

Box #2

Shirley Sagawa/OFL

May 2000

- ◆ Abortion
- ◆ Children's Hospital
- ◆ CHIP
- ◆ Credit Cards & Mentally Disabled
- ◆ Economic Clubs
- ◆ Head Start
- ◆ Music Museum (DC)
- ◆ President's Park/Penn Ave.
- ◆ Sacagawea
- ◆ Social Security
- ◆ Trust in Government
- ◆ V-Chip
- ◆ Save America's Treasures 1999
- ◆ Millennium 1999
 - ◆ March Millennium Evening
 - ◆ Keys, Martha-Something in Common (Millennium Project)
- ◆ Trust & Heritage Presentation-Bobbie Greene
- ◆ Save America's Treasures-Bobbie Greene
- ◆ Millennium- Bobbie Greene
 - ◆ Millennium: Memos & Meetings
 - ◆ Millennium Misc
 - ◆ Millennium Society
 - ◆ Millennium: Gillman Photos
 - ◆ Millennium Names
 - ◆ Millennium-Indian Country
 - ◆ Logo Licensing
 - ◆ Millennium: International
 - ◆ Millennium Lectures
- ◆ Race Initiative

ENCLOSURES FILED OVERSIZE ATTACHMENTS

16423

NHVA 13874

Abortion/ Family Planning Message

Meeting Notes 1/8/99

Attendees: Melanne, Laura, Christie, Shirley, Nicole, Neera, Carol, MaryEllen

- take off from teen pregnancy
- 1/22 domestic: NARAL speech
- Holland: International Family Planning Convention
 - remember Republican tie in to abortion on UN debt
 - population people coming Monday to talk about message, what we know about this issue so we can learn
- tie in teen pregnancy, infant mortality reduction, education health care
- bring rationality to the extremes
- "safe, legal and rare"
- NARAL is embarking on a multi million right to choose campaign
 - Get transcript
- think Jenn has video tape from Sarah Brown
- book end teen pregnancy events: NYC (Dec) and Georgia (Feb..? Spring?)

LOOK AT:

columns, President statements on partial birth and Buffalo killing, partial birth letter and talking points from Neera, NARAL video/transcript

First Lady Hillary Rodham Clinton
People Magazine/Campaign to Prevent Teen Pregnancy Luncheon
New York City, NY
December 1, 1998

(First part of the speech was cut off.)

...life's work and that's Belle Sawhill, who served in my husband's first administration in the Office of Management and Budget. She really pulled together this entire campaign with her commitment, her vision, and her economist's expertise. And, Belle, it could not have been done without you.

Then, of course, bringing Sarah Brown in was a stroke of genius because she knew as much about teen pregnancy and infant mortality -- often two related subjects -- as anybody in the country .

I think you remember shortly after I moved in to the White House, Sarah coming to see me and us sitting together and kind of running through all the ideas we could imagine about what we could do to address this and related issues. She brought to her leadership position not only dedication and understanding, but a real personal stake in it, being a mother of three teenage daughters. And so Sarah has come with personal and professional credentials.

Sara told some of us recently that she had met with a group of teenage boys in Austin, Texas, and when it came time for questions, one of the young men raised his hand. And she thought it would be the kind of question she's heard from many people about what we can do about teen pregnancy, but instead he asked a very different question. He asked, "What's wrong with teen pregnancy?" And that was an important question for Sarah to be asked and for him to ask because, for a lot of people coming out of different traditions and backgrounds, coming from families where maybe their own mother was a teen mother, it is sometimes difficult to make the case as forcefully as we would like that what might have been acceptable and even doable fifty years ago, is no longer really a possible option for most young people who need more education and more support and face far more temptations than were faced by generations a few decades back. So what's wrong with teenage pregnancy is really a question that each of us has to answer over and over and over again until we've reached everyone like that young man who really doesn't know.

From the very first days, the Campaign has worked to answer that question. When it first came together in late 1995, the President chaired a meeting at the White House where diverse leaders like Ann Moore, Whoopi Goldberg, David Hamburg, Sarah Brown, and Belle Sawhill outlined their vision for this campaign. They saw it as a real partnership between the public and the private sectors, between business and not-for-profits, between community groups and parents. And so they were already on target in thinking of the ways we could address and answer that

young man's question.

In large measure, because of this partnership we are now at a turning point in the struggle against teen pregnancy. Teens are getting the message that teen pregnancy is a one-way ticket -- and not just to dreams deferred but to the ending of dreams. Fewer teens are now getting pregnant, fewer teens are giving birth, and fewer teens are having abortions. So we are being successful on all three fronts: fewer pregnancies, fewer births and fewer abortions. More teenagers are understanding their responsibility, working up the courage that it takes to say no, or being smart and responsible enough to use contraceptives. And perhaps the most important and best news of the last several years is that the birth rate for African American teenagers has dropped a full 21 percent. And that is an astonishing accomplishment. I want personally to commend the African American community across this country -- parents and church groups and community leaders, who all came together and demanded something better of their children and set higher expectations.

Now we know, though, that there are many young people for whom this is still a very real life challenge, and so we have a lot of work ahead of us. And we have some particular groups of people that we have to be concerned about. Young women become pregnant for a host of different reasons. Some don't understand why it's a bad idea, like the young man in Austin who asked the question. Some, though, are coerced by older boyfriends and men, and we need to protect these young girls better than we do now. Others are behind in school, are having problems at home and see this as a way out, see it as way that they can gain maturity, status and somebody to love them. So there is a complex of reasons that we have to address.

And we need to do everything we can using every strategy at our disposal to try to reach every single teenager. And the Administration working with the Campaign is doing just that. For example, under the new welfare reform law we're telling unmarried teen parents that they have to stay in school and live at home or with a responsible older adult in order to receive assistance, including the transition assistance and education assistance they need. There will be more second chance homes where girls can learn the skills to become good parents and avoid getting pregnant again. There will be more abstinence education programs. We are also supporting innovative teen pregnancy programs that reach about 30 percent of American communities and are designed specifically for the communities they address, such as the Administration's new "Girl Power" campaign we are working on with athletes, girl scouts, and others to help girls who often fall victim to the minefields of adolescence to stay healthy and stay confident and stay away from the dangers of pregnancy. We are also working with young men, a very important part of this equation. I was pleased that the President's plan for after-school programs was successful in this last budget. It provided more than \$200 million to give young people safe and supervised places to go after school to keep them away from the crime and sexual activity that too often occurs between 3 and 8 p.m. on every single school day. But we still have four in 10 young women getting pregnant at least once in their teens, and our nation is still paying an annual cost of \$7 billion related to health and social and other kind of needs.

We also have a problem with Hispanic youngsters, and I was particularly pleased to notice on the guest list that we have representatives from our Hispanic American media. For the first time in history, Hispanic youngsters have the highest teenage birth rate in our nation. They are also now the group most likely to attempt suicide and most likely to leave high school -- a full 30 percent drop out and many never even enroll. So although we've made progress in the African American community, which has gotten so much attention in the last several years, we need now to put equal amounts of attention in the Hispanic American community. And again the reasons are very complex, especially among new immigrants and their children coming from countries very diverse in Central and South America. There are different messages that have to be used to reach these young people. But I think all of us should be very concerned about not only the high teenage birthrate but the high suicide attempt rate among Hispanic young people.

So we've got a lot to do ahead of us. But I think if we continue on the path the Campaign has charted; if we recognize that we're not going to reach young people by lecturing at them or handing them a brochure but need to be much more active in their communities, in their schools, in their churches; and if we are much more realistic in talking to them about their lives, then we know we can make a difference. And I've noticed in the media some of the ways you've done that to reach our teenagers, and I want to thank you. Some of you know that we usually scan magazines read by teenagers. You know, it's all about how girls look, what boys want, how you can make yourself more attractive and more appealing. The message is just a constant one of how the most important thing in the world is to find some boy who thinks that you're special and then have a relationship. But finally we are beginning to see some countervailing messages as well.

After the Real World episodes with Pedro Zamora, MTV says more children wrote, called and e-mailed them than ever before. For the first time they said they understood that AIDS could actually happen to them. When young people opened up Teen People a few months ago, there were some pictures of some really attractive, good looking teenagers who said they weren't going to engage in sexual activity and they were cool about it. And that sent a very positive message to the young women who read that magazine. When teenagers tuned in to the BET town hall meeting they could hear the voices of real teenagers who called in and told them what it was like to be a teen mother. One 18-year-old called in -- she has three children -- and she described the struggle she faces every day. There is nothing romantic about it, it's not all dressing her children up in these cute little clothes and showing them off to her friends. It's getting them up in the morning, getting them clothed, getting them bathed, feeding them, putting a roof over their heads.

And thanks to Pat and others of you at ABC, when young people turn on One Life to Live right now, they'll meet Jessica, a young girl whose pregnancy led her to elope and disrupt the life of her entire family. One teenager apparently wrote in about this story line and said, "It's good to see someone on TV struggle with this situation and give the message that it is better to wait, and that if you do have sex to use protection." Now imagine what we could do if even more of the media began putting out messages like that, not just on an occasional basis but on a regular basis

-- a daily, weekly, monthly basis. So that we could begin to rebuild children's understanding of what reality really is, what parenthood really is, what the demands and responsibilities are.

Through the work that I've done with teenage girls who become pregnant, going back now, I guess, about 25 years, I am always stunned at how these girls have in their minds this sort of white picket fence, happily-ever-after idea of what is going to happen to them. I've talked with girls who have, literally, only the clothes on their back and the diapers for their babies who've told me with a totally straight face and all this anticipation in their voice that their boyfriend really is going to come back from the army and marry them and they'll live happily ever after, or as soon as he gets a better job they'll be a family, or everything is going to work out just fine. Well, they need to understand that maybe in a blue moon somewhere sometime, that does happen, but the real story -- the real tragedy, the real struggles -- of these teenage moms is nothing that they want to dream about or aspire to.

So the more we can demonstrate the gritty reality of what happens to these young men and women who enter into early parenthood too soon, the more we are going to be sending a message of responsibility and of hope. That there is something worth waiting for, there is a future out there that they can have if they stay in school, they get educated, they obtain job skills so that eventually they will be able to support the children that they want so desperately to have.

I know that there has been a powerful video created that asks us to imagine a country where babies don't have babies, where children play outside instead of staying inside to take care of their own children, where no young person ever has to ask what's wrong with teen pregnancy. Well, you are helping us to imagine that country and imagine the lives that will be lived in that country, and the success you've already demonstrated gives me enormous hope that when we meet again next year and the year after and the years to come, we'll see even more progress, and even more young men and women will have something to say "yes" to in their lives, and the messages they receive will reinforce a life of productivity and responsibility and true happiness as they get older and are able to take on the role of being a parent.

Thank you all very much.

TO: Elena
FROM: Jen J.H.
CC: Melanne, Shirley
DATE: 11/25/98
RE: Security for Abortion Clinics

*Not sure if this
is in budget, but
pass to Laura
for NARAC*

You had asked me to update you on our proposal to provide additional security for abortion clinics in the wake of escalating violence against clinics and providers. As you know, this builds on the Justice Department's National Task Force announced on November 9 that creates a central location for information related to clinic violence and that provides training to federal, state and local law enforcement personnel. While the Task Force is already providing valuable support to communities affected by clinic violence, a key missing piece is funds for security at clinics. Under this proposal, Justice would spend \$4.5 million to conduct security assessments, purchase hardware, and provide additional U.S. Marshall support for clinics at risk. Attached is a document produced by the Feminist Majority, Planned Parenthood, and the National Abortion Federation detailing the costs that support this estimate.

SECURITY ESTIMATES

In response to the meeting with the Department of Justice on October 28, 1998, the Feminist Majority Foundation (FMF), Planned Parenthood Federation of America (PPFA) and the National Abortion Federation (NAF) provide the following estimate. At that meeting we agreed to estimate of the number of clinics requiring security assessments and security hardware, together with the estimated accompanying costs. Of the targeted areas previously provided, FMF is in contact with approximately 228 clinics; PPFA has approximately 55 sites that provide abortion services, and NAF has approximately 120 member clinic sites. The following are estimated numbers only.

SECURITY ASSESSMENTS - \$5,000 on the average per unit

A unit includes a clinic, the doctor's residence, and the doctor's offices.

Targeted Areas Only:

FMF - 160 units (70% of 228 sites)	\$800,000
PPFA - 31 units (70 % of 55 sites)	\$155,000
NAF - 120 clinics	<u>\$600,000</u>
SubTotal	\$1,555,000

CLOSED CIRCUIT CAMERA SYSTEMS* - \$ 8,000 on the average per clinic

Camera Systems include the video camera, video recording equipment, and appropriate lighting for the area to be filmed (for example, parking lot, area around the outside of the clinic, sidewalks, etc.) Page 2 of this document contains three typical estimates for camera systems at all clinics.

FMF - 137 clinics (60% of clinics in targeted areas)	\$1,046,000
PPFA - 50 clinics (90% of clinics in targeted areas)	\$400,000
NAF - 90 clinics	<u>\$720,000</u>
SubTotal	\$1,496,000

SECURITY HARDWARE ENHANCEMENT - \$5,000 on the average per clinic

Given the recent increase in serious incidents of violence against clinics, we suggest the following security hardware enhancements:

1. Access control, such as locks or swipe cards for entrance/exits, keypads for interior doors.
2. Bullet-resistant window treatment (approx. \$1000 per window).
3. Glass-break detector for outside windows (approx. \$400 per window).
4. Motion detectors for inside rooms and hallways.
5. Installation and/or upgrades on alarm systems and smoke detectors.

FMF - 137 clinics (60% of clinics in targeted areas)	\$685,000
PPFA - 50 clinics (90% of clinics in targeted areas)	\$250,000
NAF - 90 clinics	<u>\$450,000</u>
SubTotal	\$1,385,000

Total \$4,436,000

(continued)

*** CLOSED CIRCUIT AREA SYSTEMS:****Camera and Recording Systems**

Estimate #1 The following is a cost estimate for a closed circuit camera systems for a 1,400 square foot clinic in St. Louis, MO with a High Risk designation:

The installation of five (5) Sony Chip Cameras SPT-M 1 04, viewing five exterior doors;
five (5) exterior housings, complete with heaters and blowers;
four (4) black & white monitors for viewing of the five (5) cameras at two different locations;
two (2) quadscreen splatters;
five (5) 2.8mm automatic Iris lenses;
two (2) JVC SVT 901U 24 hour time lapse video recorders.

Total cost for parts and labor is \$13,817.00

Estimate #2 The following is a cost estimate for a closed circuit camera system for a 4,800 clinic in Buffalo, NY with a High Risk designation:

The installation of five (5) V27C cameras mounted on exterior walls;
three (3) ED I OO/E3 cameras mounted in each foyer and in one hallway;
one (1) KR736U recorder (96 hours per tape);
one (1) KX16O0MD multiplexer with 16 camera capability;
one (1) V20 monitor.

Total cost for parts and labor is \$7,900.00

Estimate #3 The following is a cost estimate for a closed circuit camera system for an urban 5,500 square foot clinic in a medium-size medical office building with a High Risk designation:

The purchase and installation of:

two (2) black & white CCD cameras;
one (1) Toshiba KV 7168 A 7 Day Time Lapse 168 hour;
one (1) Pelco 12 inch black & white monitor;
two (2) 1 Omm long lens;
one (1) uninterrupted power supply (to guarantee continuous power);
one (1) VCR fire-proof lock box.

Total cost for parts and labor is \$3,801.80

Lighting

An integral component of successful video viewing and taping is adequate lighting of the area(s) under watch. The required light necessary to ensure proper viewing and recording by the system will depend on the distance between the camera(s), and area to be monitored, and amount of darkness. Metal halide lights are recommended because the light is a clear, bright, white light. A 400-watt metal halide light, which covers 40 square yards, would cost \$350.00 purchased and installed.

For additional information, please contact:

Alice Cohan, FMF (703) 522-2214; (888) 352-6875 (pager)

Ann Glazier, PPFA (212) 261-4615; (800) 800-7759 (pager)

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February 20, 1997



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The Honorable William Jefferson Clinton
 The White House
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Dear Mr. President:

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On behalf of the Center for Reproductive Law and Policy (CRLP), the nation's only public interest legal organization committed solely to protecting women's reproductive rights and health, I write to offer our recommendations for a forward thinking reproductive rights agenda for the next four years. We firmly believe that the cornerstone of that agenda is universal access to safe, effective and affordable contraception for American women as well as women around the world.

Unfortunately, like many other aspects of women's health care, contraception is neither accessible nor affordable for many American women. For example, although ninety-seven percent of large group health plans generally cover prescription drugs and devices, only thirty-seven percent cover oral contraceptives. At the same time, a significant percentage of low-income women who are uninsured or underinsured, as well as many women who receive their health care through plans controlled by religious institutions, have limited access to safe and effective contraception. For women covered by Medicaid, one of the most comprehensive federal health programs, the guarantee of access to family planning services has been undermined by lack of adequate information about contraceptive options, and the transition to managed care. Finally, even when health care plans provide contraceptive coverage, American women have far fewer contraceptive choices than women in the rest of the industrialized world. Relentless pressure from antichoice forces and the realities of current product liability law have dramatically curtailed research and development of new contraceptive products. Yet access to safe and effective contraception remains an urgent -- but generally unrecognized -- public health need for women worldwide.

Meaningful access to contraceptives and reproductive health services is even further from reality for women living in low-income countries. In the more than sixty countries that have received U.S. AID family planning funds, many men

and women have virtually no access to contraceptives apart from those provided pursuant to U.S.-supported programs. Even with these programs, over 100 million couples still have unmet needs for family planning services. The inability of women in these developing countries to obtain modern contraceptive methods leads to shockingly high rates of unintended pregnancy, abortion, and death during pregnancy and childbirth.¹ Access to contraception and reproductive health services is thus essential to improving the health and survival of women and children around the world.

The Administration has already demonstrated its strong support for family planning -- lifting the gag rule, supporting early release of international population assistance, and backing increases in Title X. But we believe it is now time to address the problem of inadequate access to contraceptives in a more comprehensive and focused manner. Below we set out a number of recommendations that range from mandated contraceptive coverage in private insurance to the extension of Medicaid coverage for contraception for new mothers. We ask that you work with us to refine these proposals and then put the imprimatur and the power of the Presidency behind them.

The advancement of a comprehensive agenda in support of universal access to safe and effective contraception is consistent with this Administration's longstanding efforts to provide universal health care, as well as with the Democratic platform's goals "to make abortion less necessary and more rare, not more difficult and dangerous," and to support "contraceptive research, family planning and efforts to reduce unintended pregnancy." Not only is that agenda consistent with the consensus reached by over 150 countries at the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing last year, it has the overwhelming support of the American people.

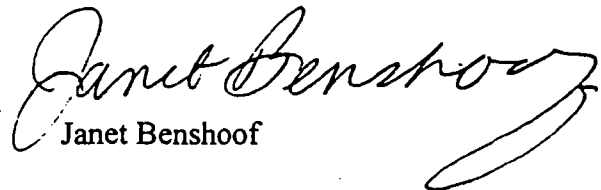
We remain extremely grateful for your veto of H.R. 1833, the "Partial Birth Abortion Ban Act" of 1996, and we urge you to remain steadfast in your opposition to this onerous legislation. We further urge you to continue to oppose legislative restrictions on abortion funding in federal programs, and to continue vigorous enforcement of the Freedom of Access to Clinic Entrances Act to ensure that women can obtain reproductive health services free of coercion and violence. We recognize that the assaults on reproductive rights and health will persist, and we will continue to fight aggressively against them. But we cannot wait for those assaults to come to an end before returning to the critical task of fulfilling *Roe's*

¹See ALAN GUTTMACHER INSTITUTE, *ENDANGERED: U.S. AID FOR FAMILY PLANNING OVERSEAS* 2 (1996).

promise of women's equal participation "in the economic and social life of the Nation."² We believe that our proposals for ensuring universal access to contraceptive care are a significant step toward that goal.

We look forward to discussing these proposals with you and members of your Administration.

Sincerely,



Janet Benshoof

²Planned Parenthood v. Casey, 505 U.S. 833, 856 (1992).

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ENSURING UNIVERSAL ACCESS TO COMPREHENSIVE CONTRACEPTIVE SERVICES

We urge the Administration to take all possible measures to ensure that every woman of childbearing age has meaningful access to all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices.¹ Each year about sixty percent of the 5.5 million pregnancies that occur in the United States -- 3.3 million pregnancies -- are unintended. Worldwide, millions of women each year experience an unwanted pregnancy.² Many of these unintended pregnancies exact tragic tolls on pregnant women and their families and burden society as a whole. Increasing the availability and use of contraception is a crucial step toward preventing unwanted pregnancies; protecting against sexually transmitted infections; lowering the rates of infant mortality and low birthweight births;³ reducing high school drop out rates and the incidence of child abuse and neglect; and minimizing long-term dependence on welfare.⁴ Ensuring that all women have meaningful access to all

¹The following are currently FDA-approved prescription contraceptive drugs and devices: all regimes of oral contraceptives, injectable contraceptives, contraceptive implants, IUDs, diaphragms and cervical caps.

²U.N. DEP'T FOR ECON. & SOCIAL INFO. & POLICY ANALYSIS, *THE WORLD'S WOMEN 1995: TRENDS AND STATISTICS*, at 79, U.N. Doc. ST/ESA/STAT/SER.K/12, U.N. Sales No. E.95.XVII.2 (1995).

³Kenneth J. Meier & Deborah R. McFarlane, *State Family Planning and Abortion Expenditures: Their Effect on Public Health*, Vol. 84, No. 9 AM. J. OF PUB. HEALTH 1468, 1471 (1994).

⁴Approximately half of the adolescents who give birth before the age of eighteen receive welfare within five years of giving birth. COMMITTEE ON UNINTENDED PREGNANCY, INSTITUTE OF

medical services related to contraception and all FDA-approved, prescription contraceptive drugs and devices is also the most efficacious means of fulfilling this Administration's promise to make abortion "safe, legal, and rare." It is undeniable, however, that all contraceptives sometimes fail. Thus, this Administration must forthrightly acknowledge that every pregnant woman must be given full information about her options and access to either prenatal, abortion, or adoption services -- whichever she chooses.

The failure to assure women access to the complete range of contraception is both discriminatory, and medically and fiscally unsound. As the United States Supreme Court noted in *Planned Parenthood v. Casey*, "[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."⁵ Unwanted childbearing, in many cases, curtails a woman's educational and work opportunities, constricts her social role, and excludes her from full participation in the "marketplace and the world of ideas."⁶ In our view, exclusion of any medical service related to contraception or of any FDA-approved, prescription contraceptive drug or device from health insurance coverage that otherwise covers medical services and/or prescription drugs and devices constitutes impermissible gender-based discrimination in violation of the Equal Protection

(...continued)

MEDICINE, THE BEST INTENTION: UNINTENDED PREGNANCY AND THE WELL-BEING OF CHILDREN AND FAMILIES, 56-58 (Sarah S. Brown & Leon Eisenberg eds., 1995).

⁵505 U.S. 833, 856 (1992).

⁶See *Stanton v. Stanton*, 421 U.S. 7, 14-15 (1975).

Clause of the U.S. Constitution, and (with respect to employer-provided health insurance) Title VII of the Civil Rights Act of 1964. Moreover, such an exclusion from federal grant programs that cover family planning services -- such as Medicaid, Title X, and international family planning programs -- is similarly discriminatory. In addition, we hold that individuals have an international human right to health care, including family planning. Such a human right is contravened when women and men are not provided with a full range of medical services relating to contraception.

The exclusion of FDA-approved, prescription contraceptives or medical services related to contraception from health insurance coverage (whether private or supplied by the federal government through CHAMPUS or FEHBA) is based on outdated sex role stereotypes reflecting the unconstitutional assumption that women's "natural" role is to bear and raise children, as well as the assumption that the burden of preventing pregnancy should be the exclusive responsibility of women. The exclusion also carries on the insurance industry's history of discrimination against women.⁷

Further, excluding insurance coverage for medically appropriate prescriptions and

⁷*See, e.g.,* Newport News Shipbuilding and Dry Dock Co., 462 U.S. 669 (1983) (health insurance plan that provided less extensive pregnancy benefits for spouses of male employees than for female employees unlawfully discriminated on the basis of sex); *E.E.O.C. v. South Dakota Wheat Growers Ass'n*, 683 F. Supp. 1302 (D.S.D. 1988) (exclusion of pregnancy-related costs from health benefit plans constituted unlawful sex discrimination); *cf. Arizona Governing Committee for Tax Deferred Annuity and Deferred Compensation Plans*, 463 U.S. 1073 (1983) (state pension plan which paid women lower monthly retirement benefits than men who made same monthly contributions unlawfully discriminated on the basis of sex).

devices needed exclusively by women while covering all medically appropriate prescriptions and devices needed by men is an impermissible gender-based classification. Although the Supreme Court has permitted pregnancy/gender-based classifications that purportedly equalize the sexes,⁸ the Court has never sanctioned the imposition of burdens on women alone because of their unique procreative abilities.⁹ Moreover, this exclusion, when sanctioned by the federal government through the use of federal funds, also violates the obligation of government to remain neutral as to reproductive decision making and to avoid use of its largesse to coerce women into one reproductive decision over another.

Not only is it legally required that health insurance benefits and federally funded programs cover all medical services related to contraception and all FDA-approved, prescription contraceptive drugs and devices, sound medical practice also so dictates. As the Institute of Medicine of the National Academy of Sciences noted in a recent report:

there is the virtually undisputed reality that no existing contraceptive method can meet the requirements, intentions, and preferences of all individuals in all circumstances over entire reproductive lifetimes. Nor can any method be totally without side effects, risks, or trade-offs in terms of safety, efficacy, convenience, usability, and appropriateness (Fathalla 1992). . . . Furthermore, for many women it is also important, even vital, that their contraceptive method be "user-controlled," that is, that it permit them to be the primary decision-makers about

⁸See, e.g., *Geduldig v. Aiello*, 417 U.S. 484 (1974); *Michael M. v. Sonoma County Super. Court*, 450 U.S. 464 (1981).

⁹See, e.g., *Int'l Union, United Automobile, Aerospace and Agriculture Implement Workers of America, UAW v. Johnson Controls*, 499 U.S. 187 (1991).

utilization. All this argues for the broadest possible range of available options.¹⁰

Women with medical conditions that require them to avoid pregnancy have a particularly urgent need for access to all medical services related to contraception and all FDA-approved, prescription contraceptive drugs and devices because their medical conditions often preclude use of one or more contraceptive methods.

Finally, increasing the availability of effective contraception would create a substantial fiscal savings, as well as improve the health and well-being of women and children. A recent study by the Alan Guttmacher Institute concludes that every tax dollar spent for contraceptive services saves an average of \$3.00 in Medicaid costs alone for pregnancy-related health care and medical care for newborns.¹¹ On an international level, United States government efforts to expand the availability of contraception help to improve the health and survival of women and children and to enable governments to link population to larger issues of development.¹²

A. PROPOSED ACTION: CONTRACEPTIVE COVERAGE IN PRIVATE INSURANCE

Despite the dictates of law, public health, and economics, coverage of contraceptives by

¹⁰COMMITTEE ON CONTRACEPTIVE RESEARCH AND DEVELOPMENT, CONTRACEPTIVE RESEARCH AND DEVELOPMENT: LOOKING TO THE FUTURE 1-2 (Polly F. Harrison & Allan Rosenfield, eds., 1996).

¹¹Jacqueline D. Forrest and Renee Samara, *Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures*, Vol. 28 No. 5 FAM. PLAN. PERSP. 188 (1996).

¹²U.S. AID, THE IMPACT OF DELAYING U.S. AID POPULATION FUNDING FROM MARCH TO JULY 1997: JUSTIFICATION FOR A PRESIDENTIAL DETERMINATION ON SECTION 518(A) OF THE FY97 FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED PROGRAMS APPROPRIATIONS ACT 5-6 (Jan. 1997).

private insurance is woefully inadequate. According to a recent study by the Alan Guttmacher Institute ("the AGI insurance study") of private insurance coverage, 49 percent of large-group plans do not routinely cover any contraceptive method at all.¹³ In fact, oral contraceptives, the most commonly used reversible contraceptive method in the United States, are routinely covered by only 33 percent of large-group plans, although 97 percent of those plans provide prescription coverage for other drugs.¹⁴ Similarly, while 92 percent of typical large-group plans routinely cover medical devices in general, only 18 percent routinely cover IUDs, 15 percent cover diaphragms and 24 percent cover the Norplant device.¹⁵ A recent study by the Women's Research and Education Institute reveals that women between the ages of 15 and 44 pay 68 percent more in out-of-pocket expenditures for health care services than men, and reproductive health services account for much of that difference.¹⁶ Indeed, almost 5 million privately insured women have out-of-pocket health care expenses in excess of 10 percent of their income.¹⁷ Yet the majority of health plans fail to cover drugs and devices used by over 21 million women each

¹³THE ALAN GUTTMACHER INSTITUTE, UNEVEN AND UNEQUAL, INSURANCE COVERAGE AND REPRODUCTIVE HEALTH SERVICES 12 (1995).

¹⁴*Id.* at 17.

¹⁵*Id.*

¹⁶WOMEN'S RESEARCH AND EDUCATION INSTITUTE, WOMEN'S HEALTH INSURANCE COSTS AND EXPERIENCES 2-3 (1994).

¹⁷*Id.* at 2.

year.¹⁸

The ad hoc system of contraceptive coverage and exclusion is irrational as well as discriminatory. For example, according to the AGI insurance study, 26 percent of large group plans covered IUD insertion, but only 18 percent of those plans covered the IUD device; 28 percent covered Norplant insertion, but only 24 percent covered the Norplant device.¹⁹ Notably, 32 percent covered Norplant removal.²⁰ In addition, of those large group plans, despite the low levels of coverage for reversible contraception, approximately 66 percent pay for abortion and approximately 86 percent pay for male and female sterilization.²¹

Exclusion of contraceptive coverage from private insurance can create real financial burdens for low-income, working class and even middle-class women. In 1993, the total cost of Norplant insertion was approximately \$700, the total cost of an IUD insertion was approximately \$400, and a year's supply of oral contraceptives and the associated physical exam cost approximately \$300.²² In a period of just a few years, many women will spend thousands of dollars in unreimbursed prescription drug and device health care costs as a result of the exclusion

¹⁸*Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies*, *supra* note 11 at 189.

¹⁹UNEVEN AND UNEQUAL, *supra* note 13 at 9.

²⁰*Id.*

²¹*Id.*

²²James Trussell, et al., *The Economic Value of Contraception: A Comparison of 15 Methods*, Vol. 85, No. 4 AM. J. OF PUB. HEALTH 495-96 (1995).

of contraceptives from their private insurance. From the insurer's perspective, however, contraceptive coverage is far more cost-effective than paying the costs of maternity care.

Not only do health insurers disserve their beneficiaries by failing to cover the complete range of contraceptive services, they do so by failing to assure confidentiality of contraceptive services. Confidentiality is of the utmost importance to women and adolescents seeking insurance coverage for contraceptive services. The concern about confidentiality is particularly acute for women because they are far more likely than men to depend on someone else's insurance,²³ and thus to risk disclosure of medical information to the person (usually a spouse or parent) on whose insurance they rely. The AGI insurance study documented that among those private insurance plans that do cover some contraceptives, many fail to ensure the confidentiality of medical information.²⁴ According to the AGI insurance study, in 88 percent of large group plans (and similar proportions of PPOs and POS networks), the employee must submit the claim and/or receive the Explanation of Benefits (EOB) form, even if the services were obtained by the employee's spouse or nonspouse dependents.²⁵ The EOB contains information about services provided and/or the name of the practitioner or medical institution, which in the case of

²³In 1990, while 55% of men aged 18-64 were insured through their own employers, only 37% of women in this age group had direct coverage. INSTITUTE FOR WOMEN'S POLICY RESEARCH, WOMEN'S ACCESS TO HEALTH INSURANCE 7 (1994).

²⁴UNEVEN AND UNEQUAL, *supra* note 13 at 21-24.

²⁵*Id.* at 22.

reproductive health providers could easily reveal the type of service obtained.²⁶ Thus, for many women who receive indirect insurance coverage, the billing and claims processing procedures deprive them of the ability to confidentially seek insurance coverage for contraceptive care.

Thus, we urge the Administration to take the following steps:

1. Direct the Equal Employment Opportunity Commission ("EEOC") to amend its Guidelines on Discrimination Because of Sex to define the exclusion of any medical services related to contraception (including sterilization) or any FDA-approved, prescription contraceptive drugs or devices from private health insurance that otherwise covers prescription drugs and devices as an unlawful employment practice because it discriminates between men and women with regard to fringe benefits, and thus constitutes "discrimination on the basis of sex" in violation of Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e. *See* proposed regulatory language in Appendix A-I.
2. Direct the EEOC to amend its Guidelines on Discrimination Because of Sex to state that the failure of employer-sponsored health insurance plans to ensure that everyone covered by the plan, including those covered indirectly, can receive insurance coverage for contraceptive services without risking disclosure of private medical information constitutes "discrimination on the basis of sex" in violation of Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e, because it has a disparately adverse impact on women seeking to obtain constitutionally protected medical services. *See* proposed regulatory language in Appendix A-I.
3. Direct the Department of Health and Human Services ("HHS") to promulgate regulations under the Health Maintenance Organizations subchapter of the Public Health Service Act, mandating that "voluntary family planning services" within the meaning of the Act, 42 U.S.C. § 300e-1(1)(H)(iv), include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. *See* proposed regulatory language in Appendix A-II.

²⁶*Id.*

B. PROPOSED ACTION: CONTRACEPTIVE COVERAGE IN FEDERAL INSURANCE PROGRAMS

Non-military federal employees are eligible to receive health insurance in accordance with the Federal Employees Health Benefits Act ("FEHBA"), 5 U.S.C. §§ 8901, *et seq.* Pursuant to FEHBA, the Office of Personnel Management ("OPM") oversees the Federal Employees Health Benefits Program ("FEHBP"). Commercial insurance carriers and other organizations that wish to sponsor health plans for federal employees must apply to OPM, which reviews the applications and decides who may offer a FEHBP health plan. OPM enters into annual federal procurement contracts with approved applicants, and has final authority over all benefits, exclusions, and limitations in FEHBP plans. OPM is authorized to contract for such benefits, limitations, and exclusion as it "considers necessary or desirable." 5 U.S.C. § 8902(d).

Federal employees can choose from among any of the health plans offered to them. As with other plans offered by private insurance companies, some of the insurance plans offered to federal employees do not include coverage for all medical services related to contraception (including sterilization) or all FDA-approved, prescription contraceptive drugs and devices. Mandating coverage for these services in FEHBP health plans would greatly benefit federal employees and their dependents. In addition, such a mandate in the largest insurance program in the country would constitute a significant step toward changing the standard benefit package offered to non-federal employees.

Members of the uniformed services and their dependents are eligible to receive health insurance through the Civilian Health and Medical Program of the Uniformed Services

("CHAMPUS"), 10 U.S.C. §§ 1071, *et seq.* Pursuant to regulations promulgated to implement CHAMPUS, some family planning services are specifically covered by CHAMPUS. *See* 32 C.F.R. § 199.4(e)(3)(i). Current regulations, however, do not include coverage for Norplant insertion and removal, cervical caps, or Depo Provera, even though these are FDA-approved contraceptives. In addition, because the regulation is worded so as to exclude from coverage any contraceptive method that is not specifically included, any new contraceptive methods will not be covered unless the regulation is specifically amended.

We urge the Administration to:

1. Direct OPM to change the Request for Proposals for entities applying to provide FEHBP health benefit plans to require that every such plan provide insurance coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices, and that every such plan ensure that everyone covered by the plan, including those covered indirectly, can receive insurance coverage for contraceptive services without risking disclosure of private medical information to third parties.
2. Promulgate regulations under FEHBA mandating that any health plan offered by a private carrier pursuant to an annual procurement contract with OPM to provide health benefits to federal employees must provide coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. *See* proposed regulatory language in Appendix B-I.
3. Direct OPM to notify participants in FEHBP health benefit plans, including dependents and spouses, that all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices are covered by the plan and can be obtained without risking disclosure of private medical information to third parties.
4. Amend the current CHAMPUS regulation to ensure that the CHAMPUS family planning benefit includes coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription

contraceptive drugs and devices. *See* proposed regulatory language in Appendix B-II.

5. Amend the current CHAMPUS regulation to provide that all persons covered by CHAMPUS, including dependents and spouses, may receive coverage for contraceptive services without risking disclosure of private medical information to third parties. *See* proposed regulatory language in Appendix B-II.
6. Direct the Secretary of Defense, the Secretary of Transportation, and the Secretary of HHS to notify all individuals covered by CHAMPUS, including dependents and spouses, that all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices are covered by CHAMPUS and can be obtained without risking disclosure of private medical information to third parties.

C. PROPOSED ACTION: CONTRACEPTIVE COVERAGE IN FEDERAL GRANT PROGRAMS

Almost one in four of the 21 million women in the United States who use some form of reversible contraception rely on public funds for their contraceptive care.²⁷ According to the Alan Guttmacher Institute, each year publicly funded family planning helps 1.3 million women in the United States alone avoid an unintended pregnancy.²⁸ If not prevented, 632,300 of these pregnancies would be terminated by abortion and 533,800 would result in unintended births.²⁹ Moreover, expenditures for contraceptive services are highly cost-effective. For example, had there been no public-sector expenditures for contraceptive services in 1987, the federal and state governments would have spent an additional \$1.2 billion that year through their Medicaid

²⁷*Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies*, *supra* note 11 at 189.

²⁸*Id.* at 192.

²⁹*Id.* at 193.

programs for expenses associated with unplanned births and abortions.³⁰

In the United States, direct federal support for subsidized contraceptive services and supplies is available through two major sources:³¹ Title X of the Public Health Services Act³² and Medicaid.³³ Additional federal funding is provided for family planning services with funds appropriated for migrant health centers,³⁴ community health centers,³⁵ rural health clinics,³⁶ Indian health services,³⁷ health services for the homeless,³⁸ the Refugee Medical Assistance portion of the Refugee Assistance Program,³⁹ and others.

In the international arena, substantial direct federal support for contraceptive services and supplies are provided through the U.S. Agency for International Development ("U.S. AID")

³⁰*Id.*

³¹Many states also use significant amounts of federal funds for contraceptive services by using parts of their Maternal and Child Health Block Grant (Title V of the Social Security Act ("SSA")) and Social Services Block Grant (Title XX of the SSA) for family planning services.

³²42 U.S.C. §§ 300 *et seq.*

³³42 U.S.C. §§ 1396 *et seq.*

³⁴42 U.S.C. § 254b(a)(6)(C).

³⁵42 U.S.C. § 254c(b)(1)(C).

³⁶42 C.F.R. § 405.2448(b)(9).

³⁷25 U.S.C. § 1603(k)(5).

³⁸42 U.S.C. § 256(r)(6).

³⁹8 U.S.C. § 1522; 45 C.F.R. § 400.105.

assistance for family planning projects overseas⁴⁰ and assistance for refugees in countries outside the United States.⁴¹ The Foreign Assistance Act of 1961, as amended,⁴² authorizes the President to provide financial assistance for voluntary population planning and health programs in nations around the world. These programs have been administered by U.S. AID. U.S. AID population programs currently benefit families in over sixty countries with a combined population of over 2.7 billion people.⁴³

It is imperative that the hundreds of thousands of women who seek contraceptive services and supplies through these federally funded programs be provided with all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices so that they are not forced into using medically inappropriate contraception, or denied contraception altogether due to the unavailability of the contraception of their choice.⁴⁴ In addition, women must be given the ability to choose a method that best meets their personal needs whether the contraceptive method be available by prescription or over-the-

⁴⁰22 U.S.C. §§ 2151b and 2362c.

⁴¹22 U.S.C. § 2601(b).

⁴²22 U.S.C. § 2151(a).

⁴³THE IMPACT OF DELAYING U.S. AID POPULATION FUNDING FROM MARCH TO JULY 1997, *supra* note 12 at 5.

⁴⁴For example, in 1995, over fifty percent of publicly-funded family planning agencies failed to provide the IUD, emergency contraception, the female condom, sterilization, or the cervical cap. Jennifer F. Frost & Michele Bolzon, *The Provision of Public-Sector Services by Family Planning Agencies in 1995*, 29 FAM. PLAN. PERSP. 6 (1997). A smaller percentage also failed to offer diaphragms or implants. *Id.*

counter. Accordingly, the Administration should take steps to ensure that women who rely on federal grant programs for family planning services have access to all forms of contraception.

Thus, we urge the Administration to:

1. Amend existing regulations and promulgate a new regulation pursuant to Title X, making clear that Title X's requirement that "family planning projects . . . offer a broad range of acceptable and effective family planning methods and services . . . ," 42 U.S.C. § 300(a), mandates that grantees provide *comprehensive* family planning services, including all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. This meaning is consistent with Congressional intent "to establish a nationwide program with the express purpose of making comprehensive family planning services readily available to all persons desiring such services." See *Planned Parenthood Federation of America v. Heckler*, 712 F.2d 650, 651 (D.C. Cir.1983), quoting Pub. L. No. 91-572, § 2, 84 Stat. 1506 (1970) (emphasis added) (statement of the "purpose of this Act"). See proposed regulatory language in Appendix C-I.
2. Amend existing Medicaid regulations and promulgate new regulations under the Medicaid Act to make clear that Medicaid recipients are entitled to coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. See proposed regulatory language in Appendix C-II.
3. Amend existing regulations and promulgate new regulations requiring all other non-block-granted federally funded programs that provide family planning services in the United States to provide coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. See proposed regulatory language in Appendix C-III.
3. Amend existing regulations and promulgate new regulations requiring all federally funded programs that provide family planning services outside the United States to provide coverage for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. See proposed regulatory language in Appendix C-IV.
4. Direct HHS to purchase in bulk non-prescription, medically effective, legally

available contraceptives (including male and female condoms, and spermicides) and to distribute them at no cost to all Title X projects, Medicaid managed care providers, and other providers of federally-funded family planning services for distribution to their patients.

D. PROPOSED ACTION: EXPANSION OF MEDICAID COVERAGE FOR FAMILY PLANNING SERVICES

Between 1984 and 1990, Congress enacted a set of laws that extended Medicaid eligibility to poor pregnant women, regardless of whether they meet other eligibility requirements for Medicaid benefits (the "expanded Medicaid program").⁴⁵ Under current Medicaid law, all pregnant women whose income is less than 133 percent of the federal poverty level are eligible to receive Medicaid benefits, and states have the option of extending eligibility to women whose income is higher. Federal matching funds are available for Medicaid benefits for poor pregnant women whose income is less than 185 percent of the federal poverty level. Under current law, the expanded Medicaid program for pregnant women covers post-pregnancy family planning services, but that eligibility terminates 60 days after birth unless the woman qualifies for benefits under the regular Medicaid rules.

This 60-day window for obtaining Medicaid-covered post-pregnancy family planning services is too short, especially given the fact that for medical reasons women usually must wait at least six weeks after giving birth before beginning a contraceptive method.⁴⁶ As a result, many

⁴⁵See 42 U.S.C. §§ 1396a(l)(1)(A) and 1396(l)(2)(A)(i).

⁴⁶Several states have extended or have sought to extend the period of eligibility for post-pregnancy family planning services benefits pursuant to § 1115 waivers. As of September 1996, (continued...)

genuinely poor women have few or no means by which to obtain family planning services after a pregnancy. Not only would extending the time-period in which the expanded Medicaid program covers post-pregnancy family planning services greatly assist poor women's ability to space their pregnancies, it would likely reduce the number of low-birth-weight and premature deliveries, and infant deaths attributable to closely spaced pregnancies among women whose poverty limits their access to health services.⁴⁷

While federal matching funds are now available for states that provide Medicaid benefits to pregnant women with incomes up to 185 percent of the federal poverty level, several states have elected to provide Medicaid benefits to pregnant women whose incomes exceed that level, but who are still poor.⁴⁸ These states have recognized that most women whose income is 200 percent of the poverty level are unlikely to be able to afford prenatal care or post-pregnancy family planning services without Medicaid benefits.⁴⁹ They have thus determined that both as a matter of public health policy and fiscal policy, it makes sense to provide these women with pregnancy-related medical benefits and post-pregnancy family planning services.

(...continued)

the waivers for Illinois, Maryland, Rhode Island and South Carolina were approved; applications were pending from Missouri, New York, and Washington.

⁴⁷*State Family Planning and Abortion Expenditures*, *supra* note 3.

⁴⁸For example, Rhode Island covers pregnant women whose income is up to 250% of poverty, Missouri covers pregnant women up to 200% of poverty.

⁴⁹As of 1996, federal guidelines defined poverty for a family of one as \$7,740, and for a family of three as \$12,980. *See* 61 Fed. Reg. 8286 (Mar. 4, 1996).

Accordingly, we urge the Administration to take the following steps:

1. Require states, as a term and condition of approval of any future § 1115 Medicaid waiver application (including renewals and extensions), to extend eligibility under the expanded Medicaid program exclusively for purposes of receiving post-pregnancy family planning services from 60 days post-pregnancy to 60 months.
2. Require states, as a term and condition of approval of any future § 1115 Medicaid waiver application (including renewals and extensions), to establish meaningful procedures to inform eligible women of the extended post-pregnancy Medicaid coverage for family planning services.
3. Require states, as a term and condition of approval of any future § 1115 Medicaid waiver application (including renewals and extensions), to extend pregnancy-related Medicaid eligibility, including an extended period of coverage for post-pregnancy family planning services, to women whose family income is up to 200 percent of the federal poverty level.

E. PROPOSED ACTION: PRESERVATION OF MEANINGFUL ACCESS TO CONTRACEPTIVE SERVICES IN MEDICAID MANAGED CARE PLANS

Ensuring meaningful access to all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices for Medicaid managed care enrollees poses special concerns because primary care "gatekeepers" and prior authorization requirements for referrals can be a significant detriment to timely, confidential care. Not only does a gatekeeper requirement necessitate an extra doctor's visit before obtaining family planning services, some primary care providers or "gatekeepers" refuse to provide or refer for the services for religious or conscientious reasons. Moreover, those gatekeepers that do provide family planning services may refuse to refer patients to specialized providers even though for some women, especially for those women with special need for privacy and a supportive environment, family planning clinics are best able to meet their special needs. For

these reasons, access to family planning services is greatly enhanced if women are allowed to go to the family planning provider of their choice, even if their choice of all other medical providers is limited by a managed care system.⁵⁰

Waivers from the general Medicaid requirement that enrollees have freedom to choose their own providers⁵¹ may be granted under either § 1115, 42 U.S.C. § 1315(a), or § 1915(b), 42 U.S.C. § 1396n(b), of the Social Security Act. When originally enacted, the Secretary had discretion under § 1915(b) to waive the choice of provider requirement for all mandated services including family planning services. In recognition of the special access concerns surrounding family planning services, however, Congress enacted legislation in the mid-1980s that exempts family planning services from otherwise applicable restrictions on the ability of Medicaid managed care enrollees to select the provider of their choice. *See* 42 U.S.C. §§ 1396a(23)(B) and 1396n(b); 42 C.F.R. § 431.51(a)(3). Pursuant to this "family planning free access rule," § 1915(b) managed care enrollees are free to self-refer to any provider to receive family planning services. By its terms, however, the free access rule applies only to § 1915(b) Medicaid managed care programs. Although sound legal and policy arguments support the view that the free access rule must also apply to Medicaid managed care waivers granted pursuant to § 1115,⁵² this

⁵⁰*See* CENTER FOR REPRODUCTIVE LAW AND POLICY, REMOVING BARRIERS, IMPROVING CHOICES: A CASE STUDY IN REPRODUCTIVE HEALTH SERVICES IN MANAGED CARE (1995).

⁵¹42 U.S.C. § 1396a(23)(A).

⁵²*See* letter from Center for Reproductive Law and Policy to Bruce Vladeck, dated November 29, 1994, commenting on the proposed § 1115 OhioCare Medicaid waiver.

Administration has repeatedly granted § 1115 waivers without conditioning the waiver on enrollees' ability to self-refer to the family planning provider of their choice.

Therefore, we urge the Administration to:

1. Mandate a free access policy for family planning services as a term and condition of approval of all future § 1115 Medicaid managed care freedom of choice waivers (including renewals and extensions).
2. Require states, as a term and condition of approval of all future § 1115 Medicaid managed care waivers (including renewals and extensions), to educate case workers, providers and patients regarding patients' right to seek family planning services at their provider of choice.

F. PROPOSED ACTION: EMERGENCY CONTRACEPTION

Although emergency contraception is among the FDA-approved, prescription contraceptive drugs and devices that, as discussed above, must be covered in all private insurance plans, federal insurance programs, and federal grant programs funding contraceptive services, the Administration should take additional measures to increase women's access to these safe and efficacious prescriptions.

There are more than fifty brands of oral contraceptives produced by nine pharmaceutical companies approved for daily use in the United States. Of these, six brands --- Ovral, Lo/Ovral, Nordette, Triphasil, Levlen and Tri-Levlen --- are effective as emergency postcoital contraception.⁵³ Although oral contraceptives have been approved for use as emergency contraception in Europe for several decades, drug manufacturers in the United States have failed

⁵³In addition, insertion of an IUD is also a medically effective and safe form of emergency contraception.

to label or market their products for this use, citing in part fear of political retaliation from antichoice forces. Yet, clinical studies have proven that postcoital contraception reduces the risk of pregnancy by approximately seventy-five percent.⁵⁴ In the United States, relabeling and broader access to emergency contraception could decrease the number of unintended pregnancies by as much as 1.7 to 2.3 million each year.⁵⁵ Consequently, an estimated one million abortions could be avoided each year through the use of emergency contraception.⁵⁶

Until very recently the FDA stood silent while the pharmaceutical manufacturers refused to relabel oral contraceptives to provide information about safe and effective emergency contraception. Relatively few health care providers in the United States are aware of emergency contraception and many of those providers are reluctant to prescribe oral contraceptives for an “off label” use. For the most part, use of emergency contraception has been limited to university health centers, emergency rooms that treat rape victims and family planning clinics.

In 1994, on behalf of nearly two dozen medical groups and health care providers, including the American Public Health Association, the American Medical Women’s Association and Planned Parenthood of New York City, the CRLP filed a citizen’s petition urging that the FDA mandate relabeling of certain oral contraceptives to indicate their use as emergency contraception. In response, the FDA convened a meeting of its Reproductive Health Drugs

⁵⁴James Trussell, et al., *Emergency Contraceptive Pills: A Simple Proposal to Reduce Unintended Pregnancies*, Vol. 24, No. 6 FAM. PLAN. PERSP. 269 (1992).

⁵⁵*Id.* at 270.

⁵⁶*Id.*

Advisory Committee to consider whether certain oral contraceptives were safe and effective for use in an “emergency” regime. After hearing testimony of a number of experts concerning the safety and efficacy of emergency contraceptive pills and the salutary effect that widespread access to emergency contraception would have on the rate of unintended pregnancy and abortion, the panel found that the oral contraceptives were safe and effective when used for emergency contraception. Although Commissioner Kessler announced that the FDA would publish a formal notice in the Federal Register by early fall of 1996 setting out the panel’s finding, the register notice has yet to be published.

While the FDA panel’s action provides a critical “stamp of approval” for those health care providers who currently prescribe oral contraceptives for emergency contraceptive use, it is only a first step. Ultimately, the pharmaceutical manufacturers must be required to relabel their products to make clear their emergency use. Thus far, the FDA has declined to issue such a mandate. Moreover, the FDA should require relevant companies to package and market oral contraceptives in “emergency” doses as is commonly done in Europe. Finally, the Administration should initiate research to determine whether emergency contraceptive pills can safely be provided on an over-the-counter basis. In addition to initiating actions to achieve these long term goals and the relevant changes advocated in sections A through E of this document, the Administration should take immediate action to ensure that all women have both greater access to and information about the option of emergency contraception.

Specifically, we urge the Administration to:

1. Publish the Federal Register notice regarding the use of oral contraceptives as emergency contraception without further delay.
2. Undertake a comprehensive education campaign to inform the medical profession of the safety and efficacy of emergency contraception. The FDA should prepare a letter signed by the Commissioner describing the action taken by the FDA, the protocol for the postcoital administration of oral contraceptives and the implications for reducing unintended pregnancy and abortion. That letter and the Federal Register notice should be distributed to every health care provider and professional medical association in the country, to every recipient of U.S. AID family planning funds, and to the Secretary of State insofar as she is responsible for medical care for refugees.
3. Prepare a patient information pamphlet about emergency contraception and widely disseminate the pamphlet to private practitioners and all providers of federally funded health care with particular attention to those programs where abortion services have been proscribed by law. Each provider of federally funded health care and family planning services, including recipients of U.S. AID family planning funds and those that serve refugees, should be required to disseminate the pamphlet to their patients.
4. Promulgate a regulation under the federal Crime Awareness and Campus Security Act mandating that the notification of services provided to victims of sexual assault must include information on the effective use of emergency contraception, as well as information on where emergency contraception may be obtained. *See* proposed regulation language in Appendix D.

G. PROPOSED ACTION: CONTRACEPTIVE RESEARCH AND DEVELOPMENT

Today, American women have fewer contraceptive options than women in Europe and much of the industrialized world. Moreover, American women must pay substantially more than their European counterparts for contraceptive services, drugs and devices. Nearly forty years after the “contraceptive revolution,” combined political and commercial forces have stalled initiatives in both the public and the private sector. Public investment in contraceptive

development has remained static for some years. This inertia is partially due to both the political controversy surrounding reproductive rights and the lack of recognition of contraception as an urgent public health need. It is also due to the real and perceived fear of product liability law in the United States, which not only discourages development of contraceptives, but is exacerbated by the political climate around contraceptives. Private investment in contraceptive development by pharmaceutical manufacturers has diminished markedly over the past few decades. As a result, by the mid-1980s only one of the nine private U.S. firms that did research related to contraceptive drugs and devices in the 1960s continued to do that work.⁵⁷

Private industry commonly rationalizes its failure to pursue contraceptive development by citing the state of products liability law in the United States. Manufacturers claim the law has made it too costly to pursue research and development in this area and forced some products off the market. The negative publicity and pressure from anti-choice factions has affected manufacturers willingness to pursue further development of contraceptives. The result for American women is severely diminished access to safe and efficacious contraceptive choices, which contributes to the three and a half million unintended pregnancies each year, half of which end in abortion. The Administration must address this by instituting private sector initiatives on research, such as the tax credit for orphan drugs.

The promise of universal access to safe, effective and practical contraception cannot be met unless the barriers now impeding the development and marketing of new contraceptives in

⁵⁷ CONTRACEPTIVE RESEARCH AND DEVELOPMENT, *supra* note 10 at 4-1.

the United States are removed. Removal of barriers will have world-wide implications as all countries will benefit from new contraceptive methods developed here. The Administration should make the removal of obstacles to contraceptive research and development a public health priority.

Among other things, the Administration should:

1. Seek increased funding for contraceptive research and product development at the contraceptive research and development centers currently operating under the auspices of the National Institute of Child Health and Human development, as well as identify other research funds for this purpose.
2. Provide a tax credit -- similar to the credit for orphan drugs -- to private pharmaceutical firms conducting research on contraceptives.
3. Explore models for compensating individuals injured by contraceptive use that could serve as alternatives to traditional product liability litigation (possible models could include the National Childhood Vaccination Injury Act of 1986 or the European compensation system).
4. Convene a one day White House Conference to bring together pharmaceutical manufacturers, women's health advocates, health professionals, medical researchers and experts on product liability to explore new ways that contraceptive development can be encouraged while at the same time rigorously safeguarding women's health.
5. Develop a technology transfer package that would provide federal assistance with research costs to small manufacturers who have completed early stages of development on a new product or permit a partially government-developed drug to be transferred to a private distributor.
6. Examine proposals for the adoption of an "FDA" defense that would shield contraceptive manufacturers from liability or from punitive damages if they were in compliance with all applicable requirements of U.S. food and drug law.

APPENDIX A
Contraceptive Coverage in Private Insurance
Proposed Regulatory Language

I. PROPOSED EEOC REGULATION

The Equal Employment Opportunity Commission should amend 29 C.F.R. § 1604.9 to read as follows:

... (g) It shall be an unlawful employment practice for an employer to:

(i) Provide employees medical insurance which covers any prescription drug, but which excludes or restricts coverage for any FDA-approved, prescription contraceptive drug or which imposes greater cost-sharing requirements or other limitations or conditions on contraceptive drugs than on other prescription drugs;

(ii) Provide employees medical insurance which covers any prescription device, but which excludes or restricts coverage for any FDA-approved, prescription contraceptive device or which imposes greater cost-sharing requirements or other limitations or conditions on contraceptive devices than on other prescription devices;

(iii) Provide employees medical insurance which covers medical services but which excludes or restricts benefits for medical services related to contraception (including sterilization) or which imposes greater cost-sharing requirements or other limitations or conditions on medical services related to contraception than on other medical services;

(iv) Provide employees medical insurance which does not ensure that every person covered by the medical insurance can receive any available coverage related to contraception without risking disclosure of private medical information by the insurance provider to the insured party (if other than self), the insured party's employer or any member of the person's family (except where state law requires the consent of a third party to medical treatment).

II. PROPOSED HHS REGULATION REGARDING HEALTH MAINTENANCE ORGANIZATIONS

The Department of Health and Human Services should promulgate the following regulation clarifying 42 U.S.C. § 300e-1(1)(H)(iv):

The "voluntary family planning services" to which 42 U.S.C. § 300e-1(1)(H)(iv) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

APPENDIX B
Contraceptive Coverage in Federal Insurance Programs
Proposed Regulatory Language

I. PROPOSED FEHBA REGULATION

The Administration should promulgate a regulation amending 5 C.F.R. § 890.201(b) to read as follows:

Minimum standards for health benefit plans. . . .

(b) To be qualified to be approved by OPM and, once approved, to continue to be approved, a health benefits plan shall not: . . .

(6) Exclude or restrict benefits for:

(i) Any FDA-approved, prescription contraceptive drug, if the health benefits plan provides coverage for any prescription drug;

(ii) Any FDA-approved, prescription contraceptive device if the health benefits plan provides coverage for any prescriptive device;

(iii) Medical services related to contraception (including sterilization) if the health benefits plan provides coverage for any medical services.

(7) Nothing in paragraph (6) of this subsection shall be construed as preventing a health plan from imposing cost-sharing requirements or other limitations or conditions in connection with benefits for contraception; except that --

(i) any such cost-sharing requirements or other limitations or conditions on prescription contraceptive drugs may not be greater or more onerous than those for any other prescription drug; and

(ii) any such cost-sharing requirements or other limitations or conditions on prescription contraceptive devices may not be greater or more onerous than those for any other prescription device; and

(iii) any such cost-sharing requirements or other limitations or conditions on outpatient medical services related to contraception may not be greater or more onerous than those for any other outpatient medical services; and

(iv) it shall not be a condition of coverage for prescription, contraceptive drugs or devices that they be obtained exclusively through mail order.

(8) Fail to ensure that every person covered by the health benefits plan can receive any available coverage related to contraception without risking disclosure of private medical information by the plan provider to the insured party (if other than self), the insured party's or person's employer or any member of the person's family (except where state law requires the consent of a third party to medical treatment).

II. PROPOSED CHAMPUS REGULATION

The Administration should promulgate a regulation amending 32 C.F.R. § 199.4(e)(3)(i)(A) to read as follows:

(3) *Family planning.* The scope of the CHAMPUS family planning benefit is as follows:

(i) *Birth control (such as contraception) -- (A) Benefits provided.* Except for the exclusions listed in paragraph (B) of this subsection, benefits are available for all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices. It shall not be a condition of coverage for prescription, contraceptive drugs or devices that they be obtained exclusively through mail order. Further, all persons covered by the CHAMPUS family planning benefit shall be able to receive coverage related to contraception without risking disclosure of private medical information by the benefit provider to the insured party (if other than self), the insured party's or person's employer or any member of the person's family (except where state law requires the consent of a third party to medical treatment). Benefits are available for services and supplies related to preventing conception, including the following:

(1) ~~Surgical inserting, removal, or replacement of intrauterine devices.~~

(2) ~~Measurement for, and purchase of, contraceptive diaphragms (and later remeasurement and replacement).~~

(3) ~~Prescription contraceptives.~~

(4) ~~Surgical sterilization (either male or female).~~

APPENDIX C
Contraceptive Coverage in Federal Grant Programs
Proposed Regulatory Language

I. TITLE X

A. Proposed Amendment of Existing Regulations

1. The Administration should amend 42 C.F.R. § 59.2 to read as follows:

... *Family planning* means the process of establishing objectives for the number and spacing of one's children and selecting the means by which those objectives may be achieved. These means include a broad range of acceptable and effective methods and services to limit or enhance fertility, including all FDA-approved, prescription contraceptive drugs and devices contraceptive methods and all medical services related to contraception (including sterilization and natural family planning and abstinence) and the management of infertility (including adoption). Family planning services includes preconceptional counseling, education, and general reproductive health care (including diagnosis and treatment of infections which threaten reproductive capability). Family planning does not include pregnancy care (including obstetric or prenatal care). As required by section 1008 of the Act, abortion may not be included as a method of family planning in the title X project. Family planning, as supported under this subpart, should reduce the incidence of abortion. . . .

2. The Administration should amend 42 C.F.R. § 59.5(a)(1) to read as follows:

- (a) Each project supported under this part must:

(1) Provide ~~or provide referral to~~ a broad range of acceptable and effective medically approved family planning methods (including all FDA-approved, prescription contraceptive drugs and devices and natural family planning methods) and services (including all medical services related to contraception, including sterilization, infertility services and services for adolescents). ~~If an organization offers only a single method of family planning, such as natural family planning, it may participate as part of a title X project as long as the entire title X project offers a broad range of family planning services. For purposes of this subsection, referral means the process of:~~ (1) directing an eligible person to a provider for a family planning method or service after it has been confirmed that the provider is accessible and can provide the method or service to that person without undue delay, (2) conducting a follow-up in a timely manner to determine whether the method or service was obtained and to provide an alternative referral if necessary, and (3) ensuring that the person receives the method or service from the provider at no greater expense than he or she would have incurred had he or she received the method or service from the project.

B. Promulgation of Proposed New Regulation

The Administration should promulgate the following regulation clarifying 42 U.S.C. § 300(a):

The "broad range of acceptable and effective family planning methods and services" to which 42 U.S.C. § 300(a) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

II. PROPOSED MEDICAID REGULATIONS

A. Proposed Amendment of Existing Regulations

The Administration should amend 42 C.F.R. § 440.210(a)(2)(i) to read as follows:

Required services for the categorically needy.

(a) A State plan must specify that, at a minimum, categorically needy recipients are furnished the following services: . . .

(2) Pregnancy-related services and services for other conditions that might complicate the pregnancy.

(i) Pregnancy-related services are those services that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the woman having been pregnant. These include, but are not limited to, prenatal care, delivery, postpartum care, and family planning services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices). . . .

B. Promulgation of Proposed New Regulations

1. The Administration should promulgate the following regulation clarifying 42 U.S.C. § 1396b(a)(5):

The "family planning supplies and services" to which 42 U.S.C. § 1396b(a)(5) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

2. The Administration should promulgate the following regulation clarifying 42 U.S.C. § 1396d(a)(4)(C):

The "family planning services and supplies" to which 42 U.S.C. § 1396d(a)(4)(C) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

3. The Administration should promulgate the following regulation clarifying 42 U.S.C. § 1396o(a)(2)(D):

The "family planning services and supplies" to which 42 U.S.C. § 1396o(a)(2)(D) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

III. PROPOSED REGULATIONS FOR OTHER NON-BLOCK-GRANTED FEDERALLY FUNDED PROGRAMS THAT PROVIDE FAMILY PLANNING SERVICES IN THE UNITED STATES

A. Proposed Amendment of Existing Regulations

1. Medicare HMOs

The Administration should amend 42 C.F.R. § 417.101(a)(8)(i) to read as follows:

(a) An HMO must provide or arrange for the provision of basic health services to its enrollees as needed and without limitations as to time and cost other than those proscribed in the PHS Act and these regulations, as follows: . . .

(8) Preventative health services, which must be made available to members and must include at least the following:

(i) A broad range of voluntary family planning services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices); . . .

2. Rural Health Clinics

The Administration should amend 42 C.F.R. § 405.2448(b)(9) to read as follows:

(b) Preventative primary services which may be paid for when provided by Federally qualified health centers are the following: . . .

(9) Voluntary family planning services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices). . . .

3. Migrant Health Services

The Administration should amend 42 C.F.R. § 56.102(l)(3) to read as follows:

(l) *Primary health services* means: . . .

(3) Preventive health services, including children's eye and ear examinations, prenatal and post-partum care, perinatal services, well child care (including periodic screening), immunizations, and voluntary family planning

services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices);
...

4. Community Health Services

The Administration should amend 42 C.F.R. § 51c.102(h)(3) to read as follows:

(h) *Primary health services* means: . . .

(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices);
...

B. Promulgation of Proposed New Regulations

1. Migrant Health Centers

The Administration should promulgate the following regulation clarifying 42 U.S.C. § 254b(a)(6)(C):

The "family planning services" to which 42 U.S.C. § 254b(a)(6)(C) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

2. Community Health Centers

The Administration should promulgate the following regulation clarifying 42 U.S.C. § 254c(b)(1)(C):

The "family planning services" to which 42 U.S.C. § 254c(b)(1)(C) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

3. Health Services for Homeless

The Administration should promulgate the following regulation clarifying 42 U.S.C. § 256(r)(6):

The "family planning services" to which 42 U.S.C. § 256(r)(6) refers (by reference to 42 U.S.C. § 254c(b)(1)) include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

4. Health Centers

The Administration should promulgate the following regulation clarifying the Health Centers Consolidation Act, Pub. L. No. 104-299, 110 Stat. 3626 § 330(b)(1)(A)(i)(III)(gg) (Oct. 11, 1996):

The "voluntary family planning services" to which the Health Centers Consolidation Act, Pub. L. No. 104-299, 110 Stat. 3626 § 330(b)(1)(A)(i)(III)(gg) (Oct. 11, 1996), refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

5. Indian Health Services

The Administration should promulgate the following regulation clarifying 25 U.S.C. § 1603(k)(5):

The "family planning" to which 25 U.S.C. § 1603(k)(5) refers includes all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

IV. PROPOSED REGULATIONS FOR FEDERALLY FUNDED PROGRAMS THAT PROVIDE FAMILY PLANNING SERVICES OUTSIDE THE UNITED STATES

A. Proposed Amendment of Existing Regulations

1. Agency for International Development Funds

The Administration should amend 48 C.F.R. § 752.7016(a)(2) to read as follows:

(2) Activities which provide family planning services or information to individuals financed in whole or in part under this contract, shall provide a broad range of family planning methods and services (including all medical services related to contraception, including sterilization, and all FDA-approved, prescription contraceptive drugs and devices) available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

B. Promulgation of Proposed New Regulations

1. Foreign Assistance for Family Planning Projects

The Administration should promulgate the following regulation clarifying 22 U.S.C. § 2151b(b):

The "voluntary population planning" and "family planning information and services" to which 22 U.S.C. § 2151b(b) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

2. Foreign Assistance for Family Planning Projects

The Administration should promulgate the following regulation clarifying 22 U.S.C. § 2362(c):

The "voluntary family planning programs" to which 22 U.S.C. § 2362(c) refers include all medical services related to contraception (including sterilization) and all FDA-approved, prescription contraceptive drugs and devices.

3. Assistance to Refugees and Displaced Persons

The Administration should promulgate the following regulation clarifying the Foreign Relations

Authorization Act, Fiscal Years 1994 and 1995, Pub. L. No. 1103-236 § 501(a)(5), 108 Stat. 382 (Apr. 30, 1994) (United States Policy Concerning Overseas Assistance to Refugees and Displaced Persons):

The "services in reproductive health and birth spacing" to which Pub. L. No. 1103-236 § 501(a)(5), 108 Stat. 382 (Apr. 30, 1994) (United States Policy Concerning Overseas Assistance to Refugees and Displaced Persons) refers include all medical services related to contraception and all FDA-approved, prescription contraceptive drugs and devices.

APPENDIX D
Emergency Contraception
Proposed Regulatory Language

The Administration should promulgate the following regulation clarifying 20 U.S.C. § 1092(f)(7)(B)(vi):

The "notification of students of existing counseling, mental health or student services for victims of sexual assault" to which 20 U.S.C. § 1092(f)(7)(B)(vi) refers shall include information regarding the effective use of emergency contraception, as well as information on where emergency contraception may be obtained (either on-campus or in the community) in a timely manner.

Also get

- columns

- Pres - paternal birth
- Buffalo killing

- letter to hill

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- NARR video/transcript

- NARA video/transcript
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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 22, 1997

REMARKS BY THE FIRST LADY
AT NATIONAL ABORTION RIGHTS
ACTION LEAGUE LUNCHEON

MRS. CLINTON: I am pleased to be here with all of you. And I know that it took a little longer to get into the room than usual, but let me reassure you about the events of this morning. We do not know what the facts are, but law enforcement, as the President said this morning, is working hard to get the bottom of it, and it does not, at least so far as we know at this time, appear to be anything serious that should concern us.

I am very pleased to be here for a number of reasons. One is to join all of you in honoring Robin Chandler Duke. We will hear more about her as the program goes on. But I wanted to thank her publicly for her tireless work on behalf of family planning here at home and particularly internationally, on her advocacy of safe motherhood and other issues critical to women, children and families. She has always understood that these are not marginal concerns. They relate to political and economic progress, human rights, and peace and prosperity here in our country and around the world.

So I wanted to raise my voice with all of yours in commending her for all of her work in raising awareness about family planning and her many other contributions that she has already made and that I know she will continue to make into the future. (Applause.)

I also wanted to come and recognize and thank my friend, Nancy Rubin, for her energy, her wisdom and all of her efforts on behalf of causes relating to women and families. She is a clear and articulate voice for women's rights around the world and has worked to strengthen education, economic opportunities, legal protections and political rights, and has helped from one corner of the world to the next to bring women's issues to the forefront of international and national concerns. (Applause.)

And I know that I speak for all of us and for many others who are not here in thanking Kate Michelman for over a decade of service leading this organization and doing so much to promote and protect a women's right to choose. It has not been an easy mission. And she has

out against policies of forced abortion and sterilization where the government made the choice for women, and traveling to Romania that under the previous communist regime had a policy of enforcing birth -- five children per woman. And I spoke with women who told me of every month being taken as part of their work units to local hospitals where they were forcefully examined to determine whether or not they were pregnant so they could then be monitored by the secret police to be sure they had the child.

Two extremes -- government, on the one hand, saying you cannot have children; government, on the other hand, saying you must have children. What we have tried to do in promoting choice is to say that this most difficult of all intimate choices for women and men must be made by the individual in the privacy of her consultation with her conscience, her God, her family, her physician -- (applause.)

Thank you for continuing to try to get that message across. Please join in helping us make these difficult decisions rarer. Help us support women in all their needs. Help us support families.

And I appreciate greatly the devotion and dedication that so many of you have given to this over the years, and look forward to working with you into the future. Thank you very much. (Applause.)

END

**FIRST LADY HILLARY RODHAM CLINTON
TALKING POINTS FOR DROP-BY AT NARAL LUNCHEON
WASHINGTON, DC
JANUARY 22, 1997**

I knew you were all gathered here so I couldn't resist stopping by before I leave for New York to say hello and to thank you for all of your hard work on behalf of women and families across America.

But first let me reassure you about the events of this morning. As the President said earlier today, federal officials are working with local law enforcement to get to the bottom of what happened at Planned Parenthood and in this hotel. They will investigate the matter, catch who is doing it, and make sure they are punished. Acts of violence against people who are trying to exercise their constitutional rights are acts of terror. They are illegal. They are wrong. As to the incidents this morning, they are still under investigation. The facts are still unfolding. But as the President said, whatever happened, there is never an excuse for an act of violence against someone exercising a constitutional right.

And I am heartened to see that nothing will deter this group from an important celebration.

I am delighted to join you in honoring my friend Robin Chandler Duke. She has worked tirelessly to promote strong families here and around the world. I am especially grateful for her efforts on behalf of international family planning, safe motherhood, and other issues critical to women, children, and families. She understands that these are not marginal concerns. They relate to political and economic progress, human rights, and to the peace and prosperity of our country and others. So I join in commending her for years spent raising awareness about family planning issues and for the many contributions she will continue to make for years into the future.

I also want to thank my friend Nancy Rubin for the energy, wisdom and vision she has lent to causes relating to women and families. Nancy has been a clear and articulate voice for women's rights around the world. She has worked to strengthen education, economic opportunities, legal protections and political rights. She, too, has helped bring so-called "women's issues" to forefront of international and national concern.

Finally, I know I speak for all of us in thanking Kate Michelman for over a decade of service leading this organization and for doing so much to protect a woman's right to choose. She has continued to speak up and speak out, even in difficult times.

I'm delighted that the Vice President and Tipper Gore are here representing the Administration at this important gathering. I only wish I could stay longer but, unfortunately, I had a previous engagement that requires me to leave for New York this afternoon.

Thank you.

**FIRST LADY HILLARY RODHAM CLINTON
NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION
VIDEOTAPED REMARKS FOR SILVER ANNIVERSARY
FEBRUARY 27, 1996**

Good evening. I wish I could be with all of you tonight to celebrate the Silver Anniversary of the National Family Planning and Reproductive Health Association. Through your work, NFPRHA [NIF-rah] is educating and empowering people to be the best parents possible. This starts with giving them the means and the encouragement to plan their pregnancies and better support their children.

I'm particularly pleased to join you for this special tribute to Justice Harry Blackmun, who is receiving the Silver Anniversary Award for Lifetime Achievement. Justice Blackmun's career has been about bettering people's lives, and about bettering our country in the process. Always wise, always humble, he never let his 24 years of service on the United States Supreme Court distance him from the experiences of his fellow Americans. And he never has lost his sense of humor -- no mean feat for someone who has lived in Washington that long.

Today, we all celebrate Justice Blackmun's legacy of courage, compassion, integrity and faith in our legal system to do right by our citizens. Justice Blackmun's imprint is on almost every major Supreme Court case of the past generation. I wish we had time to review all of his contributions and accomplishments. But let me just mention one: Justice Blackmun's leadership on the case known as *Roe v Wade*, which inspired a whole generation of law school students at the time, including me.

Justice Blackmun's opinions for the Court in *Roe* and *Doe* recognized not only the rights of American women, but also the professional obligations of America's doctors.

On behalf of the President and all Americans, I offer congratulations to Justice Blackmun and thanks for his example of wisdom, leadership, and dedication to our country.

I also would like to join all of you in recognizing two other Silver Anniversary Award winners -- Congressman Henry Waxman of California and Congressman John Porter of Illinois, both of whom are being honored for their leadership in the public policy arena.

No current member of Congress has done more to assure access to family planning services for low income women than my friend, Congressman Waxman. From the California legislature to the U. S. Congress, Henry Waxman has been a champion of family planning. He has led the charge to ensure that women are able to get needed services and to know about the options available to them.

Congressman Waxman has provided the leadership, tenacity and moral courage to ride out the storm on one of our nation's most emotional issues. As one of his friends once said, Henry's not a rock. He's a river. He keeps going until he changes the ground.

It is also fitting that tonight you honor Congressman Porter for his leadership in Congress, not only for his work on family planning issues but for his commitment to universal access to health care and medical research. Congressman Porter has fought hard to ensure that women get the counseling they need at federally funded family planning clinics. He understands that federal support for scientific research and discovery is what has made our health care system second to none. Dedication and courage are the hallmarks of Congressman Porter's tenure in Congress, and I am pleased to join in this tribute to him.

I wish NFPRHA [NIF-rah] and your member organizations continued success and courage and I congratulate the other honorees here this evening. Thank you, and happy anniversary.

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As delivered

**FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE SIXTH CONFERENCE OF
WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS
LA PAZ, BOLIVIA
DECEMBER 3, 1996**

President and Mrs. Sanchez de Lozada, First Ladies and special envoys representing the nations of the Western Hemisphere, and distinguished guests:

It is a great pleasure for me to be in La Paz and to join you for this annual conference. I particularly want to thank Mrs. Sanchez de Lozada for her leadership on behalf of women -- especially her work to promote safe motherhood, education, and to reduce domestic violence -- and for extending to all of us a warm welcome this week.

I know that, as in the past, this gathering will provide new insights and fresh inspiration as we work to expand opportunities for women, children, and families in North, Central, South America and the Caribbean region. I am also pleased to note that Vice President Gore will be in Santa Cruz in a few days representing the United States government at what promises to be a significant hemispheric meeting on sustainable development.

This is my first trip to Bolivia, but I have long felt a special connection to this country. Little Rock, the capital of my home state of Arkansas, is a sister city of Santa Cruz in what is called the Eastern Bolivia-Arkansas partnership. This partnership has initiated cultural, professional and health exchanges that have benefitted the people in both of our countries. So I am especially delighted finally to be in Bolivia after all these years.

Many Bolivians have made their mark on my country. I am proud to say that President Clinton named a woman who was born and raised here in La Paz, Maria Otero, to be the Chair of the

Board of the Inter-American Foundation. That foundation funds grassroots development in the region, and Maria is with me today.

I'm also pleased to be here at a time of such hope and promise for women, children and families across the Americas and around the world. A few days ago, I returned from a trip with my husband to Australia, the Philippines and Thailand, and at each stop I had the chance to talk to diverse groups of women -- from government leaders to grassroots activists to teenage school girls. And I was reminded once again, no matter where we find ourselves in the world today, our aspirations and concerns are fundamentally the same.

Thanks in part to the agenda set at the United Nations Fourth World Conference on Women in Beijing, as well as the conferences of this group in Miami, and Asuncion and elsewhere, the status of women is improving in many countries.

In the Philippines last week, I had the opportunity along with Mrs. Frei to speak to 15,000 women and girls in Manila. Some had traveled for days by boat and car to celebrate the Beijing Agenda and just as we are doing today, they came together to renew their commitment to women's rights -- and to ensure that every woman and girl has access to the tools of opportunity: health care, education, jobs and credit, legal protections and the right to participate fully in the political life of their countries.

In the 15 months since Beijing, we have seen advances on every continent. In country after country, governments, non-governmental organizations, businesses and corporations, and individual citizens are beginning to recognize that elevating the status of women and girls in society is essential to progress and prosperity. That is the same whether we are talking about the East, the West, the North or the South; there is a growing appreciation of women's contributions inside and outside of the home - and a greater understanding that everyone in society benefits when women are allowed to claim the political, economic, social, and civic power they are due.

The Western Hemisphere is no exception. In Panama, the family code has been reformed, giving women more say in alimony, child support and child custody cases. The country's new Law 27

on Intra-Family Violence criminalizes certain forms of domestic violence. In Colombia, men and women now have equal weight in determining divorce. In El Salvador and Peru, new institutions have been established to address issues relating to women's development. In Guatemala, a national university has created scholarships for indigenous women to study political science.

Jamaica's Gold Street Program, which addresses teen violence and adolescent pregnancy, has become a model that the United States is using to confront the same issues in the city of Baltimore. In Brazil, women are now entitled to free breast and uterine exams. And in Chile, the government has committed itself to tackling AIDS and adolescent pregnancies and to expanding educational opportunities for girls. And here in Bolivia, as part of the President's plans, the Plan de Todos, special efforts are being made to reach out to the indigenous population.

From the northernmost reaches of Canada to the southern tip of South America, women are pushing governments to lift the veil of secrecy that for too long has concealed the tragic crime of domestic violence. I mentioned the legal advances in Panama. Another ground-breaking domestic violence law was passed in Ecuador, creating Family Courts that are empowered to separate an abusive spouse from the home. In Costa Rica, police officers receive special training on how to handle domestic violence cases. In my own country we recently launched a national hotline for victims of domestic violence which has already received 50,000 calls.

Looking across our region, we also see progress on the goals that this group outlined at our previous meetings. Those goals to eliminate measles from the hemisphere, reduce maternal mortality, and promote education reform are making progress. Since 1995, our region has witnessed a 63 percent decline in measles. We have seen the Partnership for the Revitalization of Education in the Americas launch new efforts to expand educational opportunities in six countries. And while the tragic problem of maternal mortality continues to haunt us, we know that progress will come if we focus more energy and resources on this issue.

It is clear that pioneering efforts are underway across the Americas to improve conditions for women and girls. Earlier

today in La Paz, I visited with Ximena, Banco Sol, the only commercial bank in the world and the largest that specializes in microenterprise right here. I spoke to women whose lives had been transformed because they had received a modest loan to start selling vegetables in the market, to start making skirts. Not only had they become economically self-sufficient, they had begun to lift their families out of poverty and improve the economies of their communities. We met one woman in the market who is caring for her six orphan grandchildren because of the loans that she had received. I have seen the same encouraging results at FINCA, a micro-lending enterprise that I visited in Managua, Nicaragua. I've visited a comparable enterprise in Santiago and I have seen it in my own country.

In La Paz today I also visited new and expectant mothers at a primary health care center run by an NGO, PROSALUD. The 28 PROSALUD clinics offer prenatal care and family planning services that have resulted in safer pregnancies and deliveries and, in some cases, have saved lives.

This is but one piece of the nationwide effort here in Bolivia to promote safe motherhood and family planning so that women and girls are educated about their own health and their own reproductive options.

Although the rate is far too high, Bolivia's success over the past five years at reducing maternal mortality offers a model for the world of how one nation has responded to a serious health crisis and galvanized the government, non-governmental organizations, and the medical communities. I wish to commend the President and the Vice President for their leadership in this very important effort.

It is worth noting that Bolivia undertook this campaign not only as a way to reduce maternal mortality, but also to reduce the increasing rate of abortion. Without access to family planning, women often turn in desperation to illegal, unsafe abortion procedures that account for half of all maternal deaths in this country. Deaths from abortion complications are responsible for from 30 to 70 percent of maternal mortality in our hemisphere, depending on the country.

Here, in Brazil, and in other places around the globe, I have seen examples of how investments in family planning improve maternal health and the well-being of families as well as reduce the number of abortions. The United States has supported family planning efforts, including Bolivia's. However, as you may know, some members of the United States Congress have voted to limit American support for family planning initiatives. My husband's Administration remains committed to encouraging a continuation of these investments, which represent a sensible, cost-effective and long-range strategy for improving women's health and for lowering the rate of abortion. And for my part, I will certainly remember and share the powerful stories I have heard around the world to explain why these programs are critical.

Education is also critical. It is inextricably tied to how women and children achieve progress. Children of illiterate mothers are twice as likely to die as those with mothers who are educated. So our efforts across the Western Hemisphere to educate girls and mothers will have a profound and concrete effect on women's health. The better educated a girl or woman is, the healthier she is. The healthier she is, the healthier her family is. And all of society stands to gain.

While some may dismiss the achievements of this conference and the conferences before or of the Beijing Agenda as merely "women's issues" that have no place on the front-burner of global politics, I believe that you here in Bolivia, and certainly your President and Vice President understand how they are part of sustainable development and progress. They represent a balancing of power that is just as crucial to the endurance of democracy as issues like trade, diplomacy and national security. Democracy, after all, requires the full participation of all citizens, including women.

And today, we can take heart knowing that democracy has replaced dictatorship around the world and virtually throughout our own hemisphere. Building and sustaining democracy has always required a balance of power, a balance of public power, private economic power, and the power of civic society, those formal and informal networks that bring people together. It is the balance of power that Bolivia has incorporated into its Popular Participation Law, and by doing so, insured the further success of democracy. Whether we succeed at achieving the balance of

power is particularly important for women who despite the strides we have made, still find their voices silenced and their potential stymied in too many parts of the world. In country after country -- from the most advanced democracies to those newly emerging, from the most dynamic free market economies to those struggling in the face of rapid global change -- women are still striving to define and attain their rightful place in government, the economy, the civil society and throughout their lives.

Women are seeking balance in their lives and in their societies, and I am heartened that civic education is on the agenda of this conference. Teaching people about democratic values and the importance of their participation in the political process is critical to sustaining democracy. When we look at what is happening in our hemisphere, when I look at what is happening in my own country, I see that the voices and votes of women can make a difference. If all of us believe in the God-given potential of each human being, then all of us should do what we can in our own ways and our own roles to further those voices and that potential.

For all of the challenges that confront us on the eve of this new century I am optimistic about our future. I am optimistic about our hemisphere and about our capacity to meet those challenges. And certainly, if there is one vision that should guide us, it is that of the young people who rely on us to leave them a world that encourages their dreams, nurtures their talents and respects their choices. That is really why we are gathered today -- most of us in this auditorium have made most of the choices we will make that will determine the course of our lives. It is up to us to determine how we provide the same opportunities for all of our sons and daughters.

Building a better future for children, women, men, and families in the Western Hemisphere is not just the opportunity of government, it is the responsibility of all of us. And I thank you very much for being part of meeting that responsibility and challenge.

First Lady Hillary Rodham Clinton**Remarks to the World Health Organization Forum
on Women and Health Security**

*Beijing, China
September 5, 1995*

MRS. CLINTON: Thank you very much. Thank you Dr. Nakajima, Mrs. Mongella, all of the panelists, delegates to this important conference, and guests from all over the world. I am honored to be here this morning among women and men who are committed to improving the health of women and girls everywhere in our world.

I want to start by commending the World Health Organization for making women's health a top priority and for establishing the Global Commission on Women's Health.

I am also proud that in the preparatory meetings for this Fourth World Conference on Women, the United States took the lead with other countries in highlighting the importance of a comprehensive approach to women's health. That approach builds on actions taken at previous women's conferences and the recent conferences at Cairo and Copenhagen, whose goals to promote the health and well-being of all people were endorsed by 180 nations.

Cairo was particularly significant as governmental and non-governmental participants worked together to craft a Program for Action which, among other things, calls for universal access to good quality reproductive health care services, including safe, effective, voluntary family planning; greater access to education and health care; more responsibility on the part of men in sexual and reproductive health and childbearing; and reduction of wasteful resource consumption.

Here at this conference, improving girls and women's health is a priority of the draft Platform for Action. It includes such goals as: Access to universal primary health care for all people -- a goal not yet achieved in many countries, including my own. The promotion of breast feeding. The provision of safe drinking water and sanitation. Research in and attention to women's health issues, including: environmental hazards, prevention of HIV/AIDS and other sexually transmitted diseases, encouragement for adolescents to postpone sexual activity and childbearing, and discouragement of cultural traditions and customs that deny food and health care to girls and women.

Goals such as these illustrate a new commitment to the well-being of girls and women and a belief in their rights to live up to their own God-given potentials.

At long last, people and governments everywhere are beginning to understand that investing in the health of women and girls is as important to the prosperity of nations as investing in the development of open markets and trade. The health of women and girls cannot and must not be divorced from progress on other economic and social issues.

Scientists, doctors, nurses, community leaders and women themselves are working to improve and safeguard the health of women and families all over

the world. If we join together as a global community, we can lift up the health and dignity of all women and their families in the remaining years of the 20th century and on into the next millennium.

Yet, for all the promise the future holds, we also know that many barriers lie in our way. For too long, women have been denied access to health care, education, economic opportunities, legal protection and human rights -- all of which are used as building blocks for a healthy and productive life.

In too many places today, the health of women and families is compromised by inadequate, inaccessible and unaffordable medical care, lack of sanitation, unsafe drinking water, poor nutrition, insufficient research and education about women's health practices, and coercive and abusive sexual practices.

In too many places, the status of women's health is a picture of human suffering and pain. The faces in that picture are of girls and women who, but for the grace of God or the accident of birth, could be us or one of our sisters, mothers or daughters.

Today, at least fifteen percent of pregnant women suffer life threatening complications and more than one-half million women around the world die in childbirth. Most of those deaths could be prevented with basic primary, reproductive and emergency obstetric health care. In some places, there are 175,000 motherless children for every one million families. Many of those children don't survive. And of those who do, many are recruited into a life of exploitation on the streets of our world's cities, subjected daily to abuse, indigence, disease, and the specter of early death.

There must be a renewed commitment to improving maternal health. The World Health Organization launched in 1987 a Safe Motherhood Initiative to have maternal mortality by the year 2000. To reach that goal, more attention must be paid to emergency medical care as well as primary prenatal care. Providing emergency obstetric care is a relatively cheap way of saving lives -- and along with family planning services is among the most cost effective interventions in even the poorest of countries.

The commitment of the World Health Organization and its Global Commission on Women's Health to make childbearing and childbirth a safe and healthy period of every woman's life deserves action on the part of every nation represented here.

In addition, one hundred million women cannot obtain or are not using family planning services because they are poor, uneducated or lack access to care. Twenty million of these women will seek unsafe abortions -- some will die, some will be disabled for life. A growing number of unwanted pregnancies are occurring among young women, barely beyond childhood themselves. As we know, when children have children, the chance of schooling, jobs, and good health is reduced for both parent and child. And our progress as a human family takes another step back.

The Cairo document recognizes "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so." Women should have the right to health care that will enable them to go safely through pregnancy and childbirth and provide them with the best chance of having a healthy infant.

Women and men must also have the right to make those most intimate of all decisions free of discrimination, coercion and violence, particularly any

coercive practices that force women into abortions or sterilizations.

On these issues, the US supports the provisions in the Beijing Platform for Action that reaffirm consensus language that was agreed to at the Cairo Conference about a year ago. But I also want to emphasize what the Cairo document said on a particularly sensitive issue to many represented here. It declared that "in no case should abortion be promoted as a method of family planning" -- and that too should be reaffirmed loudly and clearly. The Platform asks governments "to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services."

As Mrs. Mongella reminded us, violence is also a health issue. It is about time we recognized it as such and began to move against it wherever it occurs. Violence against women remains a leading cause of death among girls and women between the ages of 14 and 44 -- violence from ethnic and religious conflicts, crime in the streets and brutality in the home. For women who survive the violence, what often awaits them is a life of unrelenting physical and emotional pain that destroys their capacity for mothering, homemaking or working and can lead to substance abuse, and even suicide.

Violence against girls and women goes beyond the beatings, rape, killings and forced prostitution that arise from poverty, wars and domestic conflicts. Every day, more than 5,000 young girls are forced to endure the brutal practice of genital mutilation. The procedure is painful and life-threatening. It is degrading. And it is a violation of the physical integrity of a woman's body, leaving a lifetime of physical and emotional scars.

HIV, AIDS, and sexually transmitted diseases threaten more and more women -- and you will hear more about that poignantly and personally later. Experts predict that by the end of this decade more than half of the people in the world with HIV will be women. AIDS, which threatens whole families and regions, demands the strongest possible response. Governments and the international community must address head-on the growing number of women who are being infected -- and that means refusing to deny the extent of the problem and beginning to deal with it in order to start solving it and preventing it wherever we can.

More than 700,000 women worldwide face breast cancer each year -- and over 300,000 die of it. It's the leading cause of death for women in their prime in the developed world. In the time I speak to you today, 25 women around the world will die of breast cancer. In my own country, it is hard to find a family, an office, or a neighborhood that has not been touched by this disease. My own mother-in-law struggled against breast cancer for four years before losing her battle. That is another disease that all of us must join forces together to combat.

Tobacco use is the number one preventable cause of death. Some might think that it doesn't rank up there with the other serious problems that will be discussed, AIDS/HIV -- and of course it does not have the extraordinarily painful image and effects that other threats to health do -- but it is a killer and it causes great anguish among those who are struck down. Ninety percent of women who smoke began to smoke as adolescents -- leading to high rates of heart disease, cancer, and chronic lung disease later in life -- that are not only a burden to the individual and the family -- but to the health care system that are trying to cope with diseases such as AIDS and breast cancer.

As the World Health Organization points out, we also need to recognize and

effectively address the fact that women are far more likely to be exposed to work-related and environmental health hazards. Policies to alleviate and eliminate such health hazards associated with work in the home and in the workplace also demand action.

Research indicates further that certain communicable diseases affect women in greater numbers. Tuberculosis, for example, is responsible for the deaths of one million women each year and those in their early and reproductive years are most vulnerable.

When health care systems around the world don't work for women; when our mothers, daughters, sisters, friends and co-workers are denied access to quality care because they are poor, do not have health insurance, or simply because they are women, it is not just their health that is put at risk. It is the health of their families and communities as well.

Like many nations, the United States brings to this conference a serious commitment to improving women's health. We bring with us a series of initiatives which represent the first steps to carrying out this Conference's Platform for Action.

We are continuing to work for health care reform to ensure that every citizen has access to affordable, quality care.

We are proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent.

We are working to address the many factors that contribute to teenage pregnancy, our most serious social problem, by encouraging abstinence and personal responsibility on the part of young men and women; improving access to health care and family planning services; and supporting health education in our schools.

We are pursuing a public policy agenda on HIV/AIDS that is specific to women, adolescents, and children.

We are continuing to fund and conduct contraceptive research and development.

We are addressing the health needs of women through initiatives such as:

- The National Action Plan on Breast Cancer -- a public, private partnership working with all agencies of government, the media, scientific organizations, advocacy groups and industry to advance breast health and eradicate breast cancer as a threat to the lives of American women.
- An Expansion of the National Breast and Cervical Cancer Early Detection Program -- we hope will ensure that women who need regular screening and detection services have access to them, and that those services meet quality standards.
- The inclusion of women in clinical trials for research and testing of drugs or other interventions that probe specific differences between men and women in patterns of disease and reactions to therapy.
- The specific health needs of older women will be addressed through educational campaigns about osteoporosis, cancer and other diseases.

- And the United States is conducting the largest clinical research study ever undertaken to examine the major causes of death, disability and frailty in post-menopausal women.

We come prepared to be partners working together on behalf of women's health security -- which must be a priority of all people and governments working together. Without good health, a woman's God-given potential can never be realized. And without healthy women, the world's potential can never be realized.

So I hope that through this conference we renew our commitment to join together to ensure that every little boy and girl that comes into our world is healthy and wanted; that every young woman has the education and economic opportunity to live a healthy life; and that every woman has access to the health care she needs throughout her life to fulfill her potential in her family, her work, and her community.

If we care about the futures of our daughters, our sons, and the generations that will follow them, we can do nothing less.

I want to thank so many of you in this room for the work you do everyday to bring better health to women, men, children, and families throughout world. Thank you for helping governments and citizens understand that we cannot talk about equality and social development without also talking about health care.

Most of all, thank you for being part of this historic and vital discussion. It holds promise for our future, if we act and continue to work together. I was pleased to find this declaration on women's health and health security and to see in it goals with measurable targets. That is what we must commit ourselves to. Rhetoric alone, recognition of the problems alone, will not save another girl child, will not prevent the disease that cuts down too many women in their prime, will not ease the passage of women in their older years who have worked so hard all their lives. It is only by combining the rhetoric and recognition with a commitment to specific actions that will bring about the changes we want to see. I commend and thank you for being part of that effort. Thank you very much.

United Nations Fourth World Conference on Women

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release
September 5, 1995

First Lady Hillary Rodham Clinton Remarks to the United Nations Fourth World Conference on Women Beijing, China

MRS. CLINTON: Thank you very much Gertrude Mongella, for your dedicated work that has brought us to this point.

Distinguished delegates and guests, I would like to thank the Secretary General of the United Nations for inviting me to be part of this important United Nations Fourth World Conference on Women. This is truly a celebration -- a celebration of the contributions women make in every aspect of life: in the home, on the job, in the community, as mothers, wives, sisters, daughters, learners, workers, citizens and leaders.

It is also a coming together, much the way women come together every day in every country.

We come together in fields and in factories. In village markets and supermarkets. In living rooms and board rooms.

Whether it is while playing with our children in the park, or washing clothes in a river, or taking a break at the office water cooler, we come together and talk about our aspirations and concerns. And time and again, our talk turns to our children and our families.

However different we may appear, there is far more that unites us than divides us. We share a common future. And we are here to find common ground so that we may help bring new dignity and respect to women and girls all over the world -- and in so doing, bring new strength and stability to families as well.

By gathering in Beijing, we are focusing world attention on issues that matter most in the lives of women and their families: access to education, health care, jobs, and credit, the chance to enjoy basic legal and human rights and to participate fully in the political life of their countries.

There are some who question the reason for this conference. Let them listen to the voices of women in their homes, neighborhoods, and workplaces.

There are some who wonder whether the lives of women and girls matter to economic and political progress around the globe. ... Let them look at the women gathered here and at Hairou.... the homemakers, nurses, teachers, lawyers, policymakers, and women who run their own businesses.

It is conferences like this that compel governments and peoples everywhere to listen, look and face the world's most pressing problems.

Wasn't it after the women's conference in Nairobi ten years ago that the world focused for the first time on the crisis of domestic violence?

Earlier today, I participated in a World Health Organization forum. In that forum we talked about ways that where government officials, NGOs, and individual citizens are working on ways to address the health problems of women and girls.

Tomorrow, I will attend a gathering of the United Nations Development Fund for Women. There, the discussion will focus on local -- and highly successful -- programs that give hard-working women access to credit so they can improve their own lives and the lives of their families.

What we are learning around the world is that, if women are healthy and educated, their families will flourish. If women are free from violence, their families will flourish. If women have a chance to work and earn as full and equal partners in society, their families will flourish.

And when families flourish, communities and nations will flourish.

That is why every woman, every man, every child, every family, and every nation on our planet does have a stake in the discussion that takes place here.

Over the past 25 years, I have worked persistently on issues relating to women, children and families. Over the past two-and-a-half years, I have had the opportunity to learn more about the challenges facing women in my own country and around the world.

I have met new mothers in Indonesia, who come together regularly in their village to discuss nutrition, family planning, and baby care.

I have met working parents in Denmark who talk about the comfort they feel in knowing that their children can be cared for in creative, safe, and nurturing after-school centers.

I have met women in South Africa who helped lead the struggle to end apartheid and are now helping build a new democracy.

I have met with the leading women of my own hemisphere who are working every day to promote literacy and better health care for the children in their countries.

I have met women in India and Bangladesh who are taking out small loans to buy milk cows, rickshaws, thread and other materials to create a livelihood for themselves and their families.

I have met doctors and nurses in Belarus and Ukraine who are trying to keep children alive in the aftermath of Chernobyl.

The great challenge of this conference is to give voice to women everywhere whose experiences go unnoticed, whose words go unheard.

Women comprise more than half the world's population. Women are 70% percent of the world's poor, and two-thirds of those who are not taught to read and write.

Women are the primary caretakers for most of the world's children and elderly. Yet much of the work we do is not valued -- not by economists, not by historians, not by popular culture, not by government leaders.

At this very moment, as we sit here, women around the world are giving birth, raising children, cooking meals, washing clothes, cleaning houses, planting crops, working on assembly lines, running companies, and running countries.

Women also are dying from diseases that should have been prevented or treated; they are watching their children succumb to malnutrition caused by poverty and economic deprivation; they are being denied the right to go to school by their own fathers and brothers; they are being forced into prostitution, and they are being barred from the bank lending office and banned from the ballot box.

Those of us who have the opportunity to be here have the responsibility to speak for those who could not.

As an American, I want to speak up for women in my own country -- women who are raising children on the minimum wage, women who can't afford health care or child care, women whose lives are threatened by violence, including violence in their own homes.

I want to speak up for mothers who are fighting for good schools, safe neighborhoods, clean air and clean airwaves...

...for older women, some of them widows, who have raised their families and now find that their skills and life experiences are not valued in the workplace... for women who are working all night as nurses, hotel clerks, and fast food chefs so that they can be at home during the day with their kids... and for women everywhere who simply don't have time to do everything they are called upon to do each day.

Speaking to you today, I speak for them, just as each of us speaks for women around the world who are denied the chance to go to school, or see a doctor, or own property, or have a say about the direction of their lives, simply because they are women.

The truth is that most women around the world work both inside and outside the home, usually by necessity.

We need to understand that there is no one formula for how women should lead their lives.

That is why we must respect the choices that each woman makes for herself and her family. Every woman deserves the chance to realize her God-given potential.

We also must recognize that women will never gain full dignity until their human rights are respected and protected.

Our goals for this conference, to strengthen families and societies by empowering women to take greater control over their own destinies, cannot be fully achieved unless all governments -- here and around the world -- accept their responsibility to protect and promote internationally recognized human rights.

The international community has long acknowledged -- and recently affirmed at Vienna -- that both women and men are entitled to a range of protections and personal freedoms, from the right of personal security to the right to determine freely the number and spacing of the children they bear.

No one should be forced to remain silent for fear of religious or political persecution, arrest, abuse or torture.

Tragically, women are most often the ones whose human rights are violated.

Even in the late 20th century, the rape of women continues to be used as an instrument of armed conflict. Women and children make up a large majority of the world's refugees. And when women are excluded from the political process, they become even more vulnerable to abuse.

I believe that, on the eve of a new millennium, it is time to break our silence. It is time for us to say here in Beijing, and the world to hear, that it is no longer acceptable to discuss women's rights as separate from human rights.

These abuses have continued because, for too long, the history of women has been a history of silence. Even today, there are those who are trying to silence our words.

The voices of this conference and of the women at Hairou must be heard loud and clear:

It is a violation of human rights when babies are denied food, or drowned, or suffocated, or their spines broken, simply because they are born girls.

It is a violation of human rights when women and girls are sold into the slavery of prostitution.

It is a violation of human rights when women are doused with gasoline, set on fire and burned to death because their marriage dowries are deemed too small.

It is a violation of human rights when individual women are raped in their own communities and when thousands of women are subjected to rape as a tactic or prize of war.

It is a violation of human rights when a leading cause of death worldwide among women ages 14 to 44 is the violence they are subjected to in their own homes by their own relatives.

It is a violation of human rights when young girls are brutalized by the painful and degrading practice of genital mutilation.

It is a violation of human rights when women are denied the right to plan their own families, and that includes being forced to have abortions or being sterilized against their will.

If there is one message that echoes forth from this conference, let it be that human rights are women's rights.... And women's rights are human rights, once and for all.

Let us not forget that among those rights are the right to speak freely. And the right to be heard.

Women must enjoy the right to participate fully in the social and political lives of their countries if we want freedom and democracy to thrive and endure.

It is indefensible that many women in non-governmental organizations who wished to participate in this conference have not been able to attend -- or have been prohibited from fully taking part.

Let me be clear. Freedom means the right of people to assemble, organize, and debate openly. It means respecting the views of those who may disagree with the views of their governments. It means not taking citizens away from their loved ones and jailing them, mistreating them, or denying them their freedom or dignity because of the peaceful expression of their ideas and opinions.

In my country, we recently celebrated the 75th anniversary of women's suffrage. It took 150 years after the signing of our Declaration of Independence for women to win the right to vote.

It took 72 years of organized struggle on the part of many courageous women and men.

It was one of America's most divisive philosophical wars. But it was also a bloodless war. Suffrage was achieved without a shot fired.

We have also been reminded, in V-J Day observances last weekend, of the good that comes when men and women join together to combat the forces of tyranny and build a better world.

We have seen peace prevail in most places for a half century. We have avoided another world war.

But we have not solved older, deeply-rooted problems that continue to diminish the potential of half the world's population.

Now it is time to act on behalf of women everywhere.

If we take bold steps to better the lives of women, we will be taking bold steps to better the lives of children and families too.

Families rely on mothers and wives for emotional support and care; families rely on women for labor in the home; and increasingly, families rely on women for income needed to raise healthy children and care for other relatives.

As long as discrimination and inequities remain so commonplace around everywhere in the world -- as long as girls and women are valued less, fed less, fed last, overworked, underpaid, not schooled and

subjected to violence in and out of their homes -- the potential of the human family to create a peaceful, prosperous world will not be realized.

Let this conference be our -- and the world's -- call to action.

Let us heed the call so that we can create a world in which every woman is treated with respect and dignity, every boy and girl is loved and cared for equally, and every family has the hope of a strong and stable future.

That is the work before you, that is the work before all of us, who have a vision of the world we want to see for our children and our grandchildren. The time is now. We must move beyond rhetoric, we must move beyond recognition of problems, to working together, to have the common efforts to build that common ground we hope to see.

God's blessings on you, your work and all who will benefit from it. Godspeed and thank you very much.

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THE WHITE HOUSE AT WORK

Thursday, January 22, 1998

INCREASING SUPPORT FOR FAMILY PLANNING

I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family. Ultimately, that is the idea the anniversary of Roe v. Wade celebrates.

President Bill Clinton
January 22, 1998

Today, marks the 25th anniversary of Roe v. Wade, the landmark Supreme Court decision that affirmed every woman's right to choose whether and when to have a child. President Clinton is committed to ensuring this right, and in doing so, to protecting two of our nation's most deeply-held values, personal privacy and family responsibility.

Prevention and Family Planning. During the last five years, the Administration has worked hard to reduce the need for abortions and to prevent unintended pregnancy by making comprehensive family planning and sex education programs more widely available. The President's FY 1999 budget calls for:

- **Increased Funding for Title X.** The proposal will increase Title X Family Planning grants by \$15 million -- a 46% increase since FY1992.
- **Medicaid and Other Services.** The proposal will provide almost \$500 million in federal funds to Medicaid to support family planning services. Additionally, the Maternal & Child Health Block Grant, the Social Services Block Grant, and the Preventive Health Block Grant will provide \$100 million to state and local communities for family planning services.
- **Prevention Education and Research.** The proposal will provide about \$200 million for the National Institutes of Health's research on infertility, contraception, and related matters, and CDC's programs to educate teenagers about sexual development and abstinence. Additionally, Health and Human Service's teen pregnancy prevention and related youth programs will continue to engage the Girl Power! education initiative in sustained efforts to promote pregnancy prevention among girls 9- to 14-years-old.

A Comprehensive Approach to Family Planning. Under the President's proposal nearly 5 million clients each year at more than 4,700 family planning clinics nationwide, would have access to a comprehensive set of family planning services including contraceptive services, pregnancy testing, sexually transmitted disease screening and treatment, and education and outreach.

Supporting International Family Planning. The Administration is strongly committed to international family planning efforts. The President has blocked several Congressional attempts to prohibit funding for international family planning groups that use their own funding to lobby on behalf of abortion rights or perform abortions. Under the President's Budget, bilateral assistance provided through AID and assistance to the United Nations Population Fund

will grow to \$425 million in FY 1999, a 32% increase over FY 1992.

The White House Briefing Room
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Fact Sheet V

Promoting Reproductive Health Services for Women

"Certain choices are too personal for politics." **President Clinton and Vice President Gore**

The President is committed to ensuring that all women have access to reproductive health and family planning services, that all women are able to determine the number and spacing of their children, and that abortion is safe, legal and rare.

Reversed the Gag Rule

During his first week in office, President Clinton reversed the previous administration's attempts to prevent federally funded family planning clinics from providing full information on options for resolving unintended pregnancies. A notice of proposed rule making for permanent reversal has been issued.

Supports Reproductive Health and Family Planning

Under President Clinton, the annual budget for the Title X Family Planning Program has increased from \$173.4 million to \$193.3 million. This program is the primary federal mechanism for direct provision of reproductive health and family planning services to low-income women. It is estimated that subsidized family planning services, such as those provided through Title X, prevent more than 1 million unintended pregnancies and 500,000 abortions each year. In addition, the President reversed the ban, instituted in 1987 by the Reagan Administration, on privately funded abortion services in U.S. military hospitals; and repealed the Mexico City policy, established in 1984 banning U.S. funding support to international organizations that include abortion services in their reproductive health and family planning programs. In 1994, at the International Conference on Population and Development in Cairo, the United States agreed with more than 150 nations to promote reproductive health for all women and to address the threat to women's health from unsafe abortion.

Establishing Clinic Safety

President Clinton signed the Freedom of Access to Clinic Entrances Act to fight the escalating violence against women and doctors at women's health clinics.

Moved Forward with Reproductive Research

President Clinton ordered that the ban on mifepristone, a drug that terminates pregnancy without surgery, be revisited. Currently, the drug is undergoing clinical trials in the U.S.

Establishing Services for Victims of Rape and Incest

Under President Clinton, the Department of Health and Human Services implemented a congressionally ordered change to Medicaid to include abortion services for women whose pregnancies result from rape or incest, in addition to saving the life of the woman.

Office of Women's Initiatives and Outreach. Phone: 202 456-7300; Fax: 202 456-7311

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THE WHITE HOUSE
Office of the Press Secretary

Info from
Noa

For Immediate Release

March 7, 1997

PRESS CONFERENCE OF THE PRESIDENT

The East Room

2:02 P.M. EST

Q Mr. President, when you vetoed the ban on partial birth abortion, you said you did so to protect the lives of the mothers and because they were fairly rare. Well, it's since been revealed that there are approximately 5,000 of these so-called partial birth abortions performed every year, 90 percent of them in the fifth and sixth month. Would you now support a ban if it included provisions to protect the mother, but would ban the procedure also in the fifth and sixth month?

And one second unrelated question, did the White House discover if there were any other checks or money passed besides the \$50,000 to Maggie Williams?

THE PRESIDENT: That's fair. No, that's a fair question. As far as I know, that did not happen. As far as I know, any other checks that came in, we really didn't -- were things that came in the mail and were just routinely referred. And I don't even know if there were any of those or how many there were. But as far as I know, there was no other instance like the one involving Maggie.

Now, let me answer the other question as clearly as I can. The admission by the gentleman in question that he thought he was misrepresenting the facts to the Congress in the last debate has caused a lot of stir here. But I believe -- and I tried to be clear about this at the time -- I was under the impression that the facts are just as we all said they were, more or less what you've said. I don't know that we have exact numbers.

What I said before was, and let me restate it, I sought to get a bill I could sign that would ban this procedure when it was inappropriate, because there would be other avenues available if an abortion was otherwise legal. What I was concerned about again -- and you said 500, I think, so let's just take your number. We don't really know.

Q Actually, I think it's 5,000.

THE PRESIDENT: -- 5,000 total, of whom a small proportion, maybe 10 percent or so, are like those five women that I had in the White House. I will say again, they are my concern. They are my only concern. And I would remind you that three of those five women identified themselves to me as pro-life voters. And they were told that unless they had a procedure which would be banned under the law that I vetoed, after it was over, the babies they would be carrying would be dead and their bodies would never be able to have another baby. That is my only concern. I have made that as clear as I can.

So I can't answer the question that you asked me any clearer than that because I want to see the language of any proposed bill. I think you can make a very compelling case that for the small number of people I'm trying to protect, this is the biggest issue in their entire lives, and that for them my position is the pro-life position. And I believe that it would be a mistake for us to pass this bill one more time without taking care of those folks. When --because, as you just pointed out Mr. Miklaszewski, because anybody that's in the first two trimesters that has an elective procedure will still have access to another one in a different way after the bill passes.

So, in a funny way, this might not work to reduce the overall number of abortions at all. But in the end, what it could do is every year to take a few hundred women and wreck their lives and wreck the possibility that they could have further children. That's why I was working on this. And if we can solve this problem, I will happily sign this bill. This thing is a real -- it has hurt the American people, dealing with this. And I don't mean it's harmed physically; I mean, this has been a great emotional trauma for the American people trying to come to grips with this issue and deal with it. It's a deep thing out there around the country, and it goes way beyond the traditional pro-life/pro-choice fight or disagreement.

I would like to see us bring some harmony to this and put it behind us. But every time anybody mentions this I remember so vividly the faces of those five women and their life stories and what happened to them afterward. And a few hundred people a year, they don't have much votes or influence, but they're the people I'm concerned about and they're the people I'm going to try to protect right down to the end.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

December 13, 1996

PRESS CONFERENCE OF THE PRESIDENT

Room 450
Old Executive Office Building

2:00 P.M. EST

Q Mr. President, with Congress coming back into a new session, there seems to be indications they will take up two issues which are contentious which you have opposed in the past -- an amendment to balance the budget, a constitutional amendment to balance the budget. You caused some, I guess, concern a few weeks ago among some of your aides by suggesting you could live with a constitutional amendment to balance the budget. And secondly, legislation that would ban a late-term abortion procedure known as partial-birth abortions. Could you tell us exactly what kind of language you could accept on both of those issues that would allow you to go forward and support those matters?

THE PRESIDENT: Well, they're two different things there. First of all, what I said on the balanced budget thing, I don't think -- let me try to be clear here so I won't be misunderstood. I do not believe it is good policy or needed to have a constitutional amendment to balance the budget. I do believe that it's good policy for America to pass a balanced budget plan now and to implement it. And I believe I have some credibility on that because we've cut the deficit by more in four years than anybody has in a month of Sundays. So everybody knows that -- and my record as governor was that of a fiscal conservative.

So this is not about fiscal conservatism. It is about whether you can design a constitutional amendment which in difficult and very different times than the ones in which we now live won't do more harm than good. That's my only concern there.

And so the only thing -- what I was trying to say when I was asked about this before is, there have been changes in the composition of the Senate which at least apparently give them enough votes to pass this amendment. So what I was saying is I'm not for this, but if you're

going to do it, try to do it in a way that gives you enough flexibility to deal with the kinds of things that can happen. We're passing this constitutional amendment in a very different environment than some of the environments in which we've lived in the last 30 years. That's the only point I was trying to make on that.

Now, perhaps changes in the House will make it more difficult to pass in the House, but I just don't know. You know, the President cannot veto a constitutional amendment. It gets passed and sent out to the states. So that's the point I want to make on that.

On the partial birth abortion issue, I would very much -- I wanted to sign that legislation when I first heard about it; I thought I would sign it, since I am generally opposed to third-trimester abortions anyway, and signed legislation to restrict them in Arkansas.

The problem is, I will say again, there are a few hundred women every year who have personally agonizing situations, where their children are born or are about to be born with terrible deformities which will cause them to die either just before, during, or just after childbirth. And these women, among other things, cannot preserve the ability to have further children unless the enormous size of the baby's head is reduced before being extracted from their bodies. This is a very painful thing to discuss. I have met six of these women. I will say again, three of them were pro-life Catholics. One of them was a pro-life evangelical Christian. This is not a pro-life, pro-choice issue. To me this is a practical problem. I believe that people put in that situation ought not to have Congress tell them that they're never going to be able to have children again.

Now, I know there are just a few hundred of them, and I know that all the votes were on the other side. And I am well aware that there were several places in this country where major political headway was made against the Vice President and me and against some of our candidates for Congress and against others running for other things because of this issue, because it sounds so awful when you describe it -- that the politics is all on the other side. But one of the things the President is supposed to do is to look out for the few hundred against the many millions when the facts are not consistent with the rhetoric.

And I'm just telling you -- Hillary and I, we only had one child. And I just cannot look at a woman who's in a situation where the baby she is bearing against all her wishes and prayers is going to die anyway, and tell her that I am signing a law which will prevent her from ever having another child. I'm not going to do it.

Now, I pleaded and I pleaded and I pleaded last time with the Congress to adopt highly restrictive language on this procedure which would make it clear that there had to be a very serious health problem for the woman involved before it could be adopted, in addition to having her own life at stake -- a very serious health problem, like having the ability to have a child again. And they would not do it. And they would not do it, I believe, because it was great politics. But it's bad policy.

So if we will -- if we can have the right sort of language here -- I don't like this procedure, I don't think anybody ought to just, you know, show up eight months and two weeks

pregnant and say I just think I'd like to have an abortion and this is what I want to use. I think the states should have taken care of that. Eighty percent of the states have, but 20 percent haven't. But if they will help me with language here and do it in good faith, I will happily sign this bill.

But there are a few hundred people every year that are adversely affected by this, and I am the only person that's elected by all the people that feels, therefore, less pressure on this. I have to do what I think is right. I cannot take away from these women the right to bear further children. It would be wrong and I will not do it.

THE WHITE HOUSE

Office of the Press Secretary
(Milwaukee, Wisconsin)

For Immediate Release

May 23, 1996

PRESS CONFERENCE BY PRESIDENT CLINTON
AND GERMAN CHANCELLOR KOHL

City Hall
Milwaukee, Wisconsin

11:45 A.M. CDT

Q Mr. President, thank you. I want to give you an opportunity to respond to Senator Dole. The Senator in a speech today accused your administration of being "without direction or moral vision," citing specifically your veto of the partial birth abortion ban which he said, "pushed the limits of decency too far." Would you respond to that, sir? Thank you.

PRESIDENT CLINTON: What would Senator Dole say to those five women who stood up there with me -- they're five women of several hundred women every year who are told by their doctors that their baby, severely hydrocephalic, often without functioning brains, sometimes without even a brain in their skull, are going to die right before they're born or during birth or right afterward, and that the only way those women can avoid serious physical damage, including losing the ability to ever bear further children is to reduce the size of the skull, the head of the baby before it's too late?

What would he say to the fact that at least two of those five women who were with me made it clear that they were pro-life, Catholic Republicans? That one of those women said she got down on her knees and prayed to God to take her life and let her child live? I am always a little skeptical when politicians piously proclaim their morality. He has to answer to those women.

All I asked the Republicans in Congress to do was to pass an exception for women who would face severe physical damage. And their answer was, oh, you want to give them an exception so they can fit in their prom dress. That was the answer. Ads were run saying, this is what the President wants; they'll be able to drive a truck through this exception.

Well, I know that those 500 or 1,000 women, or however many there are a year -- they're not many of them -- they don't have an organized voice and they don't have much influence

at the election. And I know what appeal this partial birth abortion bill had because it appeals to me; I wanted to sign it. But the President is the only place in this system of ours where there is one person who can stand up for people with no voice, no power, who are going to be eviscerated.

And two of those five women had already had other children. One of those women had adopted another child and was physically able to take care of it. So before he or anybody else stands up and condemns the rest of us for our alleged lack of moral compass, he ought to say -- he's looking at those women and he said there was too much political support behind this, I did not want to be bothered by the facts, it's okay with me whatever -- if they rip your body to shreds and you could never have another baby even though the baby you were carrying couldn't live. Now, I fail to see why his moral position is superior to the one I took.

And, again, I'm telling you, why did this come up now in this way? Why wouldn't they accept that minor amendment? Why? Because they would rather have an issue than solve a problem. Some people live and breathe to divide the American people and keep them in a turmoil all the time. I work to calm the American people down, to lift their vision, to unite them and to move them into the future. And I think when it's all said and done, that's what the American people will want to do. (Applause.)

THE WHITE HOUSE

Office of the Press Secretary
(New York, New York)

For Immediate Release

September 21, 1998

PRESS BRIEFING BY
NATIONAL SECURITY ADVISOR SANDY BERGER

Marriott Eastside
New York, New York

3:09 P.M. EDT

Q Do you have any assurances the Republicans won't try to marry it with tax cuts so the President would agree to that amount of money? And on a separate money question, did the President bring up with Kofi Annan anything about the arrears, U.N. arrears?

MR. BERGER: Well, I would hope on the first question that they would not. We have a lot of embassies in the world, to take example, that are not as secure as one would like them to be. And what this supplemental does in part is to focus on those embassies and say, we need to do some things right away to protect our people who are working abroad. It identifies certain law enforcement and intelligence and other areas where we know if we have some more resources we can get some more results.

So I believe this is overwhelmingly in the national interest. I believe that the leadership of the Congress -- I've spoken to them myself on this; the President has spoken to the Majority Leader, the Speaker, as well as the Minority Leader of the House and Senator Daschle, some of the appropriators -- I believe there's a common view that we ought to act on this on the basis of the clear and compelling national interest.

On the arrears issue, it not surprisingly did come up. The President raised it with the Secretary General. The President said, as he has unfortunately in the past few years, that this remains a logjam on this issue; that we will continue to try our best to get this done. I sincerely hope that -- as you all know, this is entangled with an issue of an abortion issue. These are two extremely important issues on which there are strong feelings on both sides. And both are entitled to be debated and voted upon on their individual merits, and we are prepared to have a vote on Mexico City and we're prepared to have a vote on U.N. arrears and IMF money. But to make one hostage to the other is to do a great disservice, in my judgment, to an institution that is doing a great deal of good and which the American people overwhelmingly support -- that is, the United Nations.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 24, 1998

STATEMENT BY THE PRESIDENT

I am outraged by the murder of Dr. Barnett Slepian in his home last night in Amherst, NY. The Department of Justice is working with state and local authorities to find the person or persons responsible and bring them to justice. While we do not have all the facts of this case one thing is clear, this nation can not tolerate violence directed at those providing a constitutionally protected medical service.

No matter where we stand on the issue of abortion, all Americans must stand together in condemning this tragic and brutal act. We must protect the safety and freedom of all our citizens.

Hillary and I extend our thoughts and prayers to the family of Dr. Slepian.

30-30-30

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 21, 1998

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1757, the "Foreign Affairs Reform and Restructuring Act of 1998".

I take this action for several reasons, most importantly, because the Congress has included in this legislation unacceptable restrictions on international family planning programs and threatened our leadership in the world community by tying our payment of dues to the United Nations and other international organizations to these unrelated family planning issues.

Current law, with which Administration policy is fully consistent, already prohibits the use of Federal funds to pay for abortion abroad and for lobbying on abortion issues. This bill would go beyond those limits. One provision would deny U.S. Government funding for family planning programs carried out by foreign nongovernmental organizations (NGOs) that use their own funds to perform abortions even though the overall result of these NGO family planning programs is to reduce the incidence of abortion. Although the bill allows the President to waive this restriction, use of the waiver would also cripple many programs by limiting annual spending for international family planning to \$356 million, \$44 million below the amount available for Fiscal Year 1998.

A second provision would attempt to restrict the free speech of foreign NGOs by prohibiting funding for those that use their own funds to engage in any activity intended to alter the laws of a foreign country either to promote or to deter abortion. The bill would even ban drafting and distributing material or public statements on abortion. The bill does not contain a waiver for this restriction.

These restrictions and the funding limit would severely jeopardize the ability of the United States to meet the growing demand for family planning and other critical health services in developing countries. By denying funding to organizations that offer a wide range of safe and effective family planning services, the bill would increase unwanted pregnancies and lead to more abortions than would otherwise be the case.

I am also deeply concerned that the Congress has effectively tied these unacceptable restrictions on international family planning to payment of legitimate U.S. arrears to the United Nations and other international organizations. A strong United Nations, with the United States playing a leadership role, is in our national interest. Payment of our dues to the United Nations is essential to our ability to lead. There are strongly held beliefs on both sides of the debate over international population policy. These issues ought to be considered separately on their own merits; they should not be permitted to hinder U.S. obligations to the world community.

The package authorizing arrears payments linked to UN reforms was the result of good-faith negotiations between my Administration and the Congress more than a year and a half ago. Unfortunately, due to the passage of time, some of these conditions are now outdated and are no longer achievable. In particular, the fact that the UN has concluded negotiations on assessment rates for the next 3 years has significantly decreased our ability to negotiate a limitation on the U.S. assessed

share of the UN regular budget below 22 percent. Furthermore, the increase in contested arrears during this period requires that the United States have additional flexibility in obtaining a contested arrears account. While many of the UN reform benchmarks in the package remain acceptable, significant revisions are required, and I look forward to working with the Congress next year to secure the payment of our arrears and an achievable package of UN reforms.

The Bill contains important and carefully negotiated authority to reorganize the foreign affairs agencies and other basic authorities for these agencies. Many of these provisions were supported by my Administration, and I am pleased that they have been included in the Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY 1999.

For the foregoing reasons, I am compelled to return H.R. 1757 without my approval.

WILLIAM J. CLINTON

THE WHITE HOUSE,
October 21, 1998.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 11, 1998

TEXT OF A LETTER TO SENATORS LOTT,
DASCHLE, HELMS, AND BIDEN

March 11, 1998

Dear :

I write to seek your support in obtaining Senate consent to the ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). CEDAW is the most comprehensive and detailed international treaty developed to date relating to the rights of women. The United States actively participated in the drafting of CEDAW and signed the treaty in 1980. Although the Senate Foreign Relations Committee voted in favor of ratification in 1994, the Senate has not formally considered the treaty since that time.

The rights of women are an issue of global importance -- and one that is integral to our foreign policy. The success of any government depends ultimately on ensuring that all its citizens can participate fully in the decisions that affect their lives. Too many societies continue to shunt women to the sidelines, limiting their access to education, health care, and economic opportunity. Moreover, violence against women remains a widespread problem. I think you would agree that, as we enter the next century, we must address these issues. CEDAW provides us with an effective tool for doing so.

I believe that the ratification of CEDAW is critical to our efforts to advance the status of women throughout the world. To date, 161 countries have ratified CEDAW, including all our European allies and most of our important trading partners. The United States is one of the few countries that has not. This impedes our efforts to ensure that women everywhere are treated fairly and have the opportunity to achieve their full potential.

As you know, U.S. state and federal law already provides strong protections for women and is largely consistent with the provisions of CEDAW. In 1994, the Administration submitted a detailed analysis of the consequences of CEDAW ratification for U.S. law. All concerns at that time were addressed by the small number of reservations, understandings, and declarations upon which the Senate Foreign Relations Committee and the State Department agreed. These included an explicit understanding that the treaty does not create a right to an abortion.

Today, in celebration of International Women's Day, I am announcing that obtaining Senate advice and consent to the ratification of CEDAW is a top Administration priority during this session of Congress. I am also announcing my goal of having the full Senate act on CEDAW this year, which marks the 150th anniversary of the first women's rights convention at Seneca Falls, New York.

I would very much like to have your support in ratifying CEDAW and look forward to working with you on this very important issue.

Sincerely,

WILLIAM J. CLINTON

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 22, 1998

VIDEOTAPED REMARKS BY THE PRESIDENT
IN MESSAGE ON THE 25TH ANNIVERSARY OF ROE V. WADE

THE PRESIDENT: On January 22, we marked the 25th anniversary of Roe v. Wade, the landmark Supreme Court decision that affirmed very woman's right to choose whether and when to have a child, and in doing so, affirmed two of our nation's most deeply-held values, personal privacy and family responsibility.

Over the past 25 years, Roe v. Wade has had a major positive impact on the health and well-being of American women and their families. Safe, legal abortion has all but eliminated the dangerous, clandestine conditions that claim too many women's lives when the procedure was illegal.

I'm committed to keeping abortions safe, legal, and accessible -- and to making it more rare. Over the last five years we've led the way on policies to prevent unintended pregnancy by making comprehensive family planning and sex education programs more widely available. We've increased support for Title X family planning services every year in our budget. And I'll do so again this year.

I fought to continue funding for international family planning, bringing much needed health care to women all around the world. Here, at home, by working together with health care professionals, community groups, schools and family planning agencies, we've made real progress in reducing teen pregnancy. And I was proud to sign legislation to protect the rights Roe established by protecting women's clinics from violence. We have enforced that law to its full extent.

I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family. Ultimately, that idea is the anniversary of Roe v. Wade celebrates.

Hillary and I join with all of you in commemorating his milestone and pledge ourselves anew to protecting the right to choose.

Thank you and God bless you.

-30-30-30-

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 28, 1997

STATEMENT BY THE PRESIDENT

Today I am pleased to sign into law H.J. Res. 36, which approves a Presidential finding related to international population programs. Approval of this joint resolution permits the release on March 1 of funds previously appropriated for international population assistance programs administered by the U.S. Agency for International Development (USAID). In making these funds available without further delay we are assuring that these programs will continue to serve the many millions of women and men whose health and well-being -- and ability to plan their own futures -- depend on family planning services supported by USAID. Moreover, we are underscoring the indisputable fact that family planning reduces abortion -- as best evidenced by significant declines in abortion rates as family planning services are becoming available in Russia and Central and Eastern Europe.

The passage of this joint resolution at the opening of the 105th Congress is particularly gratifying as it signifies what we can accomplish by working together -- Democrats and Republicans. By agreeing to secure the timely release of these funds, we are assuring that the United States will continue to lead the world in providing voluntary family planning assistance. More importantly, we are helping the women of the world to prevent millions of unintended pregnancies, permit the healthy spacing of births, prevent the spread of sexually transmitted diseases, including HIV/AIDS, reduce recourse to abortion, and avert deaths from childbirth that often leave infants and their siblings motherless.

It is clear to me -- and I am delighted that a strong bipartisan group of legislators in the House and Senate has joined in affirming the view -- that family planning is a key element of our comprehensive strategy to improve women's health and station in life, and to increase child survival rates. By their votes, Members of Congress have shown their concern for the well-being of the poorest families around the globe.

WILLIAM J. CLINTON

THE WHITE HOUSE,
February 28, 1997.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 31, 1997

Statement by the President on
USAID Funds for International Family Planning

In the next few weeks, Congress will face an important vote about the United States' support for voluntary family planning in developing countries.

The funds to continue our support have already been approved, as part of our Fiscal Year '97 budget. At issue is whether the money will be released on March 1, or whether it will be further delayed by four months, until July.

It is my determination that a delay will cause serious, irreversible and avoidable harm. In the balance are the lives and well-being of many thousands of women and children and American credibility as the leader in family planning programs around the world.

Opponents of this funding have tried to mischaracterize this upcoming vote and the work of United States Agency for International Development in family planning. So, let me be clear: The United States provides family planning support where it is wanted and needed. We are prohibited by law from ever funding abortion -- and we abide faithfully by that law. Indeed, the work we have funded in developing countries has been supportive of families, helping them to flourish. It has improved women's health and women's station in life. It has allowed generations of children to grow and be educated in safer and healthier environments. It has been instrumental in helping to prevent the spread of disease, including AIDS. And, make no mistake: It has prevented untold numbers of abortions and maternal deaths. This much is clear: In preventing abortions, maternal and child deaths, family planning has been proven effective.

If we delay support for family planning by even four months, denying safe and effective contraception to couples who depend on these programs, we will see a rise in unintended pregnancies and maternal deaths and a tragic recourse to unsafe and unsanitary methods to terminate those pregnancies.

I want to emphasize this vote should have nothing to do with partisan politics. In fact, right now, a bipartisan group of legislators in the House and the Senate are hard at work to pass this bill for the timely release of funds. And for a generation, through Administrations led by both parties, the United States has led the world in family planning programs. Studies show that our efforts, as part of an international strategy, have prevented more than 500 million unintended pregnancies.

Rapid population growth undermines economic and social development in poor countries. With our support for family planning, the scarce resources in developing countries -- from infrastructure and environment to nutrition and education -- can be better used to allow progress for their people.

Maintaining and building on this progress depends on our

being consistent in our actions and adhering to our values.

Cooperative international efforts to address rapid population growth serve American foreign policy interests in protecting the earth's environment, promoting human rights and improving basic standards of health. It enhances the social, economic and political status of women. It ensures global economic progress and strong markets for United States exports. It encourages international stability and it reduces pressures that lead to refugee flows and migration.

I appeal to the Members of Congress to examine the consequences of a delay, to weigh those against the benefits of fulfilling an urgent and continuing American commitment, and to vote for the March 1, 1997, unconditional release of these voluntary international family planning funds.

If Congress fails to take this simple action, we risk a cost to humanity that we will bear well into the next century.

Surely, we agree that we must do all we can to prevent unintended pregnancies and abortions. With passage of this bill, we can do that. The decision is now in the hands of the Congress.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 16, 1997

STATEMENT BY THE PRESIDENT

Our thoughts and prayers are with the law enforcement officers and other citizens injured this morning, and with their families.

The double bombing at a women's health clinic in Atlanta this morning was a vile and malevolent crime. Make no mistake: anyone who brings violence against a woman trying to exercise her constitutional rights is committing an act of terror. It is always wrong. And it should be punished severely.

Nobody has a right to use violence in America to advance their own convictions over the rights of others. It is precisely because we take the constitutional rights and individual liberties of all our people so seriously that I fought for and signed new legislation in 1994 to make it a federal crime to interfere with a woman exercising her constitutional right to visit a women's health center.

Federal investigators from the FBI, ATF, the Marshals, and the U.S. Attorney are on the ground in Atlanta, and working closely with local law enforcement. We will pursue this investigation aggressively and methodically. We will get to the bottom of this, and we will punish those responsible to the fullest extent the law provides.

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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 out more from the doctors, our whole family prayed together. My husband and I were very scared, but we are strong people and believe that God would not give us a problem if we couldn't handle it. This was our baby. Everything would be fine. We never thought about abortion.

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

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

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

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

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

Thank you, Mr. President.

THE PRESIDENT: Thank you.

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

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

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

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

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

outlawed -- is being attempted to be outlawed.

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

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

Thank you.

THE PRESIDENT: Thank you.

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

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

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

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

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

Thank you.

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

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

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

MRS. STELLA: My name is Vikki Stella, and I'm from Chicago, Illinois. My story is basically the same thing. We're like a family now. And at 32 weeks I found out that my son wasn't growing properly, and when everything was all done and said and the

ultrasounds were in and I had the answer, I found out my son had nine major anomalies, one including no brain. It did not show up on the amnio because it was a closed neural tube defect, so those things don't show up. That's for genetic research.

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

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

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

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

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

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

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

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

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

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

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

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

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

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

Thank you.

THE PRESIDENT: Thank you very much.

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

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

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

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

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

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

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

As I said, and as they said, they never had a choice. This affects staunchly pro-life families as well as people that are pro-choice. They never had a choice. And I cannot in good

conscience see their lives damaged and their potential to build good, strong families damaged.

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

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

Thank you. Thank you all very much.

END

5:40 P.M. EDT