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**Abortion Partial Birth - Official  
Statements**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

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

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

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

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

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

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

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,  
April 10, 1996.

# # #



EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

Abortion-partial  
birth-official  
statements  
letters

**TO:** RAHM EMANUAL  
TODD STERN  
NANCY ANN MIN (OMB)  
MARTHA FOLEY (WHLA)  
PETER JACOBY (WHLA)  
PHIL CAPLAN (COS)  
WILLIAM MARSHALL (White House Counsel)  
JOHN HART (Intergovernmental Affairs)  
MELANNE VERVEER (1st Lady's Office)  
ELENA KAGAN (DPC)  
BARBARA WOOLLEY (Public Liaison)  
LYNN HOGAN (DPC)

**CC:** CHARLES KIEFFER  
CHUCK KONIGSBERG  
TRACY THORNTON

**DATE:** March 6, 1997

**FROM:** Alice Shuffield

**RE:** Partial-Birth Abortion letter for your clearance

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Attached is a draft response to Senator Kennedy's 3/5/97 letter to Dr. David Satcher (also attached), requesting specific information for the Tuesday, March 11th Senate Judiciary Committee hearing on partial-birth abortion.

In an effort to meet his request for a response by March 7th, please contact me (5-4790) by 1:00 pm on Friday with your comments or your clearance.

THANKS!

DRAFT 3/6/97

The Honorable Edward Kennedy  
United States Senate  
Washington, D.C.

Dear Senator Kennedy:

Thank you for your letter of March 5 to Dr. David Satcher regarding the availability of data on abortions, particularly the so-called partial birth abortion. Dr. Satcher has asked that I respond and I am pleased to have the opportunity to respond to your several questions. I have divided my response into three sections: the sources of abortion data, the annual number of abortions as a function of gestation period and abortion method, and the availability of data on partial-birth abortions.

#### Current sources of abortion data

There are two current sources of abortion data: The Centers for Disease Control and Prevention (CDC) and The Alan Guttmacher Institute (AGI):

The Centers for Disease Control and Prevention (CDC)—The CDC began abortion surveillance in 1969 to document the number and characteristics of women obtaining legal induced abortions, to monitor the incidence of unintended pregnancies, and to assist with efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions. The CDC's abortion data are currently compiled from data submitted voluntarily by the health departments of 45 States plus Washington, D.C. and New York City. CDC's national count also includes estimates for the five states not collecting abortion statistics; these five states (including Alaska, California, Iowa, New Hampshire, and Oklahoma) account for an estimated 26.5 percent of U.S. abortions.

The Alan Guttmacher Institute (AGI)—The AGI, a private, non-profit research organization, periodically collects data on total abortions by directly contacting abortion providers to obtain information on the number of abortions performed. The AGI does not collect information on patient characteristics. The data reported by the AGI are believed to accurately reflect the national count of abortions. The totals reported by central health agencies to CDC are generally lower than those obtained by direct surveys of abortion providers conducted by the AGI. In 1992, for example, the CDC national estimate was about 12.5 percent lower than the number reported to AGI. The trends in abortions according to the two data sources have been fairly similar; the percent difference in the number of abortions reported by CDC and AGI has declined in recent years.

#### Abortion data analyzed according to gestation period and abortion method.

Two tables are attached. The first - labeled "Table 16" - is an excerpt from Abortion Surveillance--United States, 1992 (CDC, MMWR No. SS-3, 1996), based on CDC's abortion surveillance system. It provides a cross-classification of numbers of procedures by weeks of

gestation and abortion method for the 36 areas that report these characteristics to CDC. Abortion data compiled by CDC does not include breakdown of abortion method on a week by week basis beyond a gestational period of 21 weeks. We have also enclosed a copy of the full CDC report.

The second table provides estimates of numbers of abortions by more detailed gestational distribution. The table includes data from the CDC system as well as a table that was developed by the Alan Guttmacher Institute using data from three data systems: their reporting system, the CDC surveillance system, and data collected from the 14 States that were part of an NCHS data system in 1992.

It should be stressed that these tables, like other abortion data, have serious limitations. These include:

- There is no verification or validation of information reported in either of these data systems. Gestational age, in particular, is highly subject to error.
- Definitions of procedure are vague, lack consistency in the way they are applied, and reflect a lack of consensus on use of medical terminology.
- CDC compiles information from 47 reporting areas (not all provide all data items), which in turn are based on reports from facilities and physicians, and there are inconsistencies across states regarding abortion reporting. AGI obtains reports from facilities, covering the whole U.S. but lacking characteristics on the encounter (e.g., abortion method, gestation, etc.).
- The AGI national estimates according to patient characteristics, such as age, length of pregnancy, and type of procedure, are based on coupling the total abortion figures collected by the AGI with the more detailed data compiled by the CDC. The CDC data according to patient characteristics are limited, however, because all states do not provide information on all characteristics. For example, in 1992, gestational age was reported by 37 states, the District of Columbia, and New York City. Gestational age according to type of procedure was reported by only 35 states and New York City. The AGI estimates of abortions according to gestational age in the second attached table were based on the CDC distributions. However, the figures for abortions after 20 weeks were based on a tabulation of NCHS abortion data for 14 states which provided detailed gestational data.

#### Data on "partial-birth abortions," and intact dilation and extraction abortions

Because the term "partial birth abortions" is not a medical term, it is not used in reports submitted by physicians or providers to State health departments. Therefore, abortion data compiled by CDC does not have data specific to that term. Dilation and extraction (also known as D&X and intact D&E) is one of several abortion methods included under the general category of curettage, however the data submitted by states and providers do not subdivide the category further into

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specific abortion methods. In fact, the current lack of standardization in the definition of the procedures is a barrier to the collection of such data. As noted, the AGI surveillance system does not collect abortion data by procedure.

While anecdotal information has been discussed in the press, the validity of the anecdotal data has not been determined.

I hope we have provided some clarification on the availability of data on partial birth abortions, or more specifically, intact dilation and extraction. In short, while there are data available that allow monitoring of trends and abortion issues in the aggregate, we are unaware of credible data to address the use of this specific procedure.

Sincerely,

Edward J. Sandik, Ph.D.  
Senior Advisor to the Secretary on Health Statistics, and  
Director, National Center for Health Statistics, CDC

cc: David Satcher, M.D.

Attachments

TABLE 16. Reported legal abortions, by weeks of gestation and type of procedure\* — United States, 1992

Type of procedure	Weeks of gestation												Total	
	≤8		9-10		11-12		13-15		16-20		≥21			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Curettage (suction or sharp) <sup>†</sup>	352,453	98.9	168,815	98.5	32,911	99.6	40,740	98.2	25,180	96.0	2,505	85.4	688,694	99.0
Intrauterine saline infiltration	43	0.0 <sup>‡</sup>	32	0.0 <sup>‡</sup>	53	0.1	208	0.5	1,324	4.5	422	4.3	2,074	0.3
Intrauterine prostaglandin infiltration	22	0.0 <sup>‡</sup>	19	0.0 <sup>‡</sup>	35	0.0 <sup>‡</sup>	199	0.5	1,273	4.3	455	4.8	2,018	0.3
Hysterotomy/ Hysterectomy	11	0.0 <sup>‡</sup>	7	0.0 <sup>‡</sup>	3	0.0 <sup>‡</sup>	3	0.0 <sup>‡</sup>	11	0.0 <sup>‡</sup>	6	0.1	41	0.0 <sup>‡</sup>
Other <sup>†</sup>	262	0.1	70	0.0 <sup>‡</sup>	291	0.3	325	0.8	1,495	5.1	437	4.4	2,820	0.4
Total**	352,917	100.0	168,943	100.0	33,214	100.0	41,467	100.0	26,223	100.0	2,838	100.0	693,557	100.0

\*Excludes unknowns.

<sup>†</sup>Includes dilatation and evacuation.<sup>‡</sup>≤0.00%.<sup>§</sup>Includes infiltration procedures not reported as a specific category.

\*\*Reported by 35 states and New York City.

Note: Total numbers of abortions differ from the following table due to different reporting areas.

Source: CDC. Abortion Surveillance: United States, 1992, MMWR 45(No. SS-3), 1996.



EDWARD M. KENNEDY  
MASSACHUSETTS

## United States Senate

WASHINGTON, DC 20510-2101

March 5, 1997

Dr. David Satcher  
Office of the Director  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

Dear Dr. Satcher,

As you know, the Senate Judiciary Committee will hold a hearing entitled, "Partial-Birth Abortion: The Truth," on Tuesday, March 11, 1997. Although the hearing will undoubtedly address several issues, I believe a great deal of attention will be focused on the confusion surrounding the number of intact D&E abortions performed annually. I hope you will be able to provide information that assists members of the Committee to better understand this issue.

It is my understanding that no public or private organization compiles national data on the number of intact D&E procedures performed annually. The Centers for Disease Control (CDC) and the Alan Guttmacher Institute, recognized by the CDC as maintaining highly accurate and comprehensive abortion statistics, do maintain a range of abortion-related data. Based on this information and our understanding about the period in which the intact D&E procedure is employed, we can infer, with reasonable accuracy, the number of abortions performed after fetal viability.

It would be very helpful to me and other members of the Judiciary Committee if the CDC would tell us how long they have been maintaining abortion data and provide the following: abortion data by gestation period and correlated to abortion method; data regarding "partial-birth abortions," if such data exists; data regarding intact D&E abortions or verification that my understanding of data collection regarding intact D&E abortions is correct; and your opinion regarding the validity of the statistics provided by the Alan Guttmacher Institute. Finally, I would like to know if you are aware of any public or private organization that maintains accurate information on "partial-birth abortions."

Because the Senate Judiciary Committee will hold a hearing on this issue on Tuesday, March 11, 1997, I would appreciate a response to my request no later than Friday, March 7, 1997. If you have any questions regarding this request, please call me or my Judiciary Committee General Counsel, Melody Barnes, at (202) 224-7956.

Thank you for your assistance with this matter, and I look forward to your response.

Sincerely,

  
Edward M. Kennedy

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EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
LEGISLATIVE AFFAIRS

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PHONE: 395-4790 / FAX: 395-3729

TO: Elena Kagan

DATE: 3/19/97

FROM:

\_\_\_ CHUCK KIEFFER

\_\_\_ CHUCK KONIGSBERG

\_\_\_ LISA KOUNTOUPES

✓ \_\_\_ ALICE SHUFFIELD

\_\_\_ KATE DONOVAN

\_\_\_ NANCY BRANDEL

Comments: Final SAP on HR. 929  
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FAX #: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

PAGES: 4  
(includes cover page)



EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

March 19, 1997  
(House)

## STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

### H.R. 929 - Partial-Birth Abortion Ban Act of 1997 (Rep. Canady and 181 cosponsors)

H.R. 929 contains the same serious flaws as H.R. 1833, a virtually identical bill that was passed during the 104th Congress and vetoed by the President on April 10, 1996.

The President will veto H.R. 929 for the reasons he expressed in his veto message of April 10, 1996, which is attached.

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Office of the Press Secretary

For Immediate Release

April 10, 1996

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April 10, 1996.

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