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MEMORANDUM FOR ALEXIS

FROM: Marilyn and Lee

SUBJ: H.R. 1833 update

Attached are the staff memorandum,talking points, legislative history, internal Q and A's,story summaries of the women at the veto event, and the President's record. All documents were created internally to aid in educating surrogates on the Presidents position and educating public by distribution of some of the materials.

o Vote on theoverride was postponed.

o Vote likely to come up in next week or two.

o Leon chaired a legislative strategy meeting on Friday, April 26. (Marilyn attended)

o The last letter drafted in response to the letter from Cardinals was not sent. There was discussion in the meeting about how to use it. Marilyn suggested send to another religious leader and then release to press.

o Out of the last meeting - OPL responsiblities include: 1. finding a non-catholic religious leader to send the letter 2. Working with HHS to identify Doctors who will continue to verify the President's position.

OUTREACH

o Betsy submitted a report on the continued women's outreach. A lot of work is being done in that community. Flo is working on the interfaith letter of support. Marilyn is working on medical community. John Hart is making every effort to find common ground on other issues such as landmines and immigration.

Status of Affirmative Action Activities - 4/19/96

1. SBA

-- Ginger Lew conducting interviews for John Whitmore's replacement (Associate Deputy Administrator) today; she expects to select replacement within one week - 10 days. Whitmore would be moved once his replacement is chosen.

-- Judith Rosseu -- per Ginger, we will deal with her once they select Whitmore's replacement.

-- Weldon has recommended (Hopson?) for the Counselor's position. -- check status.

2. Defense

-- Placement of OSDBU office -- White House should tell them to leave it where it is and not have it placed under P. Haeper. Dellums has expressed his concern about doing otherwise -- is going to be calling Kiminisky per Dorothy Robyn (NEC). Whit Peters agrees.

-- Bob Neal ready to move from GSA to DOD -- can be accomplished in a matter of minutes, once issue of Office location is settled.

-- Replacement rules ~~at OIRA~~ published 4/29/96. Would: (1) extend 10% price preference to all awards except construction; (2) pilot project to remove "bond differential" from construction bids for SDBs; and (3) increase consideration urged for bids from prime contractors with binding SDB subcontracts; and (4) notification of SDB replacement with removal for cause.

-- "Unbundling" policy -- agreement with Kelman to let DoD proceed; need to answer Cardis Collins letter to Leon -- Kelman has offered to help. — Richard drafting

-- Targeted turn-on for construction. Justice won't support now. However, DoD probably willing to consider limited pilot test in West -- extend the 10% price preference to construction in the context of the Justice benchmarking proposal. -- close loop week of 4/22.

3. Justice

-- Justice procurement reform propsal - ok, except for time frame for considering use of set-asides -- options: (1) two years versus or (2) six months - one year; immediate use in egregious cases of underutilization. White House call.

-- Cabinet/POTUS sign-off - Release by end of month?

-- POTUS role in rollout; communication strategy (message???) --media/amplification

4. Other

-- Agency jawboning in use of 8(a) program -- awards off about 10% since October governementwide, even though overall procurement up about 10%;

-- New Kellman initiatives to spur SDB procurements, etc.

-- Hopewood - Riley letter to State Attorney Generals/University Presidents

5. Leon/Harold Meeting with Weldon Coalition -- May 1????????

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'reall 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

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

April 10, 1996

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

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

Coreen Costello had already gone through two easy deliveries of her children--Carlyn who is now six years old and Chad who is eight--when she became pregnant with her third, to be named Katherine Grace.

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

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

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

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

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

VIKKI STELLA; NAPERVILLE, ILLINOIS.

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

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

TAMMY AND MITCHELL WATTS; TEMPE, ARIZONA.

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

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

CLAUDIA AND RICHARD ADES; LOS ANGELES, CALIFORNIA

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

They are now planning to adopt a child.

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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.

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.

This is the ltr. not yet sent.

DRAFT

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.

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.

QUESTIONS AND ANSWERS ON HR 1833
FOR INTERNAL USE ONLY

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

The President vetoed HR1833 because it fails to protect women against serious threats to their health, as the Constitution and humane public policy require.

The procedure described in the bill troubles the President, and he does not support its use on an elective basis. Indeed, he has opposed all late-term abortions except where necessary to preserve the life or serious health interests of the woman.

But the President believes this procedure must be available in cases where it is necessary to save a woman's life or avert a serious threat to her health, including her ability to have children in the future. In considering whether he would sign this bill, the President heard from women, carrying babies with fatal conditions, who desperately needed this procedure to ensure that they themselves would not suffer serious injury. The President believes such women -- for whom the procedure is not a matter of "choice"but a matter of tragic necessity -- must be protected.

That is why the President implored Congress to add an exemption for the few tragic cases where selection of the procedure, in the medical judgment of the physician, is necessary to save the life of the mother or prevent serious injury to her health. He has made clear that he would sign a bill prohibiting this procedure if amended in this way.

He regrets that Congress, more interested in creating a political issue than solving a problem, has so far rejected this approach. But he will not agree to sign HR 1833 as enacted, because it demonstrates complete indifference to women's health.

Let's not mince words here -- this is virtually infanticide. These are cases where a baby is partially delivered and is still alive -- where it's feet may be kicking. It is then killed when a scissors is stuck into the back of its head and its brains are suctioned out. That's what we're talking about. How can you sit here and defend that?

Look, there is no question that this procedure is disturbing, although there is also no question that any procedure used in a tragic situation like this -- where a baby is fatally afflicted and can't be safely delivered by a woman -- is going to be disturbing.

The President has said the procedure troubles him deeply and that he would prohibit its use on an elective basis. He would allow use only where a doctor has deemed it necessary to prevent death or serious injury to a woman.

Why doesn't the life exception in the bill cover the cases the President is worried about?

The life exception currently in the bill covers only cases where the doctor believes the mother will die. It fails to cover cases where the doctor believes the mother will suffer

serious harm to health, including the loss of any ability to have children in the future. As a result, some women in desperate situations -- women who want their babies, but are advised by their doctors that this procedure is necessary to avert grave harm -- will not have access to the procedure. The President believes that denying access to the procedure in such cases would be the real inhumanity.

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

The President has made clear that when he says serious, adverse health consequences, that is exactly what he means. He is not talking about cases where this procedure is used for reasons such as the woman's age, emotional stress, financial hardship, or inconvenience. He is talking about cases like those of the women who stood beside him when he announced his veto of this legislation.

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 proposed exemption would apply only where there is real, serious harm to health. Surely Congress, working with this Administration, can draft legislation containing such a narrow exception.

If Congress drafted a limited exception, the courts would interpret that language as it is written. It is simply false to say that if Congress clearly drafts a narrow health exception,covering only select cases, that the courts will turn it into a broad one, covering everything. Moreover, physicians are not going to treat the language in a cavalier fashion; this is a *criminal statute* imposing jail sentences for its violation.

[NOTE: If asked specifically whether "serious harm" can include psychological harm:

It is conceivable to think of cases where psychological harm posed an immediate and grave threat to a woman -- such as where a woman is in a clinical depression and suicidal. But cases like this would be few and far between, and legislation could surely be written to apply to cases only like this.]

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

Let me start by saying that I am not a physician and I do not have medical training. The best I can do -- which is what the President did -- is to listen hard to what the medical community is saying on this question. That community broadly supports the continued availability of this procedure in cases where a woman's serious health interests are at stake. The American College of Obstetricians and Gynecologists, for example, has urged that doctors be able to use this procedure in appropriate circumstances.

Both the President and the Congress have heard from doctors who believe that this procedure is the safest -- indeed, may be the only safe one -- in certain rare cases. They have also

heard from women who were so advised by their doctors. Indeed, one of the women who met with the President [Vicki Stella] is a diabetic and was advised that other procedures would be too dangerous.

[NOTE: If asked about specifics like C-Sections or induced delivery:

In particular cases, doctors may believe that it is inadvisable to do a Caesarean section because of the risk of hemorrhage or to induce delivery of the baby because of the position of the baby in the womb or the size of the baby's head.]

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

I don't believe that there are accurate statistics on this point, but I want to make something very clear: the President is <u>not</u> defending all the situations in which this procedure may be used today. On the contrary, the President has laid down very strict guidelines on when he believes the procedure should be permitted -- namely, when a doctor believes it necessary to save a woman's life or to avoid ***serious adverse consequences to her health.*** To the extent that this procedure is used beyond that, he does not support it and would sign a bill banning it.

Isn't your resistance to this legislation just like the NRA resisting legislation banning cop killer bullets -- they do it because they don't want to give an inch and so do you. You're just trying to prevent any chip in the facade of <u>Roe v. Wade.</u>

No. The President *would* accept restrictions. He has said repeatedly that he would sign legislation banning this procedure in all cases except where necessary to protect a woman from death or *serious* harm. Don't forget, as Governor of Arkansas he signed a bill banning all late-term abortions except in these cases. He will accept reasonable restrictions, but not restrictions that pose a serious threat to the health of American women.

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

In the past few months, the President has heard from women who desperately wanted babies, who were devastated to learn late in the pregnancy 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. The 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.

These families were advised by their doctors that they terminate the pregnancy because of the danger posed to the mother's health. They were further advised that a procedure covered under HR 1844 was the safest means to do so. Had access to this procedure been denied, these women could have incurred serious injury. Yet it is questionable whether any of them

would have fallen within the current "life" exception in the bill: the medical prognosis in each of their cases was probably not that clear cut.

The President does not contend that this procedure is, today, always used to prevent death or serious injury. Some cases in which the procedure is currently used do not meet the stringent standard he has proposed. But the President does not support such uses, does not defend them, and would support legislation banning them. He would allow this procedure only where necessary to prevent death or serious adverse health consequences.

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

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

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

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

The debate around HR1833 has focused on a procedure called "intact dilation and evacuation" or "dilation and extraction," performed rarely, usually after the 20th week of pregnancy. There are several ways to terminate a pregnancy at this stage. Each has medical upsides and downsides in particular cases. Intact D and E was developed because the procedure itself may pose less risk to the mother than other options in some cases, and it may better ensure the future ability of the woman to have another child. The women the President spoke with, among others, all were advised by their physicians that the intact D&E would best preserve their lives and their health, including their future ability to have children.

POLITICS

Didn't the President just make a political decision that he couldn't alienate his core pro-choice supporters?

No. The President made this decision after a great deal of reflection and prayer. He did it because he simply could not accept a bill that would pose serious risks to the health of American women. He was not prepared to force women to endure real, serious risks to their health -- including the ability to have children in the future -- in order to deliver a baby who was already dead or about to die.

But he has made it absolutely clear that he would sign a bill with a tough health exception -- a bill that many in the pro-choice community would probably be up in arms about.

Moreover it is by no means clear that the President's decision "helps" him politically. You could make just as strong an argument -- or stronger -- that the politically easier decision would have been to sign the bill. This was a matter or principle for the President.

What is your response to Republican statements that they will make this an issue in the fall?

- These statements underscore the fact that too many people are trying to play politics with this painful issue, and that is very regrettable.

- The President made clear that he couldn't sign the bill because it failed to protect women against serious risks to their health. He told the Congress that he would sign a bill if an exception were added to protect women against such serious health risks. And he is *still* ready to work with Congress to fashion a reasonable bill that sharply restricts the use of this procedure, while still protecting women.

- But Congress has rejected his proposals because too many there are more interested in creating a political issue than in solving a human problem.

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

The AMA's Board of Trustees has said that it will not take a position on H.R. 1833. However, a number of leading medical organizations have spoken out against the bill, including the American College of Obstetricians and Gynecologists, the American Medical Women's Association, and the American Nurses Association.

MEMORANDUM FOR ALEXIS

FROM: Marilyn and Lee

SUBJ: H.R. 1833 update

Attached are the staff memorandum,talking points, legislative history, internal Q and A's,story summaries of the women at the veto event, and the President's record. All documents were created internally to aid in educating surrogates on the Presidents position and educating public by distribution of some of the materials.

o Vote on theoverride was postponed.

o Vote likely to come up in next week or two.

o Leon chaired a legislative strategy meeting on Friday, April 26. (Marilyn attended)

o The last letter drafted in response to the letter from Cardinals was not sent. There was discussion in the meeting about how to use it. Marilyn suggested send to another religious leader and then release to press.

o Out of the last meeting - OPL responsiblities include: 1. finding a non-catholic religious leader to send the letter 2. Working with HHS to identify Doctors who will continue to verify the President's position.

OUTREACH

o Betsy submitted a report on the continued women's outreach. A lot of work is being done in that community. Flo is working on the interfaith letter of support. Marilyn is working on medical community. John Hart is making every effort to find common ground on other issues such as landmines and immigration.

Alexis -
I need to tell you more on the legislative strategy. I don't want to put on paper - let's discuss.
Lee

To: **Melanne Verveer, Alexis Herman (cc: John Hart)**

From: **Jim Castelli**

Date: **1/17/96**

Subject: **1996**

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I spoke with John Hart yesterday; he said he'd be talking with you both this week and said I should fill you in on our conversation before you meet.

First, I got a call a couple of weeks ago from someone writing an article on Clinton and Catholics for *Crisis*, Michael Novak's magazine. He said Novak is very pro-Clinton these days. The writer said he talked with Anne Lewis and that she told him that Catholics are a problem because of abortion but that Clinton was appealing to Catholics with all the symbolic stuff. I told him that was incomplete; abortion isn't that much of a problem and the symbolic stuff only serves to get Catholics' attention—it's the fact that they agree with Clinton on the budget, Medicaid and Medicare, etc., that's important.

So we need to get the message straight.

Second, on logistics. As it turns out, I'm one of the few people really getting burned by the government shutdowns. I was supposed to be at HUD for another 120 days beginning Oct. 1, but with the various continuing resolutions I've been off the books there since Dec. 1. Presumably when they get a budget I've got another two months covered there.

But after having some time to think, I'm not crazy about going back. I will if nothing else turns up, but they've been a pain. They're real disorganized and I don't feel that I'm really accomplishing much. (Hey, he's only an assistant secretary).

I think it's time to see whether the consulting slot at Education that Debbie Fein worked on last summer is still available—again, obviously, once they have a budget.

Also, what's happening with the re-election committee?

Talk to you soon.

Happy New Year.

Melanne
Let discuss
A
sent 1/19/96

THE MOST REVEREND EDMOND L. BROWNING
PRESIDING BISHOP, THE EPISCOPAL CHURCH
THE EPISCOPAL CHURCH CENTER
815 SECOND AVENUE • NEW YORK NY 10017
212/867-8400

May 8, 1996

The Honorable William J. Clinton
The White House
Washington, D.C. 20500

Dear President Clinton:

As you know, I joined other mainstream religious leaders in supporting your veto of the "partial birth abortion" ban. I continue to support your decision on this extremely difficult issue. While there continues to be a great deal of misinformation and confusion about this particular medical procedure, I would like to clarify the Episcopal Church's teaching concerning abortion.

Amid great disagreement and prayerful deliberation on the issue of abortion, the Church's 1994 General Convention, the highest legislative body, adopted a position that states "all human life is sacred from its inception until death" and stresses that "we regard abortion as having a tragic dimension, calling for concern and compassion of all the Christian community." The Church advises all those who voluntarily accept to be members of this particular faith community that abortion should be used only in extreme situations, and emphatically opposes abortion "as a means of birth control, family planning, sex selection, or any reason of mere convenience."

The Church's position recognizes that legislation concerning abortion will not address the root of the problem; rather, a decision by a woman in this Church should be instructed by her own conscience in prayer and by seeking advice and counsel of members of the Christian community. The Church expresses "its unequivocal opposition to any legislative, executive, or judicial action . . . that abridges the right of a woman to reach an informed decision about the termination of pregnancy or that would limit the access of a woman to safe means of acting on her decision." I have enclosed the full text of the Church's position.

Mr. President, I know that this is a tremendously difficult issue for you, as it is for the country. I thank you for this opportunity to share the position of the Episcopal Church.

Faithfully yours,

+ Edmond L. Browning

Edmond L. Browning
Presiding Bishop and Primate

ABORTION

Condemn Violence Against Abortion Clinics

General Convention 1988

Resolved, the House of _____ concurring, That this 69th General Convention of the Episcopal Church condemn all actions of violence against abortion clinics; and be it further

Resolved, that this Convention deplore any acts of violence against those persons seeking the services available at such clinics.

Statement on Childbirth and Abortion

General Convention 1988

Resolved, the House of Deputies concurring, That the 69th General Convention adopt the following statement on childbirth and abortion:

All human life is sacred. Hence, it is sacred from its inception until death. The Church takes seriously its obligation to help form the consciences of its members concerning this sacredness. Human life, therefore, should be initiated only advisedly and in full accord with this understanding of the power to conceive and give birth which is bestowed by God.

It is the responsibility of our congregations to assist their members in becoming informed concerning the spiritual, physiological and psychological aspects of sex and sexuality.

The Book of Common Prayer affirm that "the birth of a child is a joyous and solemn occasion in the life of a family. It is also an occasion for rejoicing in the Christian community" (p 440). As Christians we also affirm responsible family planning.

We regard all abortion as having a tragic dimension, calling for the concern and compassion of all the Christian community.

While we acknowledge that in this country it is the legal right of every woman to have a medically safe abortion, as Christians we believe strongly that if this right is exercised, it should be used only in extreme situations. We emphatically oppose abortion as a means of birth control, family planning, sex selection, or any reason of mere convenience.

In those cases where an abortion is being considered, members of this Church are urged to seek the dictates of their consciences in prayer, to seek the advice and counsel of members of the Christian community and where appropriate the sacramental life of this Church.

Whenever members of this Church are consulted with regard to a problem pregnancy, they are to explore, with grave seriousness, with the person or persons seeking advice and counsel, as alternatives to abortion, other positive courses of action, including, but not limited to, the following possibilities: the parents raising the child; another family member raising the child; making the child available for adoption.

It is the responsibility of members of this Church, especially the clergy, to become aware of local agencies and resources which will assist those faced with problem pregnancies.

We believe that legislation concerning abortions will not address the root of the problem. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding abortions must take special care to see that individual conscience is respected, and that the responsibility of individuals to reach informed decisions in this matter is acknowledged and honored.

CCHC

April 24, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine

SUBJECT: Summary of Status of Proposed State Bans

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

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

DISTRIBUTION:
Todd Stern
Elena Kagan
George Stephanopoulos
Alexis Herman
Jeremy Ben-Ami
Melanne Verveer
Betsy Myers
Jen Klein
John Hart
Judy Gold

C · R · L · P

THE CENTER FOR REPRODUCTIVE LAW AND POLICY

120 WALL STREET

NEW YORK

NEW YORK 10005 USA

212/514-5534

212/514-5538 *fax*

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

California

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

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

Colorado

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

Georgia

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

Idaho

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

Illinois

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

Iowa

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

Kentucky

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

Maryland

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

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

Minnesota

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

Mississippi

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

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

New York

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

Oregon

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

South Carolina

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

Utah

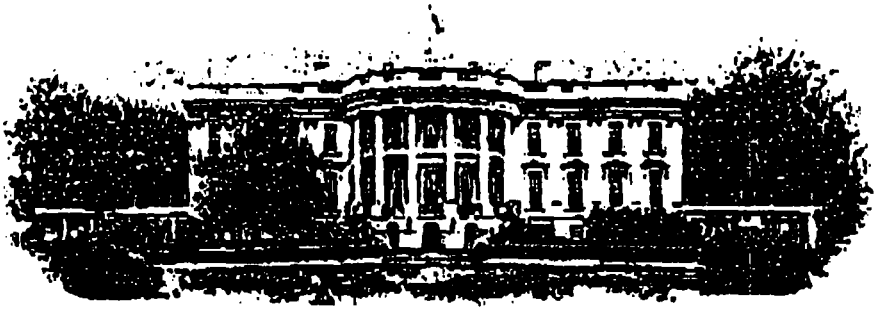
HB 206 (ban on methods of abortion) (bans saline amnioinfusion and "partial birth" abortions after viability unless necessary to preserve a woman's life or health) 3/18 Governor signed the bill, which is scheduled to take effect on April 29, 1996.

Virginia

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

Washington

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



FAX COVER SHEET

Office of Don Baer
Director of Communications

Date: 4/17 Number of Pages (w/cover) 3

To: LEE SMITHFIELD

From: VICKI RADD / KEVIN MORAN

FAX Number: 6-6218

Comments:

Note: The information contained in this facsimile message is CONFIDENTIAL and intended for the recipient ONLY. If there are any problems with this transmission, please contact the sender as soon as possible at 202-456-2640.

Cabinet briefings on Saturday

April 17, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN AND DON BAER

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

CC: LEON PANETTA, HAROLD ICKES AND EVELYN LIEBERMAN

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

1. COMMUNICATIONS

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

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

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

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

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

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

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

II. OUTREACH

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

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

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

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

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

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

Leon
Mygan
Bmyers
BWoolley
HC
RB

AMH

THE PRESIDENT HAS SEEN
4-14-96

THE WHITE HOUSE
WASHINGTON

April 11, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: ALEXIS HERMAN

SUBJECT: RELIGIOUS OUTREACH ON H.R. 1833

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

I. Catholic Leaders

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

III. Specialty Press

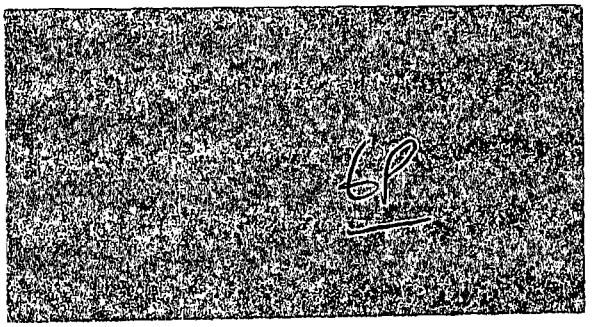
The following list of Religious press organizations have been sent copies of the transcript, letter and remarks: Religious News Service, Associated Baptist Service, Catholic News Service, Catholic Health World, and Religious News Service.
At this point, we know that Religious News Service is writing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

IV. Other Religious Leaders

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

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

cc: Leon Panetta
Harold Ickes
Evelyn Lieberman



April 11, 1996

MEMORANDUM TO ALEXIS HERMAN

FROM: BARBARA WOOLLEY

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

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

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

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

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

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

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

Attachments

cc: Marilyn Yager
Betsy Myers

The American College of Obstetricians and Gynecologists

April 9, 1996

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

Dear Mr. President:

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

Thank you for considering our views on this important matter.

Sincerely,

Ralph W. Hale MD

Ralph W. Hale, MD
Executive Director

AMWA

AMERICAN MEDICAL WOMEN'S ASSOCIATION

For Immediate Release
April 10, 1996

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

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

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

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

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

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

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

NEWS RELEASE

FOR IMMEDIATE RELEASE
April 11, 1996

CONTACT: Sara Foer
202/651-7023

AMERICAN NURSES ASSOCIATION SUPPORTS VETO OF LATE-TERM ABORTION BILL

Calls legislation an intrusion into a personal health care decision

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

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

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

###

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

g:\releases.96\lateterm

ANA
AMERICAN NURSES ASSOCIATION

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

Office of the Dean

Ohio University College of Osteopathic Medicine

For Immediate Release: 4-11-96

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

LEGISLATORS SHOULD NOT DECIDE CLINICAL PRACTICE OF MEDICINE

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

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

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

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

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

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

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

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

April 11, 1996

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

Dear Editor:

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

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

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

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

Sincerely,

Susan F. Reynolds, M.D.

(7)

3 May 1996

NOTICE TO ALL WHITE HOUSE DEPARTMENT HEADS

Re: Surrogate Speakers Training

DATE: Saturday, May 11, 1996

TIME: 9AM to 1PM

LOCATION: Clinton/Gore Headquarters
2100 M St. NW
Suite 700

Gloria Johnson, Director of Surrogate Speakers for the C/G Re-elect and Jon Christopher Bua, Director of the DNC Speakers Bureau/Talk Radio Initiative, will conduct training which will provide instruction to individuals who are interested in doing speeches, presentations, and/or interviews on behalf of the Re-elect and the Democratic party. They will place emphasis on **HOW TO:**

Emphasize the core themes of the campaign.
Talk effectively about Clinton/Gore accomplishments.
Communicate the impact of Clinton/Gore policies on people's daily lives.
Stick to the message.
Handle hostile interviewers, callers, audience members.
Personalize your presentation.
Use "talk radio" to communicate Clinton/Gore accomplishments.

Since space is very limited, department heads might want to identify the staff members they think most need to attend. To RSVP, contact Betsy Moore at Clinton/Gore at 331-1996, by Wednesday, May 8th.

APRIL 19, 1996

MEMORANDUM FOR THE PRESIDENT

THROUGH: LEON PANETTA

CC: HAROLD ICKES
EVELYN LIEBERMAN
ALEXIS HERMAN
DON BAER
MELANNE VERVEER

FROM: BETSY MYERS BM

SUBJECT: SUMMARY OF CONTINUING FOLLOW UP ON H.R. 1833 WITH WOMEN'S COMMUNITY

The response that my office has received from the women's community to your veto of H.R.1833 is the most enthusiastic and supportive reaction I have seen since the Women's Office opened last June. Your meeting with the patients has galvanized and energized women all over the country. Most importantly the support for your position has come not just from the pro-choice community but from the greater women's community. The following summarizes amplification and outreach on this issue to the women's community as of this date as well as setting forth the women's office's proposed strategy going forward.

SUPPORT FROM AND OUTREACH TO WOMEN'S GROUPS

We reached out directly, via phone, mail or fax to over 300 women's groups, including the "Core Group" of the Choice Coalition and the Council of Presidents, as well as several women's health organizations. In addition, we blast-faxed to over 2,000 women leaders. We distributed, as appropriate, the veto message, the veto remarks, and the *New York Times* editorial dated April 11, 1996. We asked these groups (and they were quite receptive)upon receipt of our information, to amplify the veto to their members, affiliates, coalition partners and/or patients.

Attached as Exhibit #1 is a list of the support letters and statements that we have received to date. The index reflects, where appropriate, additional amplification efforts by these groups. The most significant amplification is as follows:

- The American Association of University Women (AAUW), which in addition to getting the word out through its newsletter and regular alerts to it 150,000 members, also included commendation for your veto in its monthly fact sheet that is sent to 10,000 women who have each pledged to distribute it to five additional women. In addition this fact sheet is taken out into the communities and posted and/or distributed in laundry mats, grocery stores, law firms, cafeterias, community centers, day care centers, and other places where women congregate. The fact sheet is also on the Internet and Women's Wire (which gets 150,000 hits per month).

- The National Organization for Women (NOW), which in addition to getting the word out through its local affiliates to its 270,0000 members, featured Claudia Ades one of the patient/spokeswomen who met with you at the veto signing as a key note speaker at its National Rally Against the Right in San Francisco on April 15, 1996. Over 5,000 women attended.

- The American Medical Women's Association (AMWA) distributed a press release to 70 major news organizations and distributed a targeted and detailed alert to key membership in order to best reach its 13,000 women medical students and physicians.

- National Abortion Rights Action League (NARAL) distributed a press release to over 200 outlets and to its 36 affiliates. They estimate that the information they distributed to their affiliates will additionaly reach, through the affiliates' sprint fax networks, web-sites and coalition group tens of thousands. They distributed sample letters to the editor and talking points specifically praising President Clinton for standing up for families.

- Voters for Choice is preparing a direct mail piece which will tell certain of the patient/spokeswomen's stories and underscore the importance of returning a strong pro-choice president to the White House. This will be sent to 30,000 supporters and distributed at their spring and summer concerts to approximately 10,000 people. This message will also be relayed in their voter identification and GOTV targeting a minimum of 200,000 republican and democratic pro-choice women.

- The National Abortion Federation (NAF) estimates that the supportive information it distributed through its membership alerts, press releases and informational packets to its institutional and individual members reached approximately 10,000 people.

- The Religious Coalition for Reproductive Choice alerted its 38 national religious organizational affiliates with information packets, talking points and sample op-eds. These affiliates then alerted their affiliates (*i.e.*, the Kentucky Coalition For Reproductive Choice which alerted its 20 faith-based organizations).

The letters from these groups uniformly applaud your veto, speak of your courage, compassion and principled decision. These letters are far too voluminous for me to attach as an exhibit, instead they are provided in the companion annex to this memo as TAB #1.

I have attached as Exhibit #2 the letters from Religious Coalition for Reproductive Choice and Catholics for a Free Choice. These letters illustrate that there is in fact significant support among women in the religious community for your position. (Also see polling data on Catholics and Abortion compiled by Catholics for a Free Choice attached as Exhibit #3).

- On behalf of the Religious Coalition for Reproductive Choice, Ann Thompson Cook wrote "... Religious people oppose bans on late-term abortions because such bans interfere in women's freedom to make morally and ethically responsible decisions."

- The letter from Catholics for a Free Choice indicates that the entire Catholic constituency is not opposed to legal access to the intact D&E procedure. Their letter states that the "...in vetoing this bill on legal grounds, while continuing to express your view that abortion should be safe, legal and rare you are providing great moral leadership... consistent with that of the majority of United States Catholics." (See Tab #2 of the companion annex to this memo for focus group findings from progressive activist Catholics separated by gender prepared by Beldon & Russonello for Catholics for a Free Choice pursuant to their effort to mobilize progressive Catholics against the Christian Right). Frances Kissling, President of Catholics for a Free Choice, in a recent meeting at my office, cautioned me to remember that there are many who feel that the leadership of the Catholic Church does not reflect the views of most Catholic women on reproductive rights.

RESPONSE TO *LOS ANGELES TIMES*:

In response to your note with the *Los Angeles Times* clipping dated April 12, 1996, I have worked with our constituents to respond via op-eds and letters to the editor.

Line's

Responses were submitted by The Center for Reproductive Law and Policy, Catholics for a Free Choice, The Religious Coalition For Reproductive Choice, Vicki Saporta and Mary Dorothy-Line. I have attached together with the original clipping as Exhibit #4 a draft of Ms. and Ms. Saporta's response pieces. Ms. Line is one of the practicing catholic patient/spokeswomen with whom you met at the veto and Vicki Saporta is the Executive Director of The National Abortion Federation.

event or signing

MEDIA SUPPORT ON H.R. 1833:

One or more of the patients who appeared at the veto ceremony on April 10th have been quoted, interviewed or featured in the following media:

Television
- CNN & Company (Mary-Dorothy Line and Vicki Saporta)
- Good Morning America (Coreen Costello)
- The "Today" Show (Claudia Ades)
- News Talk Television (Mary-Dorothy Line)
- CNN's "Headline News" featured several different patients as their news package changed throughout the evening. Included were Vikki Stella, Claudia Ades and Coreen Costello.
- CNN's online news service featured an in-depth story on the veto, with pictures and quotes from Claudia Ades, Mary-Dorothy Line, and Vikki Stella.

Radio
- Los Angeles, CA-KABC-FM The "Michael Jackson Show" (Vikki Stella; this program is nationally syndicated and simulcast on C-Span)
- Mobile, Alabama-WNTM-AM (Claudia Ades)
- Chicago, Il- WJJD-AM (Vikki Stella)

Newspaper
Arizona Republic (Tammy Watts)
Baltimore Sun (Vikki Stella)
Chicago Tribune (Vikki Stella)
Fort Worth Star-Telegram (Vikki Stella)
Houston Chronicle (Vikki Stella)
Los Angeles Times (Vikki stella, Vicki Saporta)
Miami Herald (Coreen Costello, Vikki Stella, Tammy Watts)
Minneapolis Star-Tribune (Vikki Stella)
Naperville Sun (Vikki Stella)
New York Times (Claudia Ades)
Philadelphia Inquirer (Viki Wilson)
San Francisco Chronicle (Coreen Costello, Vikki Stella)
USA Today (Coreen Costello, Vikki Stella, Tammy Watts)
Washington Post (Vikki Stella)
Washington Times (Mary-Dorothy Line)

Other Key Newspaper Coverage:

Many editorials and columns have been written depicting the veto as a courageous act based on principle. (See Exhibit #5 attached). A sampling:

From the *St. Louis Post Dispatch* (April 14, 1996):
"In a politically courageous gesture, President Bill Clinton vetoed a bill to outlaw what has been misleadingly called partial birth abortion."

From the *Charleston Gazette* (April 15, 1996):
"It would have been easy for President Clinton to play for popularity and avoid this bill."

From the *New York Times* (April 11, 1996):
"At a time when anti-abortion forces are successfully pushing new and restrictive laws in the state legislatures, the President has taken a principled stand."

Cathy Young with the *Detroit News* (April 16, 1996):
"But as best as I can tell from the contradictory information, D&X abortions often is the safest way to end a pregnancy when the fetus has severe abnormalities or when the women's physical health is in danger."

Media Projects Presently in Development

- *Los Angeles Times* (feature article on Claudia Ades, Coreen Costello, Mary-Dorothy Line).
- "60 Minutes" (feature story on Tammy Watts and Viki Wilson).
- *Ms. Magazine* (feature piece on Claudia Ades).
- Op-Eds submitted, but not yet run, by patients and/or NAF, Catholics For a Free Choice,and the Center For Reproductive Policy to the *New York Times, the Washington Post, the Chicago Tribune, USA Today*,and the *Wall Street Journal* (See Exhibit #6 attached).
- **Response to Mary McGrory piece** in *Washington Post:* Mary-Dorothy Line has called McGrory directly and we understand that they had a very positive conversation and that Ms.McGrory plans to write a follow-up piece tentatively scheduled to run the weekend of April 20th or the week of April 22nd. In addition,NARAL has submitted a response piece as well,

ADDITIONAL OUTREACH PLANNED:

With the upcoming override vote, we will be conducting additional media outreach and will include women who participated in the event. We plan to mobilize the women's religious community, including the Catholic Women for Choice. My office will be hosting a lunch and a briefing for these constituents in late May. I also plan to amplify statements from the Maryland physicians opposed on medical grounds to state legislation that is identical to H.R. 1833. (see Exhibit #7 for copies of these statements).

If Clinton/Gore Re-Elect women's constituent outreach groups are formed (e.g.,Women Catholics for Clinton/Gore, women lawyers for..., women doctors for..., religious women for...,) they will be useful and interested in receiving information on your leadership on this issue.

WOMEN POLITICAL APPOINTEES:

Information on the veto is being distributed to all 2,000+ women political appointees. A core group of 100 senior women appointees plan to amplify your leadership through press interviews, speeches and in mailings/outreach to their own agency's constituencies. Women appointees are proud to be part of your pro-women leadership.

May 6, 1996

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

Dear friends:

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

May 6, 1996

Dear Mr. Speaker:

I am writing to express my strong support for The Adoption Promotion and Stability Act of 1996. Today, families seeking to adopt children face significant barriers, including high adoption costs, complex regulations, and outdated assumptions. I am committed to breaking down these barriers and making adoption easier. Promoting adoption is one of the most important things we can do to strengthen American families and give more children what every child in America deserves -- loving parents and a healthy home. This legislation will help children in need of adoptive homes to be united with devoted parents.

My Administration has worked hard to promote adoption in general, and adoption of children with special needs in particular. We championed the Family and Medical Leave Act which enables parents to take time off to adopt a child without losing their jobs or their health insurance. We strongly supported the Multi-Ethnic Placement Act to help increase the number of adoptions by prohibiting discrimination based on race or ethnicity, and we remain committed to enforcing that law vigorously. As part of our 1993 deficit reduction package, I signed into law a provision that requires ERISA plans to provide the same health coverage for adopted children as for biological children of plan participants. We have worked to preserve Federal support for adoption of children with special needs, and increased by 60 percent the number of children with special needs who have been adopted with Federal adoption assistance.

But together we can and must do more. I strongly support the adoption tax credit in this bill. It will alleviate a significant barrier to adoption and allow middle class families, for whom adoption may be prohibitively expensive, to adopt children to love and nurture. It will encourage adoption of children with special needs. It will put parents seeking to build a family through adoption on a more equal footing with other families.

I believe that the bill is consistent with the Administration's policy and my longstanding goal to end the historical bias against interracial adoptions, which too often has meant interminable waits for children to be matched with parents of the same race. The Administration also has some concerns regarding some of the provisions used to offset the cost

of the bill and would like to work with the Congress on these provisions. In addition, we need to ensure that unnecessary provisions are not included in the legislation.

The Adoption Promotion and Stability Act is an important first step toward meeting the challenge of removing barriers to adoption. I look forward to working with you so that the dreams of the waiting children in this country to have permanent homes and loving families can become a reality.

Sincerely,

Bill Clinton

The Honorable Newt Gingrich
Speaker of the
House of Representatives
Washington, D.C. 20515