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**Latest Stuff - Notes/Press/Letters**

# Democrats won women with talk about values

## Barbour briefs governors on GOP poll

By Ralph Z. Hallow  
THE WASHINGTON TIMES

GRAND RAPIDS, Mich. — The GOP's post-election poll revealed the Kemp-Dole ticket and its congressional candidates lost with women, especially married women, mainly because President Clinton and the Democrats were better at talking about values.

"Clinton talked much more about values than Bob Dole did," Republican National Chairman Haley Barbour told Republican governors assembled in Grand Rapids yesterday for the final day of their annual conference.

"We cannot be complacent in the battle of ideas because the other side has shown it is willing to use them," he said. "A lot of voters who agree with us on the issues didn't vote for us."

Mr. Barbour briefed the governors privately on the poll that the Republican National Committee took the day after the elections.

"In the past, married women tended to vote Republican in equal proportion to male voters," Mr. Barbour said. "Republicans lost support among married women this year [in both the presidential and congressional elections]."

The good news as Republicans here saw it is that their leaders in Congress have a strategy for sustaining their success in becoming, for the second election in a row, the majority party in Congress.

That strategy is one the governors have been urging: Get things done quietly in the next Congress by building on the GOP agenda incrementally, as they did this year, instead of trying to enact a conservative revolution in one loud burst, as they attempted to do in their first year as the majority in the House and Senate in 1995.

"We're going to keep our heads down, below the radar, and enact a balanced-budget amendment and a few other things, and let Clinton take the lead," said Ohio Rep. John A. Boehner, the House GOP Con-

ference chairman.

He and other GOP lawmakers invited to the governors conference said congressional Republicans would let the investigating committees in Congress and the press look into possible transgressions by the Clinton administration and the Democratic Party.

In explaining the lowered-volume, lowered-profile approach, Grover Norquist, a GOP strategist attending the conference, said, "Republicans will do budgeting, cut the budget, and 'salami-slice' the welfare state to make it smaller, the way the [political] left 'salami-sliced' the welfare state to make it larger.

"The Democrats, when they controlled Congress, never held news conferences and said, 'Ronald Reagan wants to cut on the budget, but we're going to make it bigger every year instead,'" Mr. Norquist said. "They just went ahead and did it."

"What they [GOP congressional leaders] are talking about is finding the best strategy to get to our goal, and sometimes you just have to run running plays," Virginia Gov. George F. Allen said.

"You can't always do it on throwing the bomb. Sometimes you have to do it off-tackle," Mr. Allen said.

The Republican Governors' Association passed a resolution proposed by Mr. Allen to endorse James Gilmore, the Virginia attorney general, as the "presumptive Republican gubernatorial nominee." Mr. Allen cannot succeed himself as governor under Virginia law.

House and Senate GOP leaders, who addressed the conference on Monday, were given much credit for passing and getting signed into law the legislation ending welfare as a federal entitlement.

Iowa Gov. Terry E. Branstad, new head of the governors group, said a comparable accomplishment in the next two years would be passage of a balanced-budget amendment to the Constitution.

**The Washington Times**

WEDNESDAY, NOVEMBER 27, 1996

# New bill sought for 'birth' abortions

## Sen. Daschle urges review by Clinton

By Brian Blomquist  
THE WASHINGTON TIMES

Senate Minority Leader Tom Daschle said he believes Democrats and Republicans in Congress can find a suitable bill that bans partial-birth abortions except when the health of the mother would be seriously endangered.

Mr. Daschle said no exception to the contentious procedure would be made for a deformed fetus but partial-birth abortions should be allowed to avoid endangering the "long-term serious physical health ... or physical being" of the mother.

The Senate's top Democrat told reporters yesterday he has talked with President Clinton about revisiting the partial-birth abortion ban, which Mr. Clinton vetoed on April 10. The Senate fell nine votes shy of overriding the veto in September.

"The very day the president vetoed the bill, he and I talked and agreed that I would attempt to pursue ways, working with many of my colleagues, to find a solution to the impasse," Mr. Daschle said.

Mr. Daschle's staff yesterday could not say which pro-life senators have been approached to work on a compromise bill.

Mr. Clinton vetoed the bill because it had no exclusion for the "health" of the mother, which the Supreme Court has interpreted to include a woman's emotional well-being or her age if she is young.

The bill that Congress passed included a life-of-the-mother exception, but no exception for the mother's health. The language said the ban "shall not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, illness or injury: Provided that no other medical procedure would suffice for that purpose."

"He will veto the same bill again," Mr. Daschle said, summarizing the president's position.

"Obviously, it's a complex issue and details need to be resolved, but the president and Senator Daschle are on the same page on this issue," said White House spokesman Barry Iviv.

Abortion opponents immediately pounced on what they called "diversionary tactics" by Mr. Daschle, who voted against the ban, against the override and who received a 99 percent rating from the National Abortion Rights Action League last year.

"He hasn't changed anything at all," said Douglas Johnson, legislative director of the National Right to Life Committee.

Sen. Rick Santorum, Pennsylvania Republican, who is pro-life, said there is no health-of-the-mother issue that would cause a doctor to use the procedure.

Since it takes three days, he said, "this procedure would never be used in an emergency. Other procedures are available that would more adequately protect the health of the mother. It's not done for health of the mother but purely for convenience of the doctor."

Also, abortion opponents attacked Mr. Daschle's suggestion that the ban apply only to partial-birth abortions in final trimesters — the seventh, eighth and ninth months of pregnancy.

"We're talking about the final trimester here," Mr. Daschle said. "And what we're trying to do is to find a way in the final trimester to preclude convenience as a reason for having the procedure done."

But 90 percent of partial-birth abortions are performed prior to the final trimester. Mr. Johnson said, and the congressional ban that was vetoed was silent on the time of the procedure.

The procedure, medically known as intact dilation and evacuation, involves the partial delivery of the fetus through the birth canal before the doctor kills it by sucking out the brains.

There are no reliable statistics on the number of partial-birth abortions performed. The Centers for Disease Control and Prevention estimates that of the nation's 1.3 million annual abortions, about 1.3 percent are late-term abortions.

Mr. Santorum said there was little chance of a compromise based on Mr. Daschle's comments.

"What we're trying to do here is to find a way to ... deal with the impasse," Mr. Daschle said. "My expectation is that this is not going to be easy."

• This article is based in part on wire service reports.

The Washington Times

WEDNESDAY, NOVEMBER 27, 1996

The American College of Obstetricians and Gynecologists

96 DEC 5 PM 4:20



DEPARTMENT OF GOVERNMENT RELATIONS

DEPARTMENT FAX NUMBER: (202) 488-3985

DATE: December 5, 1996

TO: Todd Stern

FROM: Kathy Bryant, Associate Director Government Relations

RE: ~~Confidential info - AMA~~

NUMBER OF PAGES (including this page): 5

RECIPIENT'S FAX NUMBER: 456-2215

COMMENTS:  
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IF THERE IS A TRANSMISSION PROBLEM, OR IF YOU WOULD LIKE TO SPEAK WITH SOMEONE AT ACOG, PLEASE CALL (202) 863-2509

**The  
American  
College of  
Obstetricians and  
Gynecologists**

April 9, 1996


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

Dear Mr. President:

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

Thank you for considering our views on this important matter.

Sincerely,

  
Ralph W. Hale, MD  
Executive Director

**AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution: 208  
(I-96)**

**Introduced by: Pennsylvania Delegation**  
**Subject: Termination of Late Term Pregnancies**  
**Referred to: Reference Committee B  
(Robert D. Burnett, MD, Chair)**

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- 1 **Whereas, Abortion has typically been limited to pre-viable fetuses less than 24 weeks gesta-**
- 2 **tional age; and**
- 3
- 4 **Whereas, Termination of late term pregnancies may involve viable babies; therefore be it**
- 5
- 6 **RESOLVED, That the American Medical Association support a legal ban on the termination**
- 7 **of late term pregnancies except where the fetus is nonviable or if the life of the mother is in**
- 8 **extreme danger.**

**Fiscal Note: No significant fiscal impact**

*ACOG's Sub-HHk*

**Substitute Resolution 208**

**BE IT RESOLVED** that the AMA only supports legislation regulating post-viability abortions if the rights of physicians, using their best medical judgment and consistent with state and federal law, to determine whether carrying the pregnancy to term would threaten the life or cause serious adverse health consequences to the mother is preserved.

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## STATEMENT ON INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," and "brain sucking abortions," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

The American College of Obstetricians and Gynecologists (ACOG) believes the intent of such legislative proposals is to prohibit a procedure referred to as "Intact Dilatation and Extraction" (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;
2. instrumental conversion of the fetus to a footling breech;
3. breech extraction of the body excepting the head; and
4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of common obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X.

Abortion intends to terminate a pregnancy while preserving the life and health of the mother. Where abortion is legal after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC) only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. Data show that second trimester transvaginal instrumental abortion is a safe procedure. The CDC does not collect data on the specific method of abortion, so it is unknown how many of this 5.3% were performed using intact D & X.

Terminating a pregnancy is indicated in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. However, a select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. Notwithstanding this conclusion, ACOG strongly believes that decisions about medical treatment must be made by the doctor, in consultation with the patient, based upon the woman's particular circumstances. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and potentially dangerous.

**DETERMINED TO BE AN  
ADMINISTRATIVE MARKING**  
INITIALS: DB DATE: 3/26/00



Abortion - Darchle

Ban All Post-Viob Abortions

Narrow Health Exception (And Life)

(Boxer language - some think - already here - even tho a different context)

Narrower still? -

then add in "medical judgment" language?

Penalties?

D thinks has to be criminal.

Other ideas - denial of fed funding

Review bod in hosp? - if that sigus off, who's protected?

Even fetal anans -

D doesn't want to include -  
but no firm decision.

NARR told D: Roe not clear on scope  
of health excepti - !!!

Items in House??

Really don't know

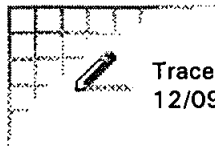
D ~~Geplandt~~ <sup>Geplandt</sup> in diff place

Lott - 3rd thing we do

- Paul But Amend

- Fly Amend

- PB bill.



Tracey E. Thornton  
12/09/96 05:26:49 PM

Record Type: Record

To: Todd Stern/WHO/EOP, Elena Kagan/WHO/EOP, Janet Murguia/WHO/EOP

cc:

Subject: late-term

some in the choice community and on the hill are aware of the AMA/ACOG resolutions and the folks i talked to at least are not at uncomfortable with these. i do detect some disagreement in terms of how folks think the matter ought to be approached in the new Congress, but surprisingly, the gulf is not that wide there. of course, i've only talked to a few folks. i'm still trying to get to daschle's folks for meeting early this week on language.

# AMA set to vote on late-term abortions

## Policy would curb partial-birth mode

By Bill Hendrick  
COX NEWS SERVICE

ATLANTA — The American Medical Association is expected to vote this week on whether to support a legal ban on partial-birth abortions.

Speaker after speaker lined up at microphones at the Atlanta Marriott Marquis hotel to discuss the proposal by the AMA's governing body. It calls for a policy banning members from performing late-term abortions "except where the fetus is nonviable or if the life of the mother is in extreme danger."

Like many others, Dr. William Rosenblatt of New York City argued that any official AMA position would erode decision-making of individual physicians and endanger their patients.

Delegates from Illinois and Pennsylvania, who introduced separate resolutions urging a ban on the procedure, argued that the practice is inhumane.

In April, President Clinton vetoed a bill that would have banned the procedure, in which a fully formed fetus is delivered feet first until only the head remains in the birth canal, scissors are driven into its skull and its brain is sucked out through a tube, causing the skull to collapse.

Mr. Clinton argued it would violate a woman's constitutional right to an abortion guaranteed under the landmark 1973 Supreme Court decision in Roe vs. Wade. The bill is expected to be reintroduced next year.

"This transcends science," said Dr. John C. Nelson of Salt Lake City, a member of the AMA's board of trustees. "The question is, should physicians take up what the Supreme Court decided in 1973?"

An official AMA position would "erode Roe v. Wade," give a boost to the anti-abortion movement and encourage the federal government to "interpose itself" in a doctor-patient relationship, he said.

No one really knows how many late-term abortions are performed — the estimates range from fewer than 100 to several thousand — or how many physicians do such procedures, which Dr. Nelson conceded are "abhorrent."

About 2,000 physicians are in Atlanta this week discussing the issue.

# Activist, auto industry seek quick move on air bags

ASSOCIATED PRESS

A prominent consumer advocate joined with the auto industry yesterday in urging federal officials to quickly approve an industry plan to make air bags deploy with less force.

Joan Claybrook, president of the consumer group Public Citizen, agreed with Andrew Card, head of the American Automobile Manufacturers Association, that the proposal could help prevent some deaths from air bags.

Both criticized officials at the government's highway safety agency, the National Highway Traffic Safety Administration, for being too slow in approving the plan.

"They're not moving rapidly enough," said Miss Claybrook at the end of a lunch meeting yesterday with Mr. Card. "NHTSA has taken a cautious course, [but] I view this as an extraordinary situation."

Air bags that deploy at up to 200 mph have been blamed for the deaths of at least 32 infants and children and 20 adults, mostly smaller women.

The air-bag-related deaths have also prompted Rep. Frank Wolf, Virginia Republican, to plan hearings in the House Appropriations and Transportation Committee. An aide said yesterday the hearings would be "educational." Details, including a firm date, have

yet to be worked out.

Last month, agency officials said they would issue a proposal soon for less forceful air bags that would include the auto industry's plan and an alternative plan. Officials then would decide the best way to "depower" air bags after a shortened 30-day public comment period.

However, agency officials have not yet issued their proposal. Automakers need six to nine months warning if they are to make air bags less powerful in 1998 models, which are due out in September, Mr. Card said. That essentially means they need to know now, he said.

"If we don't act now, we're going

to miss the '98 models," Mr. Card said at the luncheon meeting.

The joint position puts more pressure on NHTSA officials to act on the auto industry proposal. In November, the Association of International Automobile Manufacturers, which represents international automakers, said it also endorsed the proposal.

NHTSA officials reiterated that their proposal would be ready soon but declined further comment.

The common stand by Miss Claybrook and Mr. Card is unusual since Miss Claybrook, who was an NHTSA administrator during the Carter administration, has crit-

icized auto companies for not doing enough to promote auto safety.

However, both said it was important to have a unified stand to get less forceful air bags on the market quickly. Miss Claybrook said she viewed the push to lessen the force of air bags as a temporary measure until more advanced air-bag technology to protect passengers is phased in by automakers.

Since August, the AAMA, the lobbying group for the Big Three automakers, has proposed a change in a current government test standard, arguing the stringent government test prevents automakers from installing less-forceful air bags in most vehicles.

The Washington Times

WEDNESDAY, DECEMBER 11, 1996

By Keay Davidson  
SAN FRANCISCO EXAMINER

SAN FRANCISCO — Four years after the last U.S. nuclear weapons test in the Nevada desert, the bombs are about to start booming again.

But this time the blasts won't involve full-scale nuclear bombs like those that shook the buzzard-haunted wasteland for four decades. They'll be tiny chemical and nuclear explosives that mimic the first microseconds of an atomic blast, according to U.S. Energy Department officials.

Weapons experts say they need to conduct the tests to ensure that the main "trigger" of a thermonuclear bomb still works after decades of aging. But anti-nuclear activists fear such experiments could camouflage development of new weapons, or at least create the

# Small blasts planned for nuke destruction

## Some experts say Energy Department will violate spirit of the test ban treaty

impression of camouflage and, thereby, upset other countries.

Plans for the so-called "subcritical" nuclear experiments, which will include scientists from the Lawrence Livermore and Los Alamos nuclear weapons labs, were immediately denounced by anti-nuclear activists.

Critics claim the tests violate the spirit of the Comprehensive Test Ban Treaty, signed by President Clinton and representatives of more than 60 nations.

But subcritical tests are legal and "essential for assessing nuclear weapons performance, reliability, and safety" now that full-

scale nuclear blasts are banned, said the plan released by outgoing Energy Secretary Hazel O'Leary.

Mrs. O'Leary said testing dates probably would be set early next year.

Her statement said the subcritical tests would be part of a multibillion-dollar array of super-science experiments — such as a giant laser at Livermore — to monitor the safety and reliability of the nation's nuclear arsenal. The arsenal is shrinking and aging because in the post-Cold War world, bombs are being dismantled and no new bombs are being designed.

The tests would use chemical

explosives to rapidly compress small amounts of plutonium and uranium — too small for a "nuclear explosion" in the military sense of the term. The compression squeezes the materials' atoms together, briefly causing them to emit radiation and explode in a blast equal to tens or hundreds of pounds of TNT.

The tests will be conducted 961 feet beneath the Nevada desert, within a rabbit warren of rooms and tunnels packed with high-speed cameras and scientific instruments. The facility is called LYNER, for Low-Yield Nuclear Explosions Research.

"We call for the immediate cancellation of these experiments," said Marylia Kelley of Tri-Valley Cares, an anti-nuclear group in Livermore. "The DOE has not demonstrated that it cannot maintain the safety of the existing nuclear arsenal without subcritical experiments. There is no evidence to date to suggest that potential problems such as plutonium aging have degraded the performance of the weapons designs in the active U.S. arsenal."

Daryl Kimball of the anti-nuclear group Physicians for Social Responsibility in Washington, D.C., said the Energy Department

has "failed to conduct an independent, public technical review of the need for these activities."

The Examiner reported Dec. 1 that Energy Department officials were considering whether to reschedule the experiments, a half-year after postponing them indefinitely.

### CORRECTION

A story yesterday about volunteers who helped the Midtown Youth Academy incorrectly reported the contributions of the companies participating. Denchfield Roofing Corp. of Silver Spring worked with academy youths to fix the academy's roof, with consulting help from Rupert Landscape Co. Inc. in Ashton. Clark Construction Co. in Bethesda is providing a Dumpster today to help clean out a basement.

The Washington Times

WEDNESDAY, DECEMBER 11, 1996

THE WHITE HOUSE  
WASHINGTON

December 14, 1996

MEMORANDUM FOR JACK QUINN  
KATHY WALLMAN

FROM: ELENA KAGAN *ek*

SUBJECT: PARTIAL-BIRTH ABORTION

Some news on the partial-birth abortion front (especially apropos in light of the President's remarks on Friday):

1. Todd Stern just discovered that the American College of Obstetricians and Gynecologists (ACOG) is thinking about issuing a statement (attached) that includes the following sentence: "[A] select panel convened by ACOG could identify no circumstances under which [the partial-birth] procedure . . . would be the only option to save the life or preserve the health of the woman." This, of course, would be disaster -- not the less so (in fact, the more so) because ACOG continues to oppose the legislation. It is unclear whether ACOG will issue the statement; even if it does not, there is obviously a chance that the draft will become public. (The AMA last week decided to continue to take no position on the partial-birth issue.)

2. Sen. Daschle's staff is working on a legislative proposal that would prohibit all post-viability abortions, with a tight exception for life and health. Note that this proposal applies to all post-viability abortions, not just to partial-birth abortions. Note also, however, that it applies to no pre-viability abortions, even if they are partial-birth. Daschle's staff may use our language to define the health exception ("serious adverse health consequences"); they may try, however, to do something that sounds even stricter.

Daschle's staff hopes that this proposal will provide cover for pro-choice Senators (who can be expected to support it) and that it will refocus the debate from the partial-birth procedure to late-term abortions generally. I think the pro-lifers will not give up the partial-birth focus: (1) the politics of it have become too good; (2) it gives them a wedge into pre-viability abortions; and (3) it points the way toward future campaigns against other abortion procedures. They will point out that Daschle's proposal does nothing to stop pre-viability partial-birth abortions (recall that many of these abortions are done between 20 and 24 weeks) -- and that it is inadequate for this reason. Of course, they may respond to Daschle's proposal by also supporting a ban on post-viability abortions generally.

Given the President's prior positions and statements, he of course should support the Daschle proposal. He also should continue to support a ban on partial-birth abortions (including pre-viability partial-birth abortions), so long as there is an adequate health exception.

## STATEMENT ON INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," and "brain sucking abortions," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

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Abortion intends to terminate a pregnancy while preserving the life and health of the mother. Where abortion is legal after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC) only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. Data show that second trimester transvaginal instrumental abortion is a safe procedure. The CDC does not collect data on the specific method of abortion, so it is unknown how many of this 5.3% were performed using intact D & X.

Terminating a pregnancy is indicated in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. However, a select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. Notwithstanding this conclusion, ACOG strongly believes that decisions about medical treatment must be made by the doctor, in consultation with the patient, based upon the woman's particular circumstances. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and potentially dangerous.

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ADMINISTRATIVE MARKING  
INITIALS: JB DATE: 3/26/10

WA Post 9-24-96

Richard Cohen

## A New Look at Late-Term Abortion

*A rigid refusal even to consider society's interest in the matter endangers abortion rights.*

Back in June, I interviewed a woman—a rabbi, as it happens—who had one of those late-term abortions that Congress would have outlawed last spring had not President Clinton vetoed the bill. My reason for interviewing the rabbi was patently obvious: Here was a mature, ethical and religious woman who, because her fetus was deformed, concluded in her 17th week that she had no choice other than to terminate her pregnancy. Who was the government to second-guess her?

Now, though, I must second-guess my own column—although not the rabbi and not her husband (also a rabbi). Her abortion back in 1984 seemed justifiable to me last June, and it does to me now. But back then I also was led to believe that these late-term abortions were extremely rare and performed only when the life of the mother was in danger or the fetus irreparably deformed. I was wrong.

I didn't know it at the time, of course, and maybe the people who supplied my data—the usual pro-choice groups—were giving me what they thought was precise information. And precise I was. I wrote that "just four one-hundredths of one percent of abortions are performed after 24 weeks" and that "most, if not all, are performed because the fetus is found to be severely damaged or because the life of the mother is clearly in danger."

It turns out, though, that no one really knows what percentage of abortions are late-term. No one keeps figures. But my Washington Post colleague David Brown looked behind

the purported figures and the purported rationale for these abortions and found something other than medical crises of one sort or another. After interviewing doctors who performed late-term abortions and surveying the literature, Brown—a physician himself—wrote: "These doctors say that while a significant number of their patients have late abortions for medical reasons, many others—perhaps the majority—do not."

Brown's findings brought me up short. If, in fact, most women seeking late-term abortions have just come to grips a bit late with their pregnancy, then the word "choice" has been stretched past a reasonable point. I realize that many of these women are dazed teenagers or rape victims and that their anguish is real and their decision probably not capricious. But I know, too, that the fetus being destroyed fits my personal definition of life. A 3-inch embryo (under 12 weeks) is one thing; but a nearly fully formed infant is something else.

It's true, of course, that many opponents of what are often called "partial-birth abortions" are opposed to any abortions whatever. And it also is true that many of them hope to use popular repugnance over late-term abortions as a foot in the door. First these, then others and then still others. This is the argument made by pro-choice groups: Give the antiabortion forces this one inch, and they'll take the next mile.

It is instructive to look at two other issues: gun control and welfare. The gun lobby also thinks that if it gives in just a little, its enemies

will have it by the throat. That explains such public relations disasters as the fight to retain assault rifles. It also explains why the National Rifle Association has such an image problem. Sometimes it seems just plain nuts.

Welfare is another area where the indefensible was defended for so long that popular support for the program evaporated. In the 1960s, '70s and even later, it was almost impossible to get welfare advocates to concede that cheating was a problem and that welfare just might be financing generation after generation of households where no one works. This year, the program on the federal level was trashed. It had few defenders.

This must not happen with abortion. A woman really ought to have the right to choose. But society has certain rights, too, and one of them is to insist that late-term abortions—what seems pretty close to infanticide—are severely restricted, limited to women whose health is on the line or who are carrying severely deformed fetuses. In the latter stages of pregnancy, the word abortion does not quite suffice; we are talking about the killing of the fetus—and, too often, not for any urgent medical reason.

President Clinton, apparently as misinformed as I was about late-term abortions, now ought to look at the new data. So should the Senate, which has been expected to sustain the president's veto. Late-term abortions once seemed to be the choice of women who, really, had no other choice. The facts now are different. If that's the case, then so should be the law.

E X E C U T I V E   O F F I C E   O F   T H E   P R E S I D E N T

24-Sep-1996 10:03am

TO:            Elena Kagan  
TO:            Betsy Myers

FROM:          Mary Ellen Glynn  
                Office of the Press Secretary

SUBJECT:      Richard Cohen Column

Please read Richard Cohen's piece on late term abortions in the Post today. Both Cohen's column and Sunday's David Brown article articulate one of the fallacies surrounding this debate: that the President is in favor of late term abortions without any restrictions.

Cohen's article indicates that Clinton is "apparently misinformed" about the number and nature of late term abortions and urges him to look at "the new data," which indicates that "the majority" of late term abortions are done for non-medical reasons.

As we all know, as early as February 28, 1996, in his letter to Congress, the President says, "...I cannot support its use on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available."

Also, no one ever notes that Governor Clinton signed a bill in Ark. that would ban third trimester abortions.

I spoke to Melanne this morning and she thinks that I ought to call Cohen. I believe that we should write a letter responding to his column.

Your thoughts?



E X E C U T I V E   O F F I C E   O F   T H E   P R E S I D E N T

24-Sep-1996 11:48am

TO:           Mary Ellen Glynn

FROM:         Elena Kagan  
              Office of the Counsel

CC:           Betsy Myers

SUBJECT:      RE: Richard Cohen Column

The striking thing about Cohen's column is that while he criticizes the President sharply, his position and the President's are very much consistent with each other. As you say, the President has said he would prohibit the use of this procedure where not necessary to save the woman from death or serious physical injury. The only thing he has asked for is a tightly confined exception for these kinds of cases. (Nor, by the way, has the President made any representations about how many late-term or partial birth abortions are done for life/serious health reasons and how many for other reasons. He hasn't said that all partial birth abortions are done for life/health reasons -- indeed, he has acknowledged that not all are. He has said only that those done for life/serious health reasons must be permitted.)

I guess I'm agnostic as between a call and a letter. I lean towards the call, but mostly I think that the two of you should decide. If we decide on a letter, I'd be happy to draft or to review. If we decide on a call, I'd be happy to participate as needed.

EXECUTIVE OFFICE OF THE PRESIDENT

25-Sep-1996 10:22am

TO: (See Below)

FROM: Betsy Myers  
Office of Public Liaison

SUBJECT: Late Term Update

FYI - Information we have heard from the Pro-Choice Groups:

I. COUNTERING THE WASHINGTON POST ARTICLE

- David Garrow, the pulitzer prize winning historian and author of Liberty & Sexuality: The Right to Privacy, has an op ed in today's Philadelphia Inquirer and also in the Chicago Tribune calling for Senators to "affirm the President's judgment and reject a dangerously radical effort to impose Congress' medical ideas in place of the best professional conclusions of accredited physicians." (We are faxing a copy to you.)
- Warren Hern, a doctor from Boulder sent a letter to Members of Congress countering the Post article by outlining the reasons women need the late term procedure. He performs late term abortions. (We are faxing it to you.)
- Alan Guttmacher Institute sent information to the Hill explaining the reality of the numbers of abortions today (we are faxing it to you.)
- Columbia Medical School Dean Allen Rosenfield will send a letter to Members today explaining the medical necessity of the procedure. He wrote an op ed in April in the New York Times calling for Congress to stay out of medical decisions and explaining the medical necessity of the late term procedure. (We will fax as soon as it is sent up.)
- New York Times may be printing an editorial tomorrow on late term, based on their conversations with pro-choice groups yesterday and today.

II. MEMBER CONTACT

Pro-Choice groups are targeting the following Senators (who are wavering): Bradley, Bryan, Byrd, Campbell, Frahm, Graham, Kassebaum, Leahy, Lieberman, Nunn and Specter.

- Two women who have had the procedure are on the Hill today and yesterday.
- Campbell - His staff indicated he would vote with the President, but they are

not sure he will make it out of the Hospital (motorcycle accident this weekend) in time for the vote. They also requested grassroots activity in Denver.

- Nunn - His staff had a lot of medical questions, but listened sympathetically. The Pro-choice groups are assuming he will vote against the President's veto.
- Bradley - Meeting today at 11 a.m. with the women who have had the procedure.
- Mikulski, Sarbanes, Wellstone and Dodd are all fine, according to their staff.
- Specter - Kate Michelman Of NARAL met with Specter last night. Michelman reports a 50 percent chance of getting his vote. Republican staffers in other offices report that Specter will vote against the President's veto. The National Abortion Federation and Claudia Ades (who had the procedure) held press conferences last night in Philadelphia and in Harrisburg.
- Graham - no word
- Lieberman - no word
- Cohen - may be absent for the vote, but he will vote with the President if he is present.
- Fraham - will vote against the President's veto.
- Leahy - still on the fence.
- Bryan - staff say he may be okay.

### III. GRASSROOTS ACTIVITY

- The pro-choice groups are focusing their grassroots base on Nunn, Campbell, Cole, Graham and Bradley

#### Distribution:

TO: Todd Stern  
TO: Nicole R. Rabner  
TO: Tracey E. Thornton  
TO: Deborah L. Fine  
TO: Lyndell Hogan  
TO: Jeremy D. Benami  
TO: John P. Hart  
TO: Lee A. Satterfield  
TO: Holly Carver

# The perils of Congress imposing its medical ideas

By David J. Garrow

**T**omorrow, the Senate will vote on whether to override President Clinton's veto of the Partial-Birth Abortion Ban Act. The measure offers senators a decisive opportunity to affirm the President's judgment and reject a dangerously radical effort to impose Congress' medical ideas in place of the best professional conclusions of accredited physicians.

The proposed statute would impose stiff criminal penalties — two years in prison and up to \$250,000 in fines — on any doctor who "partially vaginally delivers a living fetus" during the course of a second- or third-trimester abortion.

Both medical and constitutional experts were about the impression of that crucial phrase, and both attorneys and physicians also challenge the wording of the sole exception, which excludes punishment if an abortion is "necessary to save the life of a mother whose life is endangered by a physical disorder, illness or injury."

Critics wonder whether a pregnancy that itself endangered a woman's life might in some courtroom not qualify as a "disorder, illness or injury."

In vetoing the bill last April, President Clinton highlighted how Congress' failure to adopt a second exception, allowing such procedures in cases where a late-term pregnancy posed a serious threat to a woman's health, was a further conclusive defect. Alternative surgery, the President noted, carries a significant risk of impairing a woman's subsequent ability to have children.

Supporters of the measure contend that most uses of the targeted procedure are discretionary, or "elective," rather than medically necessary. The two sides cite differing statistics and use disparate terms (medical professionals generally call the procedure "intrauterine and evacuation," or "D & E"), but abortion opponents, including Republican presidential nominee and former Senate Majority Leader Bob Dole, torpedoned efforts to add a health exception on the grounds that such an amendment would "gut" the statute.

Backers of the bill refuse to acknowledge their apparently contradictory claim: How could adding a "serious health risk" exception "gut" a measure intended to curtail supposedly "elective" or unnecessary procedures? Abortion oppo-



PAUL KOLSTI

*Larger issues than abortion are at stake in the debate over terminating late-term pregnancies.*

definition of "health," and they appear worried that careful review of cases where "D & E" is employed might demonstrate that even, if not all, do indeed involved serious maternal risk.

One critic of the bill, Georgetown University law professor Louis Michael Seidman, apprised the Senate Judiciary Committee last fall that the proposed law "does nothing to discourage abortion per se. It does nothing to protect the rights of fetuses, nothing to protect potential life, and nothing to protect actual life." So long as other abortion techniques remain legal, "the bill's only effect is to force women "to choose a more risky abortion procedure over a less risky one."

While constitutional scholars like Seidman successfully predict that the federal courts would invalidate the measure should it become law, medi-

cal message it sends to America's doctors. Dr. J. Courtland Robinson of the Johns Hopkins University School of Medicine told the Senate committee that perhaps that act's "vagueness is intentional... Because the law itself is so vague... it would leave doctors wondering if they were open to prosecution or not, each time they perform a later abortion. That means that by banning this technique, you would, in practice, ban most later abortions altogether by making them virtually unavailable."

Even nowadays only a relatively few courageous physicians are willing to stand up to the terror tactics employed by some gun- and bomb-wielding abortion opponents: the threat of federal prosecution and stiff criminal penalties would further reduce their number.

But Dr. Robinson also sought to impress another point upon the Senate: "Telling a physician that it is illegal for him or her to adopt his or her surgical method for the safety of the patient is, in effect, legislating malpractice, and it flies in the face of standards of quality medical care." Congress "is not qualified to stand over my shoulder in the operating room and tell me how to treat my patients."

Many other voices from within the medical profession echo Dr. Robinson's warning. The 3,000-member American College of Obstetricians and Gynecologists, noting how the bill would codify "terminology that is not even recognized in the medical community," protests that the measure is a "very disturbing" demonstration of why "congressional opinion should never be substituted for professional medical judgment."

Outsourcing a professionally approved medical procedure represents a dangerous legislative precedent. Abortion opponents may be deluging Congress with postcards; abortion rights defenders may be showcasing emotionally powerful stories of women with medically tragic pregnancies whose future child-bearing hopes have been preserved by "D & E's."

Sensitors, however, should realize that their vote to sustain or override the President's veto involves more than just another abortion battle. It also concerns the larger issue of to what extent should legislators regulate the clinical practice of medicine.

David J. Garrow is the author of *Liberty and Secularity: The Right to Privacy and the Making of Roe v. Wade* (1984) and *Constitutional Politics* (1987). Pulitzer Prize

## Debating the 'partial-birth' ban

**T**he mystery to me is how anybody can be partially born. It raises the same dilemma as saying someone was partially exterminated, partially dead or partially raped. It seems to me these physical states are binary, like on or off. So I investigated the partial-birth procedure that President Clinton wants to preserve.

The abortion specialist pulls the baby out of the birth canal feet first until all but the skull is exposed. Scissors are used to amputate the skull. Why the procedure? It turns out that the U.S. Supreme Court ruled that 14th Amendment protections apply only to persons, not the unborn. However, a living, just-delivered baby, no matter how premature, feeble and tenuous, is constitutionally a person. Legally, a baby is not born, and hence not a person, until the head passes through the birth canal. Therefore, when an abortionist leaves the head in the birth canal, he is free to bill the baby and escape murder charges. It's a matter of three or four inches that makes the legal difference between murder and abortion.

Most Americans (71 percent) see the partial-birth ban as a reasonable measure. But many abortion activists see the ban as that important camel's nose into the abortion tent and believe they must fight the nose, lest the entire beast enter.

William E. Williams  
Sponsored columnist

**I** walked out of Mass in my parish church some weeks ago after my pastor stood on the altar and urged us — in the name of the sanctity of human life — to sign and mail postcards telling Congress to override President Clinton's veto of a bill criminalizing one type of abortion.

Even before the veto, the National Conference of Catholic Bishops took out a full-page ad in the Washington Post ridiculing the President's insistence on a health exception in the bill, claiming that a woman would then have such abortions because she "hasn't been fat" or "can't afford a baby and a new car." The bishops distributed 7 million sets of postcards to parishes around the country. Each had three cards, two for U.S. senators and one for the local congressional representative, urging them to override the President's veto of the ban on what they labeled "partial birth" abortion — a term previously unknown to the medical establishment.

The pamphlets in the back of my church were titled "one-fifth abortion, four-fifths infanticide." They featured a line drawing of a large, well-formed infant being pulled from an opening as a huge hand stabbed it with a suction catheter. The baby was coterminous. Other than her disembodied pelvis, the woman was invisible.

But I had seen the faces and heard the voices of these women. A year ago, when the bill first hit the headlines, I'd met with women who, faced with catastrophic endings to their pregnancies, had chosen to undergo this procedure. The women had learned through sonograms that their pregnancies were doomed weeks or even months before their due date.

Because the dilation and extraction procedure was available to them, these women's pregnancies could be ended without invasive surgery or the danger of damage to the cervix or uterus that might make later pregnancies risky or impossible. Although in some cases a spinal needle has to be used to decrease the size of the head enough to bring it safely through the birth canal, the fetus is delivered intact.

This makes genetic testing possible that enables doctors to advise the parents about future risks. And it means that the women, with their families, can see and hold and mourn the lost child. They can begin the process of healing.

Janet Gallagher  
Director of the Reproductive Freedom Project and the Women's Rights Project at the American Civil Liberties Union

PAGE:02

P02

TO:61647

202-456-7311

SEP-24 96 12:44 FROM:WOMENS OFFICE

09.25.96 11:36 AM

**The  
Alan  
Guttmacher  
Institute**  
New York and Washington



A Not-for-Profit Corporation  
for Reproductive Health  
Research, Policy Analysis  
and Public Education

1120 Connecticut Avenue  
Suite 480  
Washington, DC 20036  
Telephone: 202 298-4012  
Fax: 202 223-6756  
e-mail: policyinfo@agi-usa.org

**The data remain the same; only the confusion is new. Of the 1.5 million abortions performed annually:**

- Half of all abortions take place during the first eight weeks of pregnancy.
- Ninety percent of all abortions occur by the end of the first twelve weeks.
- Ninety-nine percent of all abortions are performed before 21 weeks.
- At 21 weeks or more, the time period during which the dilation and extraction procedure is used, less than one percent of all abortions are performed.
- After 26 weeks (the third trimester), 4/100ths of one percent of all abortions occur.

9/24/96

09/24/96 11:11 MEDIATEL FAX SERVICE-&gt;WHITE HOUSE/WOFFORD,CARRIE

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FAX NO. 202 973 3070

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P. 01

**NARAL Promoting Reproductive Choices**

To: Interested Parties

From: Jo Blum - Vice President for Government Relations  
Allison Herwitt - Legislative Representative

Subject: Information about Abortion Statistics

Date: 24 September 1996

The Alan Guttmacher Institute (AGI) has been collecting and analyzing abortion statistics since Roe v. Wade. Below is the latest data that AGI has collected. Contrary to recent news stories and columns, there is no new data. This is the data that has been used since the debate on HR 1833 began over a year ago.

- It is estimated that there are approximately 1.5 million abortions every year.
  - 89% of all abortions are performed during the first 12 weeks of pregnancy.
  - 18% take place at 11-15 weeks or less from the time of the woman's last menstrual period (LMP).
  - 4% take place at 16-20 weeks LMP.
  - 1% take place at 21 weeks LMP or more.
  - 0.04% take place after 26 weeks LMP.
- Only about 600 abortions are performed each year in the third trimester.
- Abortion data is not collected by the method of the procedure used to terminate the pregnancy.
- The "intact D & E" procedure which has been termed "partial birth abortion" by abortion opponents is used after 20 weeks.
- Roe v. Wade allows states to ban abortions after viability (which usually occurs after 26 weeks) except in cases of life and health. 41 states have passed restrictions. Consistent with Roe v. Wade, prior to viability, the government does not require the reporting of the reasons an abortion is performed.
- Of the approximately 600 abortions performed after viability, only a small percent use the "intact D & E" method.

If you have any questions or need additional information, please call Jo Blum at 973-3003 or Allison Herwitt at 973-3047.

National Abortion  
and Reproductive Rights  
Action League

1158 15th Street, NW  
Suite 700  
Washington, DC 20005

Phone (202) 973-3070  
Fax (202) 073-3006  
E-Mail: naral@naral.org

# Abortion debate leaves Dems with dilemma

By Jacob Silliman

Facing a politically charged vote Thursday on whether to sustain or override a presidential veto on a late-term abortion procedure, Senate Democrats are worried that the issue could come back to haunt them.

Acknowledging the discomfort level in the Democratic caucus, Senate Minority Leader Tom Daschle (D-S.D.) indicated Tuesday that the issue would be revisited in the next Congress.

"I'm going to make a real effort to try to find a way in which to find a suitable compromise on this issue, once the veto is sustained," Daschle declared, referring to the abortion method known as intact dilatation and extraction. "It would have to be a health emergency situation involving the health and life of the mother." Daschle also mentioned concerns among colleagues that it not be an elective procedure in the third term.

Sen. Daniel Moynihan (D-N.Y.) denounced the procedure "as close to infanticide as anything I have seen in our judiciary."

Late term abortion has become a focal point for the Catholic Church, with all eight U.S. cardinals protesting President Clinton's veto of a ban on the procedure at a meeting at the Capitol this month.

The National Right to Life Committee and Traditional Values Coalition are also spearheading a campaign to persuade Congress to criminalize the procedure.

Following a House vote last week to override the veto, Senate Democrats are expected to muster more than the necessary 34 votes to sustain the veto as long as they have a handful of pro-choice Republicans. But they are far from happy

*'As close to infanticide as anything I've ever seen.'*  
— Sen. Moynihan

about going on the record on such an unpopular issue this close to an election. As Sen. Byron Dorgan (D-N.D.) put it, "People are going to grit their teeth and vote."

At least two Democrats who voted against the ban, Sens. Sam Nunn (D-Ga.) and Patrick Leahy (D-Vt.), appear to be having second thoughts. Both said they were not ready to say how they intend to vote. Nunn said, "I haven't studied the issue yet."

Dorgan and Kent Conrad (D-N.D.) both support legal abortion, but plan to vote for an override. "I was just home this weekend," said Conrad, "and that's the issue that people talked about the most." He added that his office has received between 5,000 and 6,000 letters protesting the procedure.

In addition, one pro-choice Republican senator, Arlen Specter (R-Pa.), told The Hill that he may change his mind. "I'm still listening to constituents," said Specter, who voted last December to keep the late-term procedure legal.

Another pro-choice Republican, Sen. Shelia Frahm (R-Kan.) said she will vote to override because she "dislikes the procedure." Kansas' senior senator, Nancy Kassebaum (R-Kan.), said she will vote to sustain the veto. At least three other pro-choice Republicans, James Jeffords (R-Vt.), John Chafee (R-R.I.) and Olympia Snowe (R-Maine) plan to stick with their previous positions and vote to uphold the veto, thereby keeping the procedure legal, according to aides.

Nine Senate Democrats put themselves on record against the procedure last year, including Harry Reid (D-Nev.), Joseph Biden (D-Del.) and John Breaux (D-La.). Some predicted there would be more this time around. "It will be closer this time," said one member.

However, the chief Senate whip on the veto, Barbara Boxer (D-Calif.) said she does not foresee serious public "erosion" within the caucus, despite private misgivings.

"It will be similar to the House," Boxer said, meaning that she doesn't foresee significant switches on the issue. She added, "We could outlaw this procedure if they would allow us an amendment for an exemption for the life and health of the mother... Those on the other side would rather have a political hot potato issue."

Pennsylvania's Rick Santorum (R) is the leading proponent of overriding the veto.

With polls showing weak public support for this procedure, the pro-choice community is worried that their opposition has found an effective tactic for dividing them. Asked if this is likely to splinter the pro-choice community, Susan Cohen of the Alan Guttmacher Institute replied, "That's indisputable. It's certainly peeling off pro-choice politicians and some pro-choice voters. Whether it's factual or emotional is the question."

Rep. Earl Pomeroy (D-N.D.), who voted to override the veto, expressed an opinion that he said reflects the mainstream in his state: "I would consider myself pro-choice, but this is a reprehensible procedure. It's not a tough vote or a close call."

The Hill

9/25/96

09.25.96 11:36 AM

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09.25.1996 17:03

NO. 0 P. 2

**METROPOLITAN MEDICAL ASSOCIATES**

40 Engle Street  
Englewood, New Jersey 07631  
(201) 967-0522

Sept. 21, 1996

Mr. Glenn Ritt  
Editor, The Record  
150 River Road  
Hackensack, NJ 07601

Dear Mr. Ritt,

We, the physicians and administration of Metropolitan Medical Associates, are deeply concerned about the many inaccuracies in the article printed on September 15, 1996 titled "The Facts on Partial-Birth Abortions".

The article incorrectly asserts that MMA "performs 3,000 abortions a year on fetuses between 20 and 24 weeks, of which at least half are by intact dilation and evacuation." This claim is false as is shown in reports to the New Jersey Department of Health and documents submitted semiannually to the New Jersey State Board of Medical Examiners. These statistics show that the total annual number of abortions for the period between 12 and 21.3 weeks is about 4,000, with the majority of these procedures being between 12 and 16 weeks. The intact D&E procedure (erroneously labeled by abortion opponents as "partial birth abortion") is used only in a small percentage of cases between 20 and 21.3 weeks, when a physician determines that it is the safest method available for the woman involved. Certainly, the number of intact D&E procedures performed is nowhere near the 1,500 estimated in your article. MMA perform no third trimester abortions, where the State is permitted to ban abortions except in cases of life and health endangerment.

Second, the article erroneously states that most women undergoing intact D&E procedures have no medical reason for termination. The article then misquotes a physician from our clinic stating that "most are Medicaid patients...and most are for elective, not medical, reasons...Most are teenagers." This is a misrepresentation of the information provided to the reporter. Consistent with Roe v. Wade and New Jersey State law, we do not record a woman's specific reason for having an abortion. However, all procedures for our Medicaid patients are certified as medically necessary as required by the New Jersey Department of Human Services.



09. 25. 96 11:36 AM

P05

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09.24.1996 12:04

NO. 8 P. 3

Because of the sensitive and controversial nature of the abortion issue, we feel that it is critically important to set the record straight.

**The Management of Metropolitan Medical Associates**

cc: Mr. Len Fishman, Commissioner  
NJ Department of Health  
Mr. Kevin Earle, Executive Director  
Medical Board of Examiners  
The Honorable William Bradley  
United States Senator  
The Honorable Frank Lautenberg  
United States Senator  
The Honorable Robert Torracelli  
United States Congressman



WASHINGTON FEMINIST FAXNET  
A Project of  
The Center for Advancement of Public Policy  
Fax (202) 265-6245 Voice (202) 797-0606

September 19, 1994

## HOTFLASH -- URGENT ACTION REQUIRED!

*"[the House vote to override President Clinton's veto on so-called 'partial birth' abortions] is a huge victory. It's the first time since Roe v. Wade that Congress is poised to outlaw an abortion procedure . . . If Clinton is re-elected, you have to come up with similar bills that outlaw other procedures . . . and it's almost like the welfare bill, a win-win, because if he signs it, he demoralizes his side, and if he doesn't, you energize our side." Ralph Reed, of the Christian coalition after the House vote 9/20/96.*

**IF THESE WORDS ARE CHILLING TO YOU, MAKE YOUR CALL NOW!**

Thanks to everyone who responded to our HOTFLASH last week to try and stop a House override of President Clinton's veto of the so-called "partial-birth" abortion ban. Because of calls from WFF activists and others, the vote was held to a bare majority. This means the momentum is slowed, and the Senate does not have a mandate to override, but only if pro-choice forces stay mobilized.

BUT, Capitol Hill is being inundated with faxes and telegrams from anti-choice forces, led by Catholic Bishops. The vote in the Senate could be as early as Thursday, September 26. Calls are needed early and often to the Senate (202-224-3121) to URGE SENATORS TO UPHOLD THE PRESIDENT'S VETO.

Senators should be reminded that this abortion procedure is used only in the most tragic circumstances, and that while they, as powerful, privileged members of society could no doubt get around the ban if it was important to a member of their family, most women in need of this procedure would be forced to risk their lives or health if the ban takes affect.

**DON'T DELAY - SOMEONE YOU LOVE MAY NEED A CHOICE.**

Wash Times 9-20-96

# ABORTION

From page A1

"This is an attempt to undo choice, this extreme Congress we have," said outgoing Rep. Patricia Schroeder, the Colorado Democrat who headed up the opposition. "I find this a very sad vote to end my career on."

But several of her fellow Democrats joined Republicans on the House floor, begging members to outlaw such second- and third-trimester abortions.

"I do agree with the Roe vs. Wade decision," said Rep. James P. Moran, Virginia Democrat. "What we are talking about now is the delivery of a fetus clearly with the shape and functions of a human being."

Rep. Ralph M. Hall, Texas Democrat, read to the House quotes from former Surgeon General C. Everett Koop, who claims Mr. Clinton was "misled" by his advisers into believing partial-birth abortions are necessary.

Reps. Tony P. Hall, Ohio Democrat, and James A. Barcia, Michigan Democrat, also argued for an override.

"Those pro-life Democrats really showed their stuff," said Mr. Smith, the New Jersey Republican. "They didn't walk."

Their pro-choice opponents claimed the override vote was a crassly political move timed to embarrass Mr. Clinton and influence the November elections.

"This debate has nothing to do with murdering babies; it has everything to do with murdering truth," said Lloyd Doggett, Texas Democrat. "I would say to all anti-choice Republican militants: The blood is on your hands."

He added, "This same crowd that talks about scissors murders — which aren't occurring today — [next] will be telling American people what kind of birth control they can use."



Rep. Charles T. Canady discusses the House's vote to override a veto on a ban of partial-birth abortions as Rep. Chris Smith looks on.

Photo by Barbara Davidson/The Washington Times

Others, such as Rep. Xavier Becerra, California Democrat, asked why Republicans had delayed scheduling the override vote for five months after Mr. Clinton's April 10 veto.

"[Because] Americans can't believe this procedure exists," responded Rep. Henry J. Hyde, Illinois Republican. "It has taken months to educate them."

GOP presidential candidate Bob Dole, who has campaigned against the procedure, repeated that view: "As more and more Americans have learned of this procedure, the president has been left almost alone, defending the indefensible."

"I challenge the president to explain to the American people why he persists in his false assertions despite the strong opposition of Dr. Koop and an array of other medical authorities," he said.

There was no formal comment from Mr. Clinton, but White House Press Secretary Michael McCurry said, "We're confident we can sustain the veto in the Senate."

Yesterday's vote came at an im-

portant juncture in abortion politics, arriving on the heels of Wednesday's announcement by the Food and Drug Administration that it has conditionally approved RU-486, the controversial "abortion pill." It is expected to be available by mid-1997.

The Senate and the House also remain deadlocked in committee over a proposal to allow more funds for overseas abortions.

Although the Senate has not yet announced when it will vote to override Mr. Clinton's veto, a group called the Child Protection Fund has announced a massive TV campaign to influence public sentiment against the practice.

The group's chairman is Mary Ellen Bork, wife of former judge Robert H. Bork. Organizers of the campaign say the majority of Americans are still unaware of the procedure's gruesome nature.

The ban, if overridden, would allow doctors to perform the procedure only if they can show it is essential to save the mother's life.

To: Prochord friends

From: Pat Reuss

In case you didn't see this

1/20/96

09/25/96 13:24 MEDIATEL FAX SERVICE-&gt;WHITE HOUSE/WOFFORD,CARRIE

003

SEP-25-96 WED 04:18 PM NARAL

FAX NO. 202 973 3070

P. 02

**NARAL Promoting Reproductive Choices**

September 25, 1996

The Honorable FIELD(2) FIELD(1)  
 United States Senate  
 Washington, D.C. 20510

Dear Senator FIELD(1):

I am troubled that many of you, after reading the September 24, 1996 Richard Cohen column, "*A New Look At Late Term Abortion*," believe that the pro-choice community has provided misleading information surrounding the debate of H.R.1833. That is emphatically not the case. We have consistently provided the most accurate and complete information available. There are no new statistics. The confusion on this issue is due to newspaper articles that create the false impression that women who are having abortions in the third trimester are having them for reasons other than to protect their life or health.

Let me reiterate the facts: there is no evidence that women in the 7th, 8th, and 9th month of pregnancy are seeking abortions that are not necessary to protect their life or health. *Roe v. Wade* expressly ruled that states could ban abortion in the 7th, 8th, and 9th month of pregnancy except when the woman's life or health is in danger, and in fact 41 states have enacted restrictions.

Of the 1.5 million abortions in the United States each year 89% take place within the first twelve weeks of pregnancy (measured from the woman's last menstrual period), and 99% take place within the first 20 weeks of pregnancy, .04% take place after 26 weeks. Approximately 600 abortions are performed each year in the third trimester. This is an undisputable fact documented by the Alan Guttmacher Institute (AGI), the institution acknowledged by the Center for Disease Control (CDC) as having the most complete information in abortion practice in this country.

There are, in fact, few doctors in the country who perform third trimester abortions. Dr. Allan Rosenfield, Dean of Columbia School of Public Health, points out in his attached letter to the Washington Post that the intact D&E procedure is used, "when the physician, in consultation with women, feels that this is the most appropriate method."

It is disturbing that this complicated medical issue is being exploited for political reasons. It is clear from women like Coreen Costello, Vicki Stella, and Mary-Dorothy Line that the decision to have a late-term abortion was indeed a heart-wrenching decision to make, and they all relied on the best medical advice that was available to them. These complex medical decisions must continue to reside with medical practitioners to determine what is the best and safest procedure for their patients.

Sincerely,

Kate Michelman  
 President

Enclosure

NATIONAL ABORTION  
 and Reproductive Rights  
 Action League

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 Washington, DC 20005

Phone (202) 7-3-3000  
 Fax (202) 073-3096  
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SELF Magazine reaches 3.4 million women

Business Administration increased the volume of loans to women (from 1993 to 1994 it jumped 86 percent) and beefed up a nationwide business assistance program for women by adding 19 new centers where we can go for management and marketing training. In addition, the administration is responsible for opening up federal procurement contracts to women-owned businesses, insisting that 5 percent of the contracts go to women. The administration also appointed a committee of senior officials from 10 federal agencies to address women's economic issues. One of their first orders of business was to issue a report showing how critical women-owned businesses are to our economy. President Clinton also created an office at the White House to ensure that he and others in the administration hear women's voices. Not only is it a liaison with women's groups, it brings hundreds of women to discussion tables to air their thoughts on policy issues.

It is worth remembering that the GOP labored long and hard to defeat the Family Medical Leave Act prior to Clinton's election, with Dole leading two filibusters against it. The bill, allowing workers to take up to 12 weeks off to care for a sick family member without fear of losing their job, finally passed in 1992. Symbolically, it was the first bill that Clinton signed into law upon taking office.

Since poor women and children don't have political muscle in Washington, cutting aid to them became a kind of election year Ping-Pong played by the White House and Congress. Both sides said something had to be done but clashed over how. Essentially, the GOP wants harsh measures, including a five-year lifetime limit on benefits. At press time, Congress was expected to send the President a bill that included some of the softening measures President Clinton and the Democrats were insisting on, such as leaving Medicaid alone and keeping the food stamp program as a federal entitlement. But whether the bill will be one that President Clinton signs is anybody's guess. The main recipients of Aid to Families With Dependent Children (AFDC), the major program of "welfare," are children (68 percent). Another 29 percent are women, the children's mothers. It should come as no surprise that half of the women on welfare at any one time are there because of divorce. And only 15 percent of all women who go on welfare remain on it continuously for five years or more.

With the cuts in education that Congress has also proposed, one wonders how people will get the skills they need to join the workforce at anything but a subsistence level, if that. While some programs allow full-time college students to receive aid, the antiwelfare lobby is trying to shut down even that option—and has managed to do so at many local levels. And the kind of training that "workfare" provides doesn't allow one to move above low-paying, dead-end jobs. "The economy clearly doesn't have a million jobs for women who don't have skills for the information age," remarks Wolfe.

No one denies that welfare needs reform. Some 38 states are trying out a variety of options to see what works. But all this ballyhooing that has taken up so much of Congress' time recently is about a very small percentage of federal spending. AFDC amounts to only 1 percent of federal spending. But then, poor people don't have a strong lobby in Washington.

LORRAINE DUSKY is the author of *Still Unequal: The Shameful Truth About Women and Justice in America*, to be published by Crown this fall.

## The Personal and the Political

There are times when you have to speak out. This woman did—and made a difference.

Earlier this year, President Clinton vetoed a bill that would have banned what has been dubbed the "partial birth" abortion, a rarely performed, late-term procedure. Defeated on the national level, proponents of this bill turned to the state level. Similar bills were defeated in California, Washington and Maryland but passed in Utah and Michigan; currently, bills are pending in New York and Illinois.

In vetoing the bill, Clinton credited the congressional testimony of several women with influencing his decision. One of them was Claudia Crown Ades of Los Angeles. This is her testimony.

My name is Claudia Crown Ades. I have been married to Richard Ades for five years.

Three years ago, when I was 26 weeks into what seemed like a perfect pregnancy, I made the decision along with my doctor not to have amniocentesis. At age 33, there seemed no need. Then one day, worried about declining that test, I went to my doctor. There was no basis for my anxiety; it was just an instinct. To set my mind at ease, however, he sent me to a radiologist, an ultrasound expert.

The radiologist spent far too long conducting what was supposed to be a routine examination of a healthy baby. The next day, there was a call: "I'd like you to come back in so that my partner can take a look at your ultrasound. Please don't worry. I don't think it's anything," he said.

You can't tell a pregnant woman not to worry.

His partner immediately determined that there was a sac of fluid in my baby's brain. He called it Dandy Walker Syndrome. He also told us that many people walk around with Dandy Walker Syndrome without any impairment. On the other hand, it could be more serious, and he referred us to a perinatologist. The doctor put his hand on Richard's shoulder and told him not to lose hope; everything could be okay.

You don't console someone if nothing is wrong.

Because of his suspicions, which we were unaware of at the time, the perinatologist rearranged her schedule to see me the next day. We went into the office, apprehensive about what we might discover. She prepped me for an ultrasound. Within 30 seconds, the perinatologist said, "I concur with your doctor." Concur with what?

This was when our first fears were realized. At that moment we learned that in addition to a fluid-filled, nonfunctional brain, our son had a malformed heart with a large hole between the chambers that was preventing normal blood flow. He had also developed an extremely large cyst filled with intestinal matter, and hypertelorism [abnormally wide-set] eyes, another indication of severe brain damage. We later found out that these symptoms added up to Trisomy 13, a serious chromosomal disorder.

With each new bit of information, the tears flowed harder. Richard was holding me. I thought we were the only parents in the world who had ever heard such devastating news. We wanted this baby desperately. This was our son. We were preparing our family and our world for him. And now, we had to prepare for a tragedy. Away went the baby-name books, the shower invitations, the first birthday party, the baseball games, the bar mitzvah. Away went our dream.

Along with the tears, the questions flowed. Could a cardiologist fix our son's heart? Could a neurosur-

*Continued on page 225*

Once the leader in contraceptive research, for example, this country now offers women fewer types of contraceptives than other industrial nations. In the 1980s, tens of thousands of women injured by a defective contraceptive, the Dalkon Shield, began winning suits against the manufacturer, A.H. Robins Company, that eventually totaled billions of dollars. Robins was found to have knowingly misled doctors and patients about the device's safety, but firms guilty of no wrongdoing feared that they, too, could be sued. Almost all the companies researching new contraceptives abandoned the effort.

The smaller but still substantial medical liability awards won in suits against doctors by parents of babies born with various birth defects have also drastically raised the cost of malpractice policies for doctors who practice obstetrics. Many general practitioners and family physicians who used to deliver as part of general medicine have found the ob-

stetrical coverage they need prohibitively expensive and have dropped obstetrics from their practices. Even some ob/gyns have been discouraged from accepting high-risk pregnancies. Across the country, and especially in rural areas and poor inner cities, more and more women now have difficulty finding adequate medical care during pregnancy and childbirth.

This is a touchy and technical issue. Patients who are victimized by negligence or incompetence obviously deserve adequate compensation. But doctors who are willing to undertake risky procedures required by their patients and companies trying to develop new treatments and techniques also need protection against financial ruin because of complications or deaths that inevitably occur.

BERYL LIEFF BENDERLY is the author of *In Her Own Right: The Institute of Medicine's Guide to Women's Health Issues*, to be published by the National Academy Press this fall.

## The Personal and the Political

Continued from page 213

geon repair his brain? Could an eye surgeon help him to see? Could this baby survive? Was there anything, anything at all, that could be done? The answers were emphatically no. It was our worst nightmare and it was real. Even if my son survived the pregnancy, he had no chance of life. Every day meant pain and torture for him. What were we going to do? As his mother, I could not allow my child to suffer. By this time, a geneticist had joined us to discuss our options. We went through them all. I could carry to term. I could have a cesarean. I could induce premature labor in the maternity ward. All of those posed high risks for me, and more pain and suffering for my son. The doctors felt that an Intact Dilation and Extraction (Intact D&E) would be the safest for me, my baby and for my future children. This is when we learned about Dr. James McMahon and his clinic in California.

When I met Dr. McMahon, I asked him only one question: "Would my baby be in any pain?" This kind and gentle man assured me he would not. He specialized in cases like ours—families in crisis and tragedy. He explained the procedure step by step to us. He set our minds at ease. We knew we were in good hands.

The procedure was difficult and painful. Dr. McMahon put me under anesthesia and inserted *Laminaria* (a type of seaweed) to slowly dilate my cervix. He and his staff were compassionate and patient as he painstakingly deter-

mined how wide my cervix had to be to remove my baby safely and gently and prevent my uterus from tearing. Living 10 minutes away, Richard and I were lucky enough to go home between treatments. Many of Dr. McMahon's patients came from out of state, some from other countries. Being able to go back to my own comforting home was a luxury I relished.

The entire process took three days. There were no scissors stabbed in the back of his head, no brains sucked out, no skulls crushed and no pain to my baby.

Ironically, the final day of my procedure was Yom Kippur, the holiest day of the Jewish year. On Yom Kippur, we are asked to mourn those who have passed and pray to God to inscribe us into the Book of Life. I prayed more than one person can pray. I was praying for all of us.

Although I never imagined I would be faced with such a decision, I can honestly say that for many reasons, I feel very blessed. First, I was able to find out when I did. Second, I had access to the finest medical care in the world. And third, I live in a place where my rights as an individual have not been compromised.

Though I pray that no one has to go through what we did, there are people who will. Many families who are opposed to abortion have chosen this procedure, having come to realize its necessity. All women should have the protection, the guidance and the access that modern medicine allows. —Claudia Crown Ades

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1ST STORY of Level 1 printed in FULL format.

Copyright 1996 The Atlanta Constitution  
The Atlanta Journal and Constitution

September 24, 1996, Tuesday, CONSTITUTION EDITION

SECTION: EDITORIAL; Pg. 10A

LENGTH: 539 words

HEADLINE: It's still a private choice

BODY:

For those on both sides of the abortion issue, late-term abortions are particularly troubling. At no other time is the clash between a woman's right to choose and a fetus' right to develop more evident than when the fetus may be advanced enough to survive outside the womb.

But the vote before the U.S. Senate this week is not about defending the procedure that opponents call partial-birth abortion and doctors call intact dilation and extraction. It is about keeping government out of private medical and moral decisions that are best made by a woman in consultation with her doctor, her family and her God.

Last week, the House overrode President Clinton's veto of a measure that would ban the rarely used late-term abortion procedure. Clinton, who has long held that abortion should be "safe and legal, but rare," vetoed the measure in April after Republicans refused to include an exception allowing such abortions in cases where a woman's health is endangered.

The matter now goes to the U.S. Senate. If the Senate fails to uphold Clinton's veto, the abortion procedure would be the first to be outlawed since the Supreme Court upheld women's right to choose in 1973. More chilling, for the first time, American doctors could go to prison for performing a medical procedure they consider in the best interest of their patient.

The issue is not whether intact dilation and extraction is a grisly procedure. It is. And it is particularly disturbing if, as a recent Washington Post article reported, some women elect the procedure for nonmedical reasons. But the real issue is whether government should pass a single law meant to apply to every woman's circumstances.

Viki Wilson of Fresno, Calif., had the procedure not because her own life was in danger but because she learned late in pregnancy that her baby's brain had grown outside its head. Claudia Adee of Los Angeles had the procedure after four doctors told her it was the safest and most humane way to end her pregnancy. Her 26-week old fetus had a severely malformed brain, a hole in its heart and no chance of survival. And Vikki Stella of Naperville, Ill., had the procedure because she found out late in her pregnancy that her baby had no brain. "I wanted this baby," she said. "I chose to take him off life support, which was my body. Congress has no right interfering in our lives and our tragedies."

No law can address the myriad of circumstances that lead women to have an abortion in the late stages of pregnancy. Among those who choose the procedure, many are poor, young, ignorant about their bodies, or the victims of rape or incest, say the handful of physicians who perform it. If government is to have

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The Atlanta Journal, September 24, 1996

any role in curtailing abortions, it should be to ensure that every woman has access to family-planning services. That is especially so in a state such as Georgia, where poor women wait up to six weeks to get contraceptives.

Government has no role, however, in the very private, often wrenching decisions that women make about their reproduction. With the vote in the House, the religious right has scored a big win in its battle to strip women of their right to choose. It's up to the Senate to turn back the extremist forces.

LOAD-DATE: September 25, 1996



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3RD STORY of Level 1 printed in FULL format.

Copyright 1996 The Roanoke Times & World News  
Roanoke Times & World News

September 18, 1996, WEDNESDAY, METRO EDITION

SECTION: EDITORIAL, Pg. A7

LENGTH: 930 words

HEADLINE: REAL FAMILIES NEED LATE-TERM ABORTIONS

BYLINE: DAVID NOVA

BODY:

THE CONGRESSIONAL Post Office is under siege. The Christian Coalition, the Catholic bishops and others have sent a million preprinted postcards urging Congress to ban a procedure they incorrectly term "partial-birth abortion."

They urge Congress to override President Clinton's veto of a bill criminalizing this late-term abortion procedure, correctly termed intact dilation and extraction.

Buried among the mountain of mail are several dozen letters from women who have had an IDE abortion. They are begging Congress not to criminalize the procedure that saved their lives. These are real families with wanted pregnancies who faced tragic circumstances. Their words are compelling:

"Dear Members of Congress:

"My name is Coreen Costello and I am writing to you on behalf of my family

"On March 24, 1995, when I was seven months pregnant, an ultrasound revealed that our third child, a darling baby girl, was dying. She had a lethal neurological disorder and had been unable to move any part of her tiny body for almost two months. She was unable to swallow amniotic fluid and, as a result, the excess fluid was puddling in my uterus.

"Our physicians discussed our options with us. When they mentioned terminating the pregnancy, we rejected it out of hand. We are Christians and conservative. We believe strongly in the rights, value and sanctity of the unborn. Abortion was simply not an option we would ever consider. This was our daughter. We asked our pastor to baptize her in utero. We named her Katherine Grace

"Amniotic fluid continued to puddle into my uterus at a rate of great concern to my doctors. I was carrying an extra 9 pounds of fluid. It became increasingly difficult to breath, to sit or walk. I could not sleep. My health was rapidly deteriorating.

"We considered a Caesarean section, but experts at Cedars-Sinai Hospital felt that the risks to my health and possibly to my life were too great. A Caesarean section is done to save babies. In my case, even if a Caesarean could be done, Katherine would have died the moment the umbilical cord was cut. "

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Roanoke Times & World News, September 18, 1996

"This procedure allowed me to deliver my daughter intact. My husband and I were able to see and hold our daughter. I will never forget the time I had with her, nor will I forget her precious face. "

Dear Member of Congress:

My name is Vikki Stella. My husband Archer and I live in Naperville, Ill. We have three children

"A little less than two years ago I was in my third trimester of pregnancy with a

much-wanted son. But then at 32 weeks, our world turned upside-down. (M)y son was diagnosed with at least nine major anomalies: these included a fluid-filled cranium with no brain tissue at all

"Our options were extremely limited because of my diabetes: I don't heal as well as other people so waiting for normal labor to occur, inducing labor early, or having a C-section would have had potentially severe health consequences for me.

"The (IDE) procedure was gentle and our baby boy was delivered intact. We held him and said our goodbyes. We named him Anthony. He could never have survived outside my womb, so I did the kindest thing, the most loving thing I knew to do. I took my son off life support."

\*  
"Dear Sir/Madame:

"Exactly one year ago I had an intact dilation and evacuation (IDE) because our son, our first child, had severe hydrocephalus. Hydrocephalus occurs when there is too much fluid in the head and a brain cannot develop. "

"As our son could not swallow, he was not absorbing amniotic fluid; this fluid would have continued to develop and could have caused my uterus to rupture. In addition to the fluid problem, if our son had died in utero, the resulting toxins could have required a hysterectomy."

"There is a lot of confusion as to how these procedures are performed. Let me tell you how it is done. No scissors are used and no one sucked out our son's brains. A simple needle was used to drain the excess fluid from his head to allow him to pass through the birth canal undamaged.

"I am a registered Republican and my husband and I are practicing Catholics. We believe that God led us to the best doctors, who recommended the best procedure for our circumstances. We are expecting another baby in seven weeks, a child that might never have been possible had we been forced by ill-advised legislation to have a procedure less appropriate for our circumstances."

Mary and William Line

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Roanoke Times & World News, September 18, 1996

Dear Honorable Representatives:

" You have seen the diagrams of those sweet little Gerber-like babies. How we wish our baby looked like that. Our baby was riddled with deformities that, frankly, are not pleasing to the eye - but he was our son.

This isn't simply a late term abortion. It's a badly needed medical procedure. This is medicine, not politics.

"We are the families who will forever have a hole in our hearts. We are the families that had to choose how our babies would die. Now we ask you, no, we beg you, on behalf of all those unfortunate women who come after us, to vigorously join President Clinton in support of women's health and families in crisis, and oppose this heinous legislation. Thank you.

Sincerely and respectfully,

Richard and Claudia Crown Adee

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Congress is scheduled to vote to override President Clinton's veto this month. It will decide what the future holds for the hundreds of families that rely on this medically necessary procedure when a wanted pregnancy has gone horribly wrong.

David Nova is public affairs director for Planned Parenthood of the Blue Ridge, Inc.

GRAPHIC: GRAPHIC: Gary Viskupic/Newsday.

LOAD-DATE: September 19, 1996

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2ND STORY of Level 1 printed in FULL format.

Copyright 1996 The Richmond Times Dispatch  
The Richmond Times Dispatch

September 19, 1996, Thursday, CITY EDITION

SECTION: EDITORIAL, Pg. A-14

LENGTH: 444 words

HEADLINE: OVERRIDE THE VETO

BODY:

Listen to an assisting nurse describe partial-birth abortions.

(The doctor) delivered the baby's body and arms -- everything but the head. The doctor kept the baby's head just inside the uterus. The baby's little fingers were clasping and unclasping, and his feet were kicking. Then the doctor stuck the scissors through the back of (the baby's) head, and the baby's arms jerked out in a flinch -- a startled reaction, like a baby does when he thinks he might fall. The doctor opened up the scissors, stuck a highpowered suction tube into the opening, and sucked the baby's brains out. Now the baby was completely limp.

And that practice has the endorsement of the President of the United States. After Congress voted in April to ban partial-birth abortions, Bill Clinton considered it worth a veto to protect such a grisly act. As usual, he wrapped his pretense securely in deceit, claiming the procedure sometimes was necessary to protect a mother's life. That is patently false.

For one thing, the bill he vetoed would permit the procedure if it were necessary to save a mother. But more important, no such instances have been found to exist. Former Surgeon General C. Everett Koop was charitable about the President's remarks. "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortion," Koop says. "Because in no way can I twist my mind to see that the late-term abortions as described -- you know, partial birth, and then destruction of the unborn child before the head is born -- is a medical necessity for the mother."

Supporters of the practice also claim it is performed only rarely and in cases of severe fetal abnormality. Those are lies as well. A New Jersey reporter covering "women's issues" for The Record (and apparently no sympathizer of the pro-life movement) recently found that doctors in her state perform at least 1,500 partial-birth abortions each year -- most of them elective. "We have occasional amnio abnormality," one doctor told her, "but it's a minuscule amount."

Indeed, the women flanking Clinton when he signed the veto conceded the President misled the public into thinking their lives had been in jeopardy. "My procedure was elective," Claudia Ades told reporters, "as were all the other (abortions of the) women who were at the White House yesterday."

Americans have learned not to expect any better from the hollow man who is President. But Congress has an obligation today to override his misguided veto. No excuse exists for such lawful brutality of infants. A nation that will

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The Richmond Times Dispatch, September 19, 1996

tolerate this is, indeed, lost.

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