

**NLWJC - Kagan**

**DPC - Box 068 - Folder-004**

**Women's Issues-General**

**Congressional Caucus for Women's Issues**

**Legislative Team Reports**

**105<sup>th</sup> Congress, Second Session**

**March 4, 1998**

# **Congressional Caucus for Women's Issues**

## **Legislative Teams**

### **Expanding the Violence Against Women Act**

Team Leaders: Barbara Cubin and Lucille Roybal-Allard

Team Members: Diana DeGette, Sheila Jackson-Lee, Nita Lowey, Connie Morella, Carrie Meek, Linda Smith, Nydia Velazquez

The Caucus wants to build on the success of the Violence Against Women Act by updating issues that were not addressed in the original bill, such as legislation addressing campus sexual assault; amending the federal criminal civil rights statute to include hate crimes based on gender, sexual orientation and disability; prohibiting all forms of insurance discrimination of abused women; ensuring unemployment compensation and leave for victims of abuse; and funding a national resource center on sexual assault.

### **Preventive Health Services For Women**

Team Leaders: Connie Morella and Donna Christian-Green

Team Members: Julia Carson, Diana DeGette, Rosa DeLauro, Darlene Hooley, Sheila Jackson-Lee, Nita Lowey, Sue Kelly

The Caucus will focus on expanding Medicare coverage to include annual screenings for mammograms and pap smears for women 49 - 65 years old. In addition, the Caucus will focus on ways to insure funding for Title X clinics for better detection and treatment of sexually transmitted diseases, post-reproductive care and improved access to contraception.

### **Educational Child Care and School Readiness**

Team Leaders: Deborah Pryce and Ellen Tauscher

Team Members: Carolyn McCarthy, Rosa DeLauro, Darlene Hooley, Sheila Jackson-Lee, Sue Kelly

This year educational child care has become a major bipartisan concern in Congress and a major concern for Americans. Many families do not have ready access to child care and many relatives and individual service providers do not focus sufficiently on developmental and educational challenges. There is very strong national interest in the years 0-3 because so much of brain function is determined by the stimuli children receive during these years. Because of intense developing interest in the importance of the early years, small amounts of pilot program seed money could encourage localities to set up their own 3- and 4-year old kindergartens, as many are doing, and to provide most of the funding through local school funding. Child care provider support systems are important for the Caucus to consider.

## **Job Training and Vocational Education**

Team Leader: Patsy Mink  
Team Members: Corrine Brown, Carolyn McCarthy

The Caucus has a long history of involvement with both job training and vocational education, specifically trying to ensure that women have access to apprenticeships and training in non-traditional fields that offer better hope of eventual economic self-sufficiency. Some of the Caucus' past accomplishments, like ensuring job training for displaced homemakers or gender equity coordinators in state vocational education programs, are in jeopardy.

## **Title IX Anniversary Activities**

Team Leader: Carolyn Cheeks Kilpatrick  
Team Members: Nita Lowey, Carolyn Maloney, Debbie Stabenow

Coinciding with the 25th Anniversary of Title IX, the Caucus will examine current issues involving its implementation, monitoring and enforcement and be proactive in fighting challenges to the implementation of Title IX. The Caucus may also consider offering a joint resolution or holding a press conference with women athletes who have benefited from Title IX to bring attention to the significance of Title IX in enforcing equal opportunities for women in education.

## **Health Care Insurance Reform**

Team Leaders: Linda Smith and Louise Slaughter  
Team Members: Diana DeGette, Rosa DeLauro, Elizabeth Furse, Darlene Hooley, Sue Kelly, Karen McCarthy, Nydia Velazquez

The Caucus will look for ways to improve private health insurance coverage for women's primary and preventive health services (including implementing guidelines for coverage of annual mammograms and pap smears for women 49 - 65 years old) and eliminating discrimination based on genetic information. Additionally, the Caucus will consider the problem of private health insurance companies denying coverage of reconstructive surgery after mastectomies due to breast cancer.

## **Juvenile Justice**

Team Leaders: Sue Myrick and Zoe Lofgren  
Team Members: Corrine Brown, Julia Carson, Darlene Hooley

The 105th Congress is considering legislation to amend and reauthorize the Juvenile Justice and Delinquency Prevention Act. The debates will turn on whether the Congress seeks a "get tough" policy or rehabilitation policy when approaching juvenile justice issues. Also, debate over whether to continue funding for the removal of juveniles from adult lock-up and recent findings concerning the detention of proportionally more minority

juveniles are expected to emerge.

## **Women in the Military**

Team Leaders: Tillie Fowler and Jane Harman  
Team Members: Corrine Brown, Eva Clayton, Carolyn Maloney

Caucus support for equality for women in the military, including eliminating sexual harassment and misconduct, has continued in this Congress. In the past, we have been actively involved in health care facilities, Department of Defense funding for breast and cervical cancer and other issues. Among the challenges we face are confronting sexual misconduct and military justice procedures that may inhibit women military members from seeking and getting justice.

## **Pensions and Retirement Benefits**

Team Leaders: Jennifer Dunn and Barbara Kennelly  
Team Members: Rosa DeLauro, Marcy Kaptur, Debbie Stabenow

The Caucus will continue to focus on the concerns of older women who rely on their pension and retirement benefits. We will look to tax laws and pension issues that threaten their economic security.

## **Teen Pregnancy**

Team Leaders: Kay Granger and Eva Clayton  
Team Members: Julia Carson, Elizabeth Furse, Sheila Jackson-Lee, Marcy Kaptur, Nita Lowey, Connie Morella

Teen pregnancy has long been a priority issue for our Caucus. Last year, Congress appropriated \$50 million for “abstinence only” teen pregnancy prevention programs. These programs make a significant contribution and some, like Best Friends, have been successful because of the very substantial time and research that have been involved. The Caucus also has a long history of support for comprehensive Title X programs that have a proven track record. Many have raised concerns about teens who are already sexually active. The Caucus continues to support funding for a variety of approaches to teen pregnancy prevention.

## **Higher Education Act**

Team Leaders: Marge Roukema and Loretta Sanchez  
Team Members: Darlene Hooley, Lynn Woolsey

The Caucus has historically played a leading role in making more financial aid available to nontraditional students, the majority of whom are women with children. This program is up for reauthorization this year and the Caucus will make sure that the needs of nontraditional students are considered in the reauthorization

process.

## **Women-Owned Businesses**

Team Leaders: Sue Kelly and Juanita Millender-McDonald  
Team Members: Pat Danner, Diana DeGette, Darlene Hooley, Marcy Kaptur, Linda Smith

A bipartisan group of women in the House and Senate was involved in establishing goals for contracting with women-owned businesses in the past. The Caucus will look at ISTEA and other federal contract issues to see if any consensus can be developed in support of women-owned businesses.

## **HIV/AIDS**

Team Leaders: Connie Morella and Eddie Bernice Johnson  
Team Members: Donna Christian Green, Sheila Jackson-Lee, Connie Morella, Juanita Millender-McDonald, Carrie Meek, Nydia Velazquez

The Caucus has been involved in legislation early on that recognized that women are now the fastest growing population group with HIV/AIDS. Funding and research need to reflect this new legislative reality.

## **International Women's Rights**

Team Leaders: Ileana Ros-Lehtinen and Cynthia McKinney  
Team Members: Corrine Brown, Julia Carson, Pat Danner, Marcy Kaptur, Juanita Millender-McDonald, Nancy Pelosi, Linda Smith

Recognizing Secretary Albright's call to advance the status of women globally, the Caucus will work to improve the lives of women and girls throughout the world.

# **Congressional Caucus for Women's Issues Preventive Health Services for Women Legislative Team Report**

105<sup>th</sup> Congress, Second Session

**Congresswomen Connie Morella and Donna Christian-Green, Team Leaders**

1. **Adequate funding for research and prevention priorities**, including (but not limited to) breast, ovarian, cervical cancer, STDs, including HIV/AIDS, substance abuse, fetal alcohol syndrome, domestic violence, infertility, cardiovascular diseases, smoking, osteoporosis, lupus, and other diseases or conditions primarily affecting women. Will draft relevant sections for Caucus Appropriations letters, and will send other letters as needed during budget/appropriations process.
2. **Briefings/Hearings --**
  - \*\* **Briefing on the five leading causes of death for women, with one expert on each to speak**
  - \*\* **Presentation on breast self examination -- Donna Christian Green**  
As a medical doctor for over twenty years, she will discuss proper breast self examination techniques (through films) to women Members and staff at an upcoming meeting.
  - \*\* **STD (including HIV/AIDS) prevention --** recent IOM report on STD's, CDC STD prevention campaign being launched this year. Trying to schedule both Dr. Satcher, Surgeon General, and Dr. Judy Wasserheit, head of the CDC STD Branch, for a Member's meeting in the spring, in conjunction with the HIV/AIDS Team.
  - \*\* **Weight loss --** how can women lose weight safely? What is the status of/effects of current diet drugs and what safeguards are in place?
  - \*\* **Women's health and the environment --** examine impact of environmental factors, such as environmental estrogens, on women's health. Update on status of current studies at NIH, what other studies are needed?
  - \*\* **Smoking --** issue of teen smoking -- the fact that young women are becoming new smokers at much higher rates than young men -- cardiovascular disease is the number one killer of women, with smoking as a primary factor
  - \*\* **Osteoporosis --** expand success last year in ensuring coverage for bone density testing under Medicare by working for passage of osteoporosis package introduced last fall by Reps. Morella, Maloney, Woolsey, and Eddie Bernice Johnson.

## **Legislative Team on Women in the Military**

The team is co-chaired by Reps. Tillie Fowler (R-FL) and Jane Harman (D-CA), the ranking Republican woman and ranking Democratic woman respectively on the House National Security Committee.

### **First Session Activity:**

During the first session of the 105th Congress, the issue of sexual harassment of women and job discrimination in the military ranks was the focus of several panels convened by Congress and the Administration to evaluate the problem and offer solutions. To keep members of the Women's Caucus informed, the team hosted a briefing by Army Secretary Togo West on March 19, 1997 about the misconduct issues the Senior Review Panel, which West convened, would investigate. The team then hosted a meeting on April 24 with Stephen Buyer, Chairman of the National Security Subcommittee on Military Personnel, and co-chair, with Reps. Fowler and Harman, of the National Security Committee's task force on sexual misconduct. Buyer, Fowler, and Harman briefed members about the oversight panel's investigation of sexual misconduct in the military. Finally, in November, the team hosted a discussion with RAND researcher Margaret Harrell on the findings of the RAND study on "The Status of Opportunities for Women in the Armed Forces."

### **Second Session Follow-up:**

The Team will continue to follow the evolving debate on gender integration in the military by :

- Convening a discussion on the preliminary findings of the Congressional commission on gender integrated issues mandated by the FY 99 defense authorization legislation.
- Seeking a briefing from the Secretary of Defense about the implications of the recommendations of Kassebaum-Baker panel for the training practices of each military service.

The team will also follow floor action on:

- Possible amendments on gender segregation in military training in the context of the defense authorization process.
- Legislation permitting military women and dependents to obtain privately-funded abortion at military medical facilities overseas.



**Congressional Caucus for Women's Issues**  
**Women-Owned Businesses Legislative Team**

**Co-Chairs: Congresswomen Juanita Millender-McDonald and Sue Kelly**

**105th Congress**

**First Session Activity**

Congresswomen Millender-McDonald and Kelly organized the first-ever Women's Caucus hearing on Women-Owned Businesses in September 1997, which included panelists who were women business owners and representatives from the General Services Administration, the Air Force and the National Women's Business Council. Some of the most critical issues addressed at this hearing included the lack of access to the federal contracting process, the bundling of contracts, the need for more outreach to women business owners and the poor, often incomplete feedback which is provided to businesses when their bid is not accepted, and the lack of one standard certification. As a result of this hearing, the Congresswomen introduced House Resolution 313, which makes recommendations on ways women can gain access to more procurement opportunities with the federal government. The ultimate goal of this resolution is to address the concerns raised at the hearing and assist the government in meeting the five percent annual procurement goal to women-owned businesses. In addition, the Congresswomen collected data on the current status of women-owned businesses and submitted statements outlining this information in the Congressional Record through Special Orders and Extension of Remarks.

**Second Session Follow-up**

1. Legislation

- Consider legislation which responds to and addresses the issues raised at the Women-Owned Businesses hearing.
- Send letters with copies of House Resolution 313 to all federal agencies, encouraging them to implement these recommendations. Send Dear Colleagues soliciting members of the Women's Caucus to be co-sponsors.

2. Hearings and Forums

- To follow up on the hearing, the Congresswomen will organize a certification roundtable/informal meeting with women business owners and organizations representing the interests of women business owners to gain a better understanding of their views on one standard certification.
- Hold a staff briefing on issues concerning women-owned businesses.

**Congressional Caucus for Women's Issues**  
**HIV/AIDS Legislative Team Report**  
**Congresswomen Connie Morella and Eddie Bernice Johnson**  
**105<sup>th</sup> Congress, Second Session**

**Second Session Activities**

- Follow-up to October 1997 letter to Secretary Shalala regarding microbicide research and funding.
- Monitor Rep. Coburn's HIV legislation. Brief members and staff on this legislation, particularly the portion that deals with rape victims.
- Sponsor a briefing with HHS and advocacy groups to discuss access to treatment for low-income HIV-infected women and their families medicaid coverage for HIV/AIDS patients.
- Invite Sandy Thurman, Director of the White House Office on AIDS Policy, to talk about the Administration's HIV/AIDS agenda.
- Sponsor a briefing with Dr. Judy Wasserheit to discuss the CDC's STD prevention campaign.
- Draft parts of Caucus appropriations letter relating to HIV, STD's and contraceptive research (in conjunction with the Preventive Health Services team).
- Possible follow-up on issue of HIV transmission through breast milk and WIC program counseling on the issue, per Rep. Millender-McDonald's letter to Ag. Secretary Glickman.

**Congressional Caucus for Women's Issues**  
**Contraceptive Research Team Report**  
**Congresswoman Nancy Johnson**  
**105<sup>th</sup> Congress, Second Session**

**First Session Activity**

The Women's Caucus held a hearing on contraceptive research on October 30. The hearing was designed to examine the limitations and related consequences of contraceptive options available in the US, identify and assess the factors contributing to limited research on contraceptive technology, and explore recommendations to address barriers to new contraceptive technologies.

Members heard testimony at the hearing highlighting the lack of research into new contraceptive technologies and the problem of women not receiving adequate education on contraceptives from their physician.

**Second Session Follow-Up**

1. Congresswoman Johnson has drafted a letter to send to insurance companies encouraging health plans to provide adequate coverage.
2. Congresswoman Johnson will draft language regarding contraceptive research funding for the letter that the Caucus will send to the Appropriations Committee.
3. Congresswoman Johnson is organizing a meeting to discuss the issue of women's health curriculum in medical schools. The Public Health Service's Office on Women's Health has developed a model women's health curriculum and will participate in the meeting. Also invited will be the physician from Yale who drafted the curriculum, the American Association of Medical Schools, the American Medical Association, and the American College of Obstetricians and Gynecologists.

March 24, 1997

cc: Bruce R

File - women's issues generally

MEMORANDUM TO ERSKINE BOWLES  
MARIA ECHAVESTE

FROM: BETSY MYERS  
LISA OSBORNE ROSS

RE: WOMEN'S MEETING FOLLOW-UP

cc: VICKI RADD  
SYLVIA MATHEWS  
ELENA KAGAN

---

Below is a summary of issues and proposed action items raised at your March 19 meeting with women leaders.

**Pay Equity** -- Susan Bianchi Sands proposed a round table discussion with working women and corporate leaders with one of the four principals to discuss ways to address pay inequity among men and women, particularly women of color. (The Women's Office is working with the Department of Labor to draft a scheduling request for the Vice President.)

**Take Your Daughters to Work Day** -- Marie Wilson would like the White House to formally acknowledge the MS. Foundation's flagship effort to increase girls' self esteem. Wilson and others noted that a special effort must be made to develop girls in science and math. (Wilson would like the President to officially proclaim April 24th "Take Your Daughters to Work Day" or to send a Presidential message and to host a White House event.)

**Child care/Welfare** -- Wilson and others suggested creating opportunities to put women to work in the child care industry. Wilson said she would submit a proposal to Erskine outlining her ideas and Maria suggested creating a small working group to explore the concept with Elena Kagan. The group also talked about the development of national standards for child care providers, the role of the federal government and small business, and the desire to expand the "care" discussion to include elder care including the possibility of a dependent care tax credit. (We will coordinate with Maria to develop the working group.)

**Welfare** -- In addition to child care, meeting participants identified education as a means of facilitating a woman's transition from welfare to work. Many supported Judy Lichtman's concern that these new workers are afforded the same worker protections such as FMLA, OSHA, overtime/comp pay and fair labor standards as

others who have been in the workforce longer and those who are not transitioning from welfare to work.

**Telecommunications** -- Terri Dickerson highlighted the correlation between ownership of media outlets and biased media coverage. Noting that the FCC currently does not collect data on the gender and race of broadcasts and television licensees, she asked that the White House support a study to determine the level of female ownership of radio and television stations. Regarding digital television, Dickerson maintains that the FCC must allocate and pack digital television channels to ensure an efficient use of spectrum for digital television and to provide viable opportunities for new competitors in the telecommunications market. (The Women's Office will apprise Larry Irving at NTIA of Dickerson's concerns.)

**Procurement** -- Amy Millman asked for support of the SBA's government-wide effort to increase procurement awards to small business particularly the cabinet-level effort SBA is initiating before the annual goaling season begins. (In a follow-up memo to our office she asked for help in securing 1. the formation of a task force co-sponsored by the SBA and the OFPP that focuses on the achievement of procurement goals. 2. a presidential memorandum or Executive Order indicating the Administration's commitment to meet or exceed all prime and subcontracting goals for small, small disadvantaged and women-owned business. 3. a commitment from Erskine to address the Interagency Committee on Women's Business Enterprise on management responsibility and accountability.)

**Gender Impact** -- Ellie Smeal would like a gender-impact budget statement. Ann Mosle said that the Inter American Development Bank had developed one that could be used as a model. (The Women's Office is obtaining a copy of the study and will forward to Gene Sperling for review and discussion.)

**Education** -- Marcia Greenberger asked that the DOL/DOE *School to Work* initiative be elevated and aggressively used as a tool to increase economic self-sufficiency. She also expressed concern about gender equity in developing educational testing standards. Greenberger and others would like the White House to host an event celebrating the 25th anniversary of Title IX. (The Women's Office will work with Cabinet Affairs to organize a meeting between DOE and DOL.)

**Choice and Family Planning** -- Vicki Saporta asks that the President dually classify abortion clinic violence as a civil rights violation and domestic terrorism. She also said that the President should clarify his reference to health in the context of late-term abortions as physical and mental. Margaret Conway suggests increased resources for domestic family planning. She also urged that the President talk about family planning - not just abstinence - as a means to prevent unwanted pregnancies.

Manuscript

Tues - Klausner's mtg

Mtg rec.

Sub mtgs) (media feeding frenzy)

40-49: ex "more position in terms of how  
then led to believe  
women should commit w/ doc  
but 7 as you age 70 → 49

How do we want to talk about this?

Bill Coon talking to Kathy -  
bring in Anne

AL - wants to talk in terms of

⇒

"regular man" at same pt  
in 40s.

(seems diff from what Coon is saying)

Not going to address our cov.

Or should they? If Rich can say that, it's OK.

What from Pres??

Announcement of HHS  
public campaign.

Call our friends. (Tuesday)

Erskine's issues

- 1. Child care
- procurement
- w/c health
- late-term
- pay equity
- welfare reform
- appointments

1. Pay equity - April 11 - Pay Eq Day April 27 - Take kit to W.  
ED - Get a response for you!

2. Child care -

Expanding DCTC - to make it refundable  
expand to 50%

Childcare expanded to eldercare

Welfare

Min wage issue

Flexible arrangements in welfare

→ Broadcasting - women ownership  
follow-up. Get back a answer

Procurement

Gender Impact Budget Statement  
EB - Get over to Rubin's guys

School-to-work implementation -

deficient tracking of gender-based  
stereotyping boy/ED  
equity issues



Ask for reports

Marital violence -

DOT supposed to ??

classif. as cr vt id ??

+ as domestic terrorism

This will bring more resources  
to bear.

Marital - viability line

Title IX - Back-to-school/ birthday party

25th year

June 23

87% - with impact on women



**Briefing Materials for Chief of Staff**  
***Erskine B. Bowles***

**EVENT:** Meeting with Womens' Groups

**DATE:** 3/19/97

**TIME:** 3:00 - 4:00

**LOCATION:** Roosevelt Room

**STAFF CONTACT:** Betsy Myers

**BACKGROUND:** This is the rescheduled meeting you were supposed to do on Friday, 3/14/97.

**Talking Points for Erskine Bowles  
Women's Leaders Meeting  
March 14, 1997  
3 to 4 p.m., Roosevelt Room**

(Maria Echaveste opens and introduces Erskine Bowles)

- Welcome/thank you for coming
- I asked for this meeting today, and we hope to invite you here on a regular basis.
- The President and his entire staff know that you have been our best allies, and I hope we can continue this partnership. Today, I hope we can continue a regular dialogue with you so you can have a direct line into the White House to discuss with us the concerns and ideas from your organizations.
- Following this meeting, we are hoping to hold a series of meetings with you on economic empowerment and equity; personal and public safety; and health security. The Women's Office will develop and organize these meetings with Maria and Sylvia.
- Today, I hope we talk about a wide array of issues. I know each of you have your own targeted issues from child care, to procurement, to women's health, to late term, to welfare reform, to domestic violence. I want to discuss these topics and any others you want to raise. We mostly want to hear from you so let's open this up for discussion.
- Open for discussion.

MEMORANDUM TO ERSKINE BOWLES

FROM: ANGUS KING  
RE: Women on the Federal Bench  
DATE: 13 March 1997

1997 MAR 13 PM 3:42

For tomorrow's meeting with the women's group, here are two additional facts:

**30% of judicial appointments were women.** In President Clinton's first term, 61 of 204 (29.5%) appointments to the federal bench were women.

In his second term, we haven't had any confirmations, but 9 of 26 nominees are women (35%).

**March is Women's History Month.** President Clinton proclaimed this month as Women's History Month.

THE WHITE HOUSE  
WASHINGTON

March 14, 1997

MEMORANDUM FOR ERSKINE BOWLES

FROM: ELENA KAGAN *EK*  
SUBJECT: PARTIAL-BIRTH ABORTIONS

I am attaching (1) the most complete statement of the President's views on partial-birth abortion and (2) the most recent q&a given to the President on the subject. (The third of the three questions is the one that the women's groups will ask.)

I will get you talking points and a brief background memo on Monday for use at your Wednesday meeting with the women's groups.

**Question:** Ron Fitzsimmons, the executive director of the National Coalition of Abortion Providers, said this week that he lied about partial birth abortions -- that they're performed more frequently than pro-choice groups have acknowledged and that they're often performed on healthy women with healthy fetuses. In light of his statements, are you going to change your position?

**Answer:** No. My position remains what it has always been -- that so-called partial-birth abortions should be banned except when they are necessary to save the life of a woman or prevent serious harm to her health.

Nothing Mr. Fitzsimmons has said conflicts with that position. I've never claimed that partial-birth abortions are used only to prevent death or serious harm. What I've said is that when the procedure is necessary for these reasons -- in those few cases when there are tragic circumstances involving serious harm to the woman -- a doctor must be allowed to perform it. But when the procedure isn't necessary for these reasons, a doctor should not be allowed to perform it.

So I will say again what I've said before: that I will sign a bill banning partial-birth abortions, but only if it has an exception that will protect those women -- even if few in number -- who need this procedure to save their lives or prevent serious harm to their health.

**Question:** Didn't you base your veto of the partial-birth abortion bill on false information -- i.e., that this procedure is performed only on a few hundred women in desperate circumstances?

**Answer:** No. I based my veto on the fact that there are a small group of women in desperate circumstances who need this procedure in order to save their lives or prevent serious injury to their health. I've never said that these are the only circumstances in which the procedure is used. Indeed, I've acknowledged that there are cases where the procedure is not necessary for life or serious health reasons -- and I've made very clear that I would sign legislation banning the procedure in those cases.

**Question:** If Congress were to add a health exception to the partial birth bill you vetoed last year, that bill would prohibit all partial birth abortions -- including pre-viability partial birth abortions -- that aren't done for life or serious health reasons. Are you really saying that you would sign a bill of that kind -- a bill that prohibited a particular procedure (except if done for life or serious health reasons) in the pre-viability period?

**Answer:** I have made very clear my condition for signing the partial birth bill. I told Congress that I would sign the bill if it protected women who needed the procedure to save their lives or avert serious harm to their health. I implored Congress to send me such a bill. I continue to take that position. If Congress adds a provision to the bill that protects women who need the procedure for life or serious health reasons, I will sign that bill.

THE WHITE HOUSE

WASHINGTON

June 7, 1996

Dr. James Henry  
President  
The Southern Baptist Convention  
First Baptist Church  
3701 L.B. McLeod Road.  
Orlando, Florida 32805-6691

Dear Dr. Henry:

I have received the June 5 letter that you and a number of past Presidents of the Southern Baptist Convention sent me concerning H.R. 1833, legislation banning a certain abortion procedure, commonly referred to as partial birth abortion. I understand that you are distressed about my veto of that bill. Indeed, I realize that a great many people of good faith -- and of all faiths -- are sincerely perplexed.

Regrettably, my views on this legislation have been widely misrepresented and misunderstood. Therefore, I want to take this opportunity to set forth my position as clearly and directly as I can.

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

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

In April, I was joined in the White House by five women who desperately wanted to have their babies and were devastated to learn that their babies had fatal conditions and would not live.

These women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to bear children. These women gave moving, powerful testimony. For them, this was not about choice. It was not about choosing against having a child. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage they were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament:

"Our little boy had...hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

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

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

Let me be clear. I do not contend that this procedure, today, is always used in circumstances that meet my standard. The procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them.

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

I also understand that many who support this bill believe that any health exception is, as you suggest, a "loophole...to include any reason the mother so desires," such as youth, emotional stress, financial hardship or inconvenience.

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

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

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

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity.

I continue to hope that a solution can be reached on this painful issue. I hope as well that the deep dialogue between my Administration and people of faith can continue with regard to the broad array of issues on which we have worked and are working together. Thank you again for your letter. I hope that you now have a better understanding of my position.

Sincerely,





March 12, 1997

MEMORANDUM FOR ERSKINE BOWLES

FROM: BETSY MYERS *Betsy*  
CC: MARIA ECHAVESTE  
SYLVIA MATHEWS  
RE: BRIEFING FOR WOMEN LEADERS MEETING/  
FRIDAY, MARCH 14, 1997

---

I. Purpose

You will be meeting on Friday, March 14, at 3 p.m. in the Roosevelt Room with 17 leaders of top women organizations who will discuss the issues most important to their memberships and their expectations for the next four years. This meeting will serve as a formal introduction of you and Maria and will help foster a working relationship with these women leaders who have been our best allies for the President's agenda.

II. Background

The leaders are from some of the top women issues and grassroots organizations in the nation. These women are on the front lines every day advocating for their members on a wide array of issues. The possible issues that will be discussed are: presidential appointments, welfare reform/family violence directive/job training; child care; affirmative action/procurement; pay equity; choice/late term; women's health/breast cancer; comp-time, flex-time; and the Brady Bill extension.

Following this meeting, we are proposing three small round table meetings with Sylvia and Maria to discuss in more detail the three umbrella issues that comprise the women's agenda: economic empowerment and equity; personal and public safety; and health security. These meetings will be the first in a monthly series between the women's community and White House staff to establish consistent dialogue to help solidify partnership on issues of mutual concern.

III. Participants

See attached list.

**IV. Sequence of Events**

**Maria Echaveste welcomes and introduces Erskine Bowles  
Erskine Bowles welcomes and opens meeting up for discussion  
Open discussion  
Erskine Bowles closes**

**V. Issues Backgrounder**

**See attached priority issues as identified by participants**

Meeting with Erskine Bowles, Maria Echaveste, and Women Leaders  
Friday, March 14, 1997, 3:00 - 4:00 p.m.  
The Roosevelt Room  
(3/12/97 - 6PM)

Nancy Duff Campbell, President  
National Women's Law Center

Mary Beth Cahill, Executive Director  
Emily's List

Terri Dickerson, Executive Director  
American Women in Television and Radio

Anita Perez-Ferguson, President  
National Women's Political Caucus

Marie Wilson, President  
Ms. Foundation

Susan Bianchi Sands, Chair  
Council of Presidents

Vicki Sapporta, Executive Director  
National Abortion Federation

Pat Reuss, Senior Policy Analyst  
NOW/LDEF

Margaret Conway, Associate V.P. for Public Policy  
Planned Parenthood Federation of America, Inc.

Karen Nussbaum, Director of Women's Program  
AFL-CIO

Gloria Johnson, President  
Coalition of Labor Union Women

Irene Natividad, Chair  
Women Vote '96

Janice Weinman, Executive Director  
AAUW

Amy Millman, Executive Director  
National Women's Business Council

Ann Mosle  
Center for Policy Alternatives

Sharon Ford Watkins, Field Director  
National Breast Cancer Coalition

Alice I. Cohan, Director of National Programs  
Feminist Majority Foundation

**Priority Issues as Identified by Participants  
in the March 14th Women Leaders Meeting with Erskine Bowles**

28% - PAS  
40% - SES  
60% - SchC

- **Presidential appointments:** The women leaders are concerned that the number of women being appointed to top positions are low. The percentage of women in three categories: 28 percent of PAS; 40 percent of non-career SES; 60 percent of Schedule C. President Clinton has a strong commitment to diverse appointments and promoting women within government. His record of women appointments is historical and higher than any other Administration. He has appointed Susan Clampitt as director of women's appointments in Presidential Personnel. Several of the top positions in this Administration are held by women, including Madeleine Albright, Janet Reno, Donna Shalala, Carol Browner, Aida Alvarez, Janet Yellen, Maria Echaveste, Sylvia Mathews and Vicki Radd. (Anita Perez Ferguson with the National Women's Political Caucus heads the Coalition for Women's Appointments which has been the leading group advocating for women appointments.)
- **Choice/Late Term:** A joint Senate-House Judiciary Committee hearing this week on late term abortions again showed that progress **has not** been made to find common ground on this issue. Republican congressmen did not appear to move toward including a health exception to any legislation. Congressman Barr went as far as to say that the pro-choice advocates on this issue (including Vicki Saporta and Kate Michelman) had developed a moral blind spot. The President's position is that this procedure should be banned except when necessary to save the life of a woman or prevent serious harm to her health. There is nothing in the recent debate that conflicts with that position, which the President took after much thought and moral consideration. The President would sign legislation banning this procedure, but only if it has an exception that will protect those women who need it to save their lives or prevent serious harm to their health. Senator Daschle is currently drafting legislation to outlaw all post viability abortions with exceptions for the life and severe adverse health consequences to the mother.
- **Welfare reform:** The top issues for women in this area are welfare to work, job training and placement, child care, transportation and fair pay and benefits. The welfare reform law provides \$14 billion in child care funding over six years -- an increase of \$3.5 billion -- to help more mothers move into jobs. The law guarantees that women on welfare continue to receive health coverage for their families, including at least one year of transitional Medicaid when they leave welfare for work. In addition to the President's challenge to businesses to hire welfare recipients and his commitment to hire welfare recipients into the federal government, the law allows states to create jobs by taking money now used for welfare checks and using it to create community service jobs or to provide income subsidies or hiring incentives for potential employers. \$1 billion will be available between FYs 1999-2003 for performance bonuses to reward states for moving welfare recipients into jobs. **Another important welfare reform issue is the family violence directive.** While the directive was applauded when it was issued in October, women's groups are concerned that the provisions are not being implemented. There is much work happening on this issue and the Administration stands committed to ensuring implementation.

- Violence Against Women:** Millions of women throughout our nation are plagued by the terror of family violence. Approximately 20 percent of all emergency room visits by women result from domestic violence. The President's FY 1998 budget proposes \$381 million to combat gender-based crime -- an \$123 million increase. This money funds grants to facilitate coordination among law enforcement officials, prosecutors, and victims assistance programs to encourage mandatory arrest policies. Studies have shown that mandatory arrest policies often break the cycle of violence and reduce subsequent incidences of violence. Two other important initiatives: the President created the first ever Violence Against Women Office and opened the first ever national domestic violence hotline, 1-800-799-SAFE (First year: 80,000 calls.) In addition, women's groups are particularly concerned about Wellstone's S.262, which exempts all previously convicted batterers from compliance. Only those found guilty after the law passed would be subject to it. Congressman Barr is the chief sponsor of the companion bill in the House. Women's groups and domestic violence advocates are organizing a letter/phone campaign to urge Senator Wellstone to make no changes to the current law.
- EITC:** EITC was expanded in 1990 and in 1993. The full 1993 expansion was completed in 1996 and the effects will show up in the returns being filed now. About 20 million households received EITC in 1996. The maximum credit for families with two or more kids in 1996 -- \$3,500. EITC has moved 3.7 million families out of poverty.
- Pay Equity:** More than three decades after the passage of the Equal Pay Act and Title VII of the Civil Rights Act, women and people of color still suffer the impact of unfair pay differentials. Last year, American women earned only 71 cents for every dollar a man made, with women of color earning approximately 60 cents on the male dollar. We have been working with Susan Bianchi-Sands, executive director of the National Committee on Pay Equity, on a possible event on April 11, Pay Inequity Day, and a proclamation. We also have been working with state and local governments, law enforcement agencies, private sector employers, educators and labor unions to work together to establish programs aimed at increasing the wages of employees in female dominated jobs and attract and retain America's best workers. Congresswoman Eleanor Holmes-Norton, and Senators Harkin and Daschle have introduced pay equity legislation this year. The Harkin-Norton bill is being supported by women's groups because of its mandatory enforcement and worker protection provisions. Women's groups are less enthused about Senator Daschle's bill, which calls for voluntary participation.
- Sexual Harassment**  
 The Administration's message emphasizes that sexual harassment, similar to other forms of discrimination, devastates military unit cohesion and force readiness and is inconsistent with core military values. Incidents involving alleged sexual abuse at Aberdeen Proving Ground prompted the Army leadership to take the following steps: disclosure of the problems at Aberdeen to the American public and to the Congress, to include briefings to members of the Women's Caucus and the Senate and House armed services committees; initiation of a well publicized hotline to provide advice to victims of sexual crimes and harassment and to refer allegations to the appropriate authority for investigation; and

emphasis by the Secretary and Chief of Staff of the Army's unequivocal policy of zero tolerance for sexual harassment. Sexual harassment education and training have been reemphasized to ensure that soldiers respond appropriately to behavior that is prohibited.

- **Procurement:** This is a big issue for women business advocates. The Federal Acquisition Streamlining Act, signed into law in 1994, set a 5 percent federal-wide procurement goal for women-owned businesses. As of this year, we are at 2 percent. After reviewing available evidence and data, the Justice Department concluded that there was still a compelling need for race-conscious affirmative action measures in federal procurement and published a proposal to reform these programs, May 23, 1996. They received more than 1,000 comments in response to this notice, which subsequently formed the basis for the draft regulations under discussion.
- **Employee-Choice Flex-Time Proposal (Compensatory Time):** Women's groups are calling for legislation that gives workers a choice between over-time and comp-time. The Clinton Administration is working with government officials, public and private sector employers, labor unions and work and family advocates to create employee-choice, flex-time programs that support workers in taking time off for family and educational purposes without fear of losing their jobs. The goal of my proposal is to ensure employee flexibility and choice, paycheck protection and basic employment protections. Key aspects of the President's Employee-Choice Flex-Time proposal includes: employee choice flex-time for any purpose with 2 weeks notice, employees can choose pay over flex-time and flex-time for family leave. Congressman Ballenger and Senator Ashcroft have introduced their own comp-time legislation. The President has said that he would veto those bills in their current form.
- **Child Care:** Every budget that the President has submitted has included increases to improve and expand child care services. In addition, the President streamlined four major child care programs into a single Child Care Bureau, headed by Joan Lombardi, and revamped/strengthened technical assistance to states, territories, and tribes to ensure best access to best available information on child care quality issues, particularly health and safety. We have also launched the National Child Care Information Center.
- **Child Support:** The Clinton Administration has a three-part strategy:
  - (1) tracking deadbeats across state lines and from job to job;
  - (2) a challenge to 25 states to implement new hire reporting; and
  - (3) new regulations requiring mothers to cooperate with paternity establishment efforts.A record \$11 billion in child support was collected in 1995 through tougher enforcement, an almost 40 percent increase over 1992. In addition, the President issued an Executive Order to help track down federal workers who fail to pay child support.
- **Children's Health Care:** In 1995, more than 10 million American children had no health insurance. Eighty percent (8 million) of the ten million uninsured children have a parent who is a worker. Many uninsured children have parents who earn too much for Medicaid but too little to afford private coverage. The President's plan helps these groups of

uninsured children by working with states, communities, advocacy groups, providers, and businesses to expand coverage. Combined with the scheduled Medicaid phase-in of older children, HHS estimates that the Administration's plan would provide coverage for as many as 5 million children by the year 2000.

- **Breast Cancer Research:** Since the President took office, funding for breast cancer research, prevention and treatment has nearly doubled, from about \$276 million in FY 1993 to over \$500 million in my FY 1988 budget. This includes money for breast cancer screening as well as the NIH-funded discovery of two breast cancer genes -- BRCA-1 and BRCA-2 -- which holds great promise for the development of new prevention strategies.
- **Mammograms:** The President's budget proposes to extend annual mammograms for Medicare beneficiaries 65 and over. Currently, they are covered bi-annually. This makes coverage consistent with the recommendation of most breast cancer experts. In addition, my plan eliminates the co-payment and deductible requirement for annual mammograms for beneficiaries over age 50.
- **Mastectomies:** The President has endorsed the DeLauro-Dingell-Roukema legislation to ensure that women are not forced out of the hospital before they are ready following a mastectomy. (Mrs. Clinton hosted a White House event on this legislation on February 12.) The Department of HHS also recently announced that it was sending a letter to all Medicare managed care plans making clear that they may not set ceilings for inpatient hospital treatment or set requirements for outpatient treatment, and that a woman and her doctor should make decisions about what is medically necessary. Several members of Congress are also backing legislation calling for the coverage of reconstruction following mastectomies.
- **Medicare:** The Medicare program primarily serves women (22 million women), nearly 60 percent of all Medicare beneficiaries. It is especially important to older women. There are 13 million women on Medicare who are over the age of 75 and 2.8 million who are over the age of 85 (twice the number of men over 85). The President's budget preserves and improves the Medicare program. It extends the life of the Part A Hospital Insurance Trust Fund into 2007, gives beneficiaries more choices among private health plans, and invests in new preventive health benefits.
- **Minority Women's Health:** The PHS's Office on Women's Health held a conference on minority women's health in January in Washington. In addition, we are creating an advisory committee to address the minority women's health issues, and the President signed into law last year the mandate of including women and minorities in all NIH clinical trials.
- **AIDS/HIV:** The incidence of AIDS has increased far more rapidly among women than men. For example, the incidence of AIDS among women in 1994 was 14.4 times that of 1985, while the incidence among men in 1994 was only 5.5 times that of 1985. The President's budget proposes just over \$1 billion for activities under the Ryan White CARE



Act which funds grants to cities and states to help finance medical and support services for individuals with HIV; to community-based clinics for early HIV intervention services; to pediatric AIDS; and to HIV education and training programs. The President's budget also includes \$167 million dedicated to AIDS drug assistance programs to improve access to protease inhibitors and other life-extending AIDS medications.