involved; and
- Boxer Amendment provided for exceptions for (1) all pre-viability cases and (2) those post-viability cases where necessary to preserve the life or avert serious adverse health consequences to the woman. (Note: Unlike Boxer, the President supports availability of this procedure only to preserve life or health, even in pre-viability stages.)

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

April 19, 1996

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

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

Other amendments adopted during consideration included:

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

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

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

The House did not conference the bills, rather it voted to adopt the Senate amendments added during the Senate's consideration of the legislation (i.e. with a life of the mother exception and without a health exception.) It passed the House on Wednesday March 27, with a final vote of 286-129 (214 Republicans and 72 Democrats voted for; 113 Democrats and 15 Republicans voted against.)

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

FOR INTERNAL USE ONLY
PRESIDENT CLINTON'S RECORD ON ABORTION

The President has always believed that decisions about abortion should be between a woman, her doctor and her faith, and that abortions--as protected by the decision in Roe v. Wade--should be safe and rare. That is why he has consistently protected women's health and safety and the right of American women to make their own reproductive choices, while he has worked to reduce the number of unwanted pregnancies. That is also why he has long opposed late-term abortions except when necessary to protect the life or health of the mother, consistent with Roe v. Wade.

KEEPING ABORTION SAFE AND LEGAL

As President:

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

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

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

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

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

Ended the Ban on Fetal Tissue Research: The Bush Administration banned federal funding of fetal tissue transplantation research. President Clinton reversed the ban on this research, which could lead to advances in women's health and in treatment of diseases like leukemia and Parkinson's.

Ended the Mifepristone Import Ban for Testing: President Bush imposed an import ban on Mifepristone, a drug that terminates pregnancy without surgery. President Clinton instructed the Department of Health and Human Services to explore appropriateness of promoting testing in the U.S. As a result, importation of the drug was allowed for clinical testing. The nonprofit Population Council has recently completed clinical trials, and submitted an application to the Food and Drug Administration to sell the drug for personal use by women in the United States. If approved, Mifepristone would expand choices for American women--giving them options already available in France, the United Kingdom and Sweden.

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

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

MAKING ABORTION RARE

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

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

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

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

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

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

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

As Governor

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

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

Betsey Myers

THE PRESIDENT HAS SEEN
4-14-96

What's our response to this, if anything? BG

Commentary

'The Eternity Within'—Signed Away by a Pro-Abortion Veto

■ **Abortion:** Clinton cynically used five families' personal tragedies to deflect our revulsion at the partial birth procedure.

By HELEN ALVARE

On Good Friday, President Clinton visited the scene of the Oklahoma City bombing where so many children were killed one year ago. There, he delivered this message: On Easter, he said, Christians the world over would "bear witness to our faith" that the miracles of Jesus and those of the human spirit seen in Oklahoma City, "only reflect the larger miracle of human nature—that there is something eternal within each of us . . . no bomb can blow away, even from the littlest child, that eternity which is within each of us."

Five days later and Easter past, the president vetoed a bill that would have protected the tiniest child from being killed in the process of delivery by partial birth abortion.

Surrounding himself with five women who had faced tragedy during their pregnancies, and condemning those who would use them as "political pawns," the president proceeded to use them as just that. And fraudulently as well.

The president claimed repeatedly that a partial birth abortion is done only to preserve a woman's life or her future fertility or to end the lives of children so sick that they would likely not live long after being born alive. The president chose to ignore what those who perform partial birth abortions have said again and again: The vast majority of abortions they perform are purely elective. Even those they call "nonelective" would be considered elective by most people. For example, the late Dr. James McMahon called "nonelective" those partial birth abortions that are performed because of the mother's "youth" or because she was "depressed."

We cannot fail to note the disturbing implications of using the aborted children

'Rather than deal with the facts about partial birth abortions, President Clinton chose instead to toe the line drawn by the abortion lobby. . . . We have every right and every reason to condemn the veto that puts our nation one step closer to legalizing infanticide.'

of the five women as political pawns in their own right. The disabilities these children had, the short lives they might have had, were held up only as reasons to perform the most brutal procedure the abortion industry has ever invented. The president chose to mourn these dead children only insofar as it was useful for evoking sympathy.

The president also said over and over again that partial birth abortions are needed to protect a mother's health. The preponderance of medical evidence, supplied by the very people who perform these brutal abortions, says the exact opposite.

So does common sense. It absolutely defies reason to claim that once a child is almost completely delivered vaginally, with only its head remaining inside the mother's body, that it could possibly be essential to her medical health that the child be stabbed and the contents of its head suctioned out. Once delivery is that far along, delivering the child a few more inches does not imperil a woman's health. It does, however, produce a dead child, rather than a live child. Even children with hydrocephalus are able to be safely delivered vaginally after excess fluid is removed from their heads with a needle designed for that purpose. Many live long and happy lives.

Dr. Warren Hern, a late-term abortionist and author of the most widely used abortion textbook, said this about partial birth abortions and their safety for women: "I would dispute any statement that this is the safe procedure to use." Turning the child in the breech position, he explained, is "potentially dangerous . . . You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."

Rather than deal with the facts about partial birth abortions, President Clinton chose instead to toe the line drawn by the abortion lobby and to confront the nation with women who had experienced personal tragedies regarding their pregnancies. And in so doing, he dared all of us to judge them. It is not our place to judge them. But, as citizens of the United States, we have every right and every reason to condemn the veto that puts our nation one step closer to legalizing infanticide.

Shame on the president. Congress should vote—overwhelmingly and quickly—to override this inexcusable veto.

Helen Alvare is director of planning and information of the Secretariat for Pro-Life Activities of the National Conference of Catholic Bishops in Washington.

DRAWINGBOARD / ROGERS

PERSPECTIVE ON ASSISTED SUICIDE

Walk a Mile in My Wheelch

Quality of life consists of more than the physical; humane than continuing to live in "a childlike state of helplessness."

They are not the same

Why is
nal? Wh
choice m

Kevor

CC fx

DRAFT

Partial Birth Letter
(4/17[2]/96)

A great deal has been written in recent days and weeks about legislation banning a certain abortion procedure, commonly referred to in the press as partial birth abortion. In late March, Congress passed that legislation, H.R. 1833, and on April 10, I vetoed it because of its failure, in certain rare and compelling cases, to prevent serious threats to women's health.

My position on this bill has been widely misrepresented and misunderstood. Some, including those more interested in creating a political issue than in putting real, meaningful limits on the use of this procedure, have deliberately distorted my views. But I know that a great many people of good faith -- and of all faiths -- are sincerely perplexed about the veto. It is to these people that I address these comments -- not because I believe that you will necessarily come to share my view, but so that you will understand the genuine basis of my position.

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

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

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

> "Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing

we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus."

Some have raised the question whether, as a matter of medical practice, this procedure is ever the safest for a woman. I can only say that there are many doctors -- some of whom testified before Congress -- who believe that this procedure is, in certain rare cases, the safest one to use. In those rare cases, where a woman's serious health interests are at stake, I believe her doctors, in the best exercise of their medical judgment, should have the option to use the procedure.

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

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

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

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

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

where the health risks facing a woman are deadly serious and real. *It is in those cases that I believe an exception to the general ban on the procedure must be allowed.*

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

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

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

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together.

Sincerely,

Vatican Rebukes Clinton For Veto

Reuter

VATICAN CITY, April 19—The Vatican accused President Clinton today of shameful action for vetoing a ban on a type of late-term abortion, and the U.S. ambassador voiced strong support for the Holy See.

In an unusually strong statement, chief Vatican spokesman Joaquin Navarro-Valls said Clinton was putting the moral and ethical future of American society at risk by legalizing what he called an "inhuman procedure."

The U.S. ambassador to the Holy See, Raymond Flynn, also expressed regret, saying he supported Clinton but had urged him "in the strongest possible terms" to back the legislation.

Navarro-Valls expressed the Vatican's support for a letter sent to Clinton by American Catholic leaders, which said the veto "takes our nation to a critical turning point in its treatment of helpless human beings inside and outside the womb."

Clinton said he acted because his plea for an exception for mothers facing serious adverse health consequences was ignored.

Navarro-Valls said the late-term abortion was opposed by many non-Catholics, including 65 percent of Americans who otherwise believed women should have the right to choose whether to terminate a pregnancy. The Catholic Church opposes abortion of any kind.

THE WASHINGTON POST
SATURDAY, APRIL 20, 1996

Laura - there is a correction memo coming - I told G that (because he had already signed off on this one ...)

I imagine he'd want to see the corrected one.

—

8

MEMORANDUM TO THE PRESIDENT **DRAFT - 7/18/95**

FROM: ABNER MIKVA, PAT GRIFFIN, CAROL RASCO, GEORGE STEPHANOPOULOS

THROUGH: LEON PANETTA

CC: ALICE RIVLIN, ALEXIS HERMAN

The House Judiciary Committee is now marking up a controversial bill introduced by Congressman Canady (R-Fla.) known as the "Partial Birth Abortion Ban Act." The bill was voted out of Canady's subcommittee last month on a straight party-line vote [check]. The Office of Legal Counsel at DOJ believes the bill is "constitutionally flawed." Given your own opposition to most post-viability abortions and the intense emotions the bill has aroused on both sides of the choice issue, we thought you should decide how to respond to this bill.

Background

As you know, Roe v. Wade and its progeny forbid most restrictions upon abortion access prior to viability but permit the government to ban post-viability abortions except when needed to protect the life or health of the mother. As governor, you signed an Arkansas law that made abortion illegal after the 25th week of pregnancy, with an exception for life and health (as well as one for rape or incest, in the case of minors).

The Canady bill criminalizes the conduct of any doctor who performs (but not of the mother who obtains) what the medical community refers to as a "dilation and extraction" abortion. D & X abortions are usually performed only after 20 weeks of pregnancy. At least some doctors regard it as the safest method of late-term abortion under certain circumstances. The procedure involves bringing the lower part of the fetus out of the uterus before the abortion is completed. We are not aware that the medical community regards this method of abortion as morally distinct (or medically different in any meaningful way) from other late-term methods. Nevertheless, abortion foes have given the procedure a new, emotionally charged name of "partial birth abortions" in order to suggest otherwise. Pro-choice activists warn that the bill interferes with a doctor's choice of medical procedure, and they accuse the right-to life movement of targeting this method of abortion in order to display disturbing diagrams and pictures that will arouse general opposition to abortion.

Only three or four doctors in the United States perform this specialized procedure, and the total number of D & X abortions annually is probably under 500. By contrast, about 1.5 million abortions are performed each year in the U.S., of which about 13,000 are performed after 20 weeks. We do not know what proportion of D & X abortions are pre- rather than post-viability, but it seems clear that D & X abortions comprise a higher percentage of the latter category. The more traditional method of performing late-term abortions is known as the D & E procedure, in which the fetus is dismembered within the uterus and then removed.

Although the D & X procedure is sometimes used in pregnancies with health-threatening complications such as for a mother who has severe diabetes, it is also used for purely elective abortions as well as for abortions when a severely deformed fetus is discovered late in the pregnancy. During a subcommittee hearing on the Canady bill, the most emotional testimony was given by a mother whose severely deformed fetus was detected late in pregnancy. She decided to have a D & X abortion because the trauma of watching a young child die a certain and painful death after birth was more excruciating.

Discussion

Mother's Health: The most significant constitutional objection to the Canady bill is that it permits D & X procedures only if the *life* of the mother is threatened. Extending the exception to include the *health* of the mother would be consistent with the bill that you signed in Arkansas and would probably be required by the Supreme Court, which has affirmed that "*Roe* forbids a State from interfering with a woman's choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her health." The Court indicated that such health threats would have to be "substantial," which might include threats to mental health but only of a particularly serious nature. To the extent that barring D & X abortions would force women who needed abortions for health reasons to forgo what may be the safest abortion method, OLC believes the ban is constitutionally invalid.

Pre-Viability Abortions: A second constitutional problem is that the Canady bill bars D & X procedures even in the pre-viability period. The Court has held that states may not place an "undue burden" on a pre-viability abortion decision, including any regulation that "has the purpose or effect of placing a substantial obstacle in the [woman's] path." OLC expresses its "concern" that barring access to a particular method of safe abortion would constitute an "undue burden." It is difficult to predict whether a court would find this to be an "undue burden," both because the contours of this recently announced legal standard are not fully known and because the risks of using other abortion methods instead of the D & X procedure are unclear. However, excluding pre-viability abortions from the scope of the Canady bill would be consistent with the abortion views you expressed as governor. In 1990, for example, you stated: "While I have ... supported restrictions on public funding and a parental notification requirement for minors, I think the government should impose no further restrictions. Until the fetus can live outside the mother's womb, I believe the decision on abortion should be the woman's not the government's."

Post-Viability Fetal Deformity: Even if the Canady bill were amended so as not to ban abortions for the health of the mother or pre-viability, the bill would still bar D & X abortions in certain cases of severe fetal deformity, which is sometimes not detected until the third trimester and which may not substantially threaten the mother's health. Although OLC has outlined a possible constitutional argument against the Canady bill even if it were limited to barring post-viability non-therapeutic abortions, that argument is weak. We believe, therefore, that if you wanted to oppose the Canady bill on the additional ground that it could prevent a woman from aborting a severely deformed fetus, you would have to base your opposition on policy grounds --that is, a policy of not requiring a mother to carry such a

fetus to term. It is unclear whether such an exception would be consistent with your prior positions. The Arkansas law that you signed contained no exception for fetal deformity. On the other hand, you framed your view on viability in terms of the ability of the fetus to survive outside the womb.

Recommendation

(1) We believe you should take a position on the Canady bill. Many members of the Judiciary Committee -- including a number of pro-choice members supportive of the Administration -- have now asked for such a statement, and it is likely that the bill in some form will progress through the House and may well succeed in the Senate.

(2) We also believe you should oppose the bill as drafted but should at this point emphasize the strongest and narrowest constitutional objection: the bill's failure to permit D & X abortions for the health of the mother. Probably, the statement should also include a reference to the constitutional problem posed by the bill's application to pre-viability abortions. One way of combining both concepts would be to write the "health of the mother" exception so that it also permitted pre-viability D & X abortions when the doctor believed this method was safer for the mother. By framing the issue as one of health and safety for the mother, you should be able to keep the debate at the appropriate level of principle. On the other hand, by adopting this focus you will be relying heavily on a factual predicate -- the medical superiority of the D & X method -- for which we do not have much evidence.

(3) It is possible that, in defending D & X abortions in the pre-viability period (when most such abortions are by other methods), you may be placed in the position of defending a particular *procedure* that is publicly controversial. If, however, you decided not to defend pre-viability D & X abortions at the outset, you could encounter greater difficulties later on. The bill might well be amended to protect the woman's health. You would then face the question whether to object to the pre-viability bar and, if you did not object, whether to sign a bill that might well be unconstitutional. It would be more difficult to raise the pre-viability objection at this later point if you have not even mentioned it in an initial statement.

Given all of these considerations, we recommend issuing a statement along the lines outlined in the second paragraph immediately above (option #3, below). Because a defense of post-viability fetal deformity abortions would cloud your position with a separate and substantial controversy, we do not recommend addressing that issue.

1. ___ Take no position on the bill
2. ___ Oppose bill solely on grounds of mother's health
3. ___ Oppose bill on grounds of the mother's health and of the need for safety, pre-viability
4. ___ Let's discuss

July 18, 1995

MEMORANDUM FOR LEON PANETTA, GEORGE STEPHANOPOULOS, PAT GRIFFIN

FROM: CHOICE WORKING GROUP

SUBJECT: FOLLOW-UP ON CHOICE MEETING 7/17

Attached please find a brief description of the key abortion and family planning issues in this Congress. As was discussed during the Choice meeting on Monday, this document may be useful for discussing these issues with the President in the very near future.

If you have any questions or concerns, please contact Karen Guss at 6-5603.

cc: Carol Rasco

July 18, 1995

REPRODUCTIVE RIGHTS: KEY ISSUES

I. Treasury/Postal Appropriations

status:
House: scheduled to go to floor today
Senate: 7/20: sub- and full committee markups

effect: restores ban on FEHB insurance plans offering coverage of abortion except when woman's life is in danger (House)

II. Labor/HHS Appropriations

status:
House: 7/20: full committee markup

effect: amendments may be added to:

- allow states to deny Medicaid funding for rape and incest abortions
- reinstate the "gag rule"
- reinstate the funding ban on fetal tissue research
- dismantle or weaken Title X (see below)

III. Title X (federal family planning)

Labor/HHS Appropriations
status:
House: 7/20: full committee

effect: amendments may be added to cut funding or otherwise weaken the program

Reauthorization
status:
House: bipartisan bill introduced; Administration endorsed in 7/7 letter from Sec. Shalala

effect: reauthorizes Title X program

IV. Other Bills

Defense Authorization passed House with ban on privately funded abortions at military hospitals and other federal facilities; was defeated in Senate but conferees are reportedly in favor of ban.

Foreign Operations Authorization passed House with ban of all federal funding for overseas family planning non-governmental and multinational organizations that perform abortions and/or attempt to influence governmental policy on abortion (similar to "Mexico City policy" overturned by Pres. Clinton executive order).

Agriculture Appropriations scheduled to go to House floor this week; amendment could be added to block or hinder FDA approval of RU-486.

Commerce/Justice/State Appropriations scheduled to go to full committee tomorrow; prohibits Legal Services Corporation-funded offices from conducting abortion litigation with private funds.

H.R. 1932/S. 971, introduced in June, would undo the requirement established by the Accreditation Council on Graduate Medical Education (ACGME) that OB/GYN programs provide training in abortion procedures. (The ACGME policy does include a "conscience clause" exception).

D.C. Appropriations may be amended to bar spending of locally-raised revenue to pay for abortions for low-income women; subcommittee markup expected in September.

H.R. 1833/ S. 939, a bill to ban an abortion procedure, is scheduled for full committee markup today. This bill will be the subject of a separate decision memo.

Women's Choice and Reproductive Health Protection Act was introduced by Rep. Schroeder to "hold the line" on reproductive rights and restore "strict scrutiny" as the standard for judging the constitutionality of laws restricting abortion rights. The bill has 68 cosponsors (64 D, 1I, 3R).