Bill as Introduced

1997 SESSION

97-0523
01/02

HOUSE BILL ***768-FN***

AN ACT relative to certain abortions.

SPONSORS: Rep. K. Smith, Rock. 29

COMMITTEE: Judiciary and Family Law

ANALYSIS

This bill prohibits certain abortions unless the mother's life is at risk.

- - - -

97-0523
01/02

STATE OF NEW HAMPSHIRE

In the Year of Our Lord One Thousand Nine Hundred and Ninety-Seven

AN ACT relative to certain abortions.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Subparagraph; Prohibition Added. Amend RSA 329:17, VI by inserting after subparagraph (k) the following new subparagraph:

(l) Has violated RSA 329:32, relative to performing certain abortions.

2 New Section; Certain Abortions Prohibited. Amend RSA 329 by inserting after section 31 the following new section:

329:32 Certain Abortions Prohibited.

I. Except as otherwise provided in paragraph II, a physician or an individual performing an act, task, or function under the delegatory authority of a physician shall not perform a partial-birth abortion, even if the abortion is otherwise permitted by law.

II. A physician or an individual described in paragraph I may perform a partial-birth abortion if the physician or other individual reasonably believes that performing the partial-birth abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose.

III. This section does not create a right to abortion.

IV. Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

V. In this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species homo sapiens at any time before complete delivery from a pregnant woman.

(c) "Partial-birth abortion" means an abortion in which the physician or individual acting under the delegatory authority of the physician performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

3 Effective Date. This act shall take effect January 1, 1998.

LBAO
97-0523
1/29/97

FISCAL NOTE

AN ACT relative to certain abortions.

1 **FISCAL IMPACT:**

2 The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill as it is
3 awaiting information from an agency.

JUDIC

LBAO
97-0523
Revised 2/4/97

FISCAL NOTE

FILE COPY

AN ACT relative to certain abortions.

FISCAL IMPACT:

The Department of Health and Human Services determined this bill will have no fiscal impact on state, county or local revenues or expenditures.

METHODOLOGY:

The Department indicated this bill will make changes in statutory language which will not have any fiscal impact.

Amendments

Rep. K. Smith, Rock. 29
March 6, 1997
1997-0645h
01/09

LOST 6-10

FILE COPY

Amendment to HB 768-FN

1 ~~Amend the bill~~ by replacing all after the enacting clause with the following:
2
3 1 New Section; Certain Abortions Prohibited. Amend RSA 329 by inserting after section 31
4 the following new section:
5 329:32 Certain Abortions Prohibited.
6 I. No person shall perform a partial-birth abortion, even if the abortion is otherwise
7 permitted by law.
8 II. In this section:
9 (a) "Abortion" means the intentional use of an instrument, drug, or other substance or
10 device to terminate a woman's pregnancy for a purpose other than to increase the probability of a
11 live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.
12 Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription
13 of a drug or device intended as a contraceptive.
14 (b) "Fetus" means an individual organism of the species homo sapiens at any time before
15 complete delivery from a pregnant woman.
16 (c) "Partial-birth abortion" means an abortion in which the physician or individual
17 acting under the delegatory authority of the physician performing the abortion partially vaginally
18 delivers a living fetus before killing the fetus and completing the delivery.
19 III. Any person who violates this section shall be guilty of a misdemeanor.
20 2 Applicability. Nothing in this act shall repeal or be construed as repealing by implication
21 RSA 585:12, RSA 585:13, RSA 585:14.
22 3 Effective Date. This act shall take effect upon its passage.

1997-0645h

AMENDED ANALYSIS

1 This bill prohibits certain abortions.

Speakers

HB 768, relative to certain abortions.
PINK CARDS

SPEAKING - SUPPORTING

Rep. Kevin Smith, Londonderry
Rep. Mary E. Brown, Chichester
Rep. Jane Langley
Nancy Lockhart, 17 Dwinell Dr., Concord
Judith Delisle, Ash St., Manchester, representing Diocese of Manchester
Ed Corrigan, representing Sen. Bob Smith's office
Diane Borner Day, CRM, 17 Tingley St., Rochester
Dr. Mildred Jefferson,P.O. Box 935, Boston, MA
Mary Stipe, 1 Cota Rd., Merrimack
Francis Milligan, 6 Windsor, Bow
Robert Stenson, P.O. Box 756, No. Hampton, Citizens for Life
Kathy Roberts, 53 High Range Rd., Londonderry
Michael Gagnon, 22 Cherokee Ave. (no city or town)
David Vicinanzo, 89 District Five Rd., Concord
Robert Rabuck, 35 Pleasant St., Concord, N.H. Christian Coalition
Dr. Jeff Lockhart, Cardiologist
Daniel E. Hogan, 71 Watson St., Nashua
Ann Conceison, 31 Glastonbury Rd., Nashua
Ginny Timmons, 4 Park Ridge, Concord
Ed Holgate, 63 Royal Range, Sandown, N.H. Right to Life (did not speak)

SPEAKING - OPPOSING

Sen. Katie Wheeler, Straff 21
Claire Ebel, 18 Low Avenue, Concord, Reproductive Rights Coalition
Patti Baum, 38 So. Main St., Concord, Concord Feminist Health Ctr.
Rep. Elizabeth Hager, Concord
Alice Chamberlin, 227 Burnt Hill, Warner
Carolyn Jones, Box 336, Stoddard
Rev. Frances D. Lotter, 38 Little Pond Rd., Concord
Susan McLane, 203 Mt. Rd., Concord, NARAL

SIGN UP SHEET

To Register Opinion If Not Speaking

FILE COPY

Bill # HB 768-FN Date 3/2/97

Committee Judiciary + Family Law

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Patrick Troy	203 Loudon Rd	2247361	Self		✓
Daniel E Hogan		603 880 8157	Self	X	
FRANK SUAREZ	158 SCHOOL ST CONCORD		SELF	✓	
TED BARBARA C. FRENCH		MEMBERS	BRADFORD, HENNIKER		✓
Rep. Timothy McLeod	Portsmouth				✓
Mary Sayer	Concord				✓
Jennifer Bils	88 Hanover	Dover	self		✓
Philip Mistre	102 Hill Pond Rd	Concord	self		✓
Bruce Smith				✓	
Jessica L. Morse				✓	
Philip Morrison	42 Austin Tavern Rd., Apt. 5, Weare, NH	529-4361	NH Right to Life	✓	
Ralph W. Day	17 Tingley, Rochester, NH	03867		✓	
Alice Day	17 Tingley, Rochester NH	03867		✓	
Joe Hoar	P.O. Box 218 Ashland NH 03217	968-7177	self	✓ 5:37 pm	
MIKE Emmond	743 Union Ave	Laconia	524-5747	✓	
Mary Fiella	Northwood NH			✓	
Michael Fiella	124 Old Turnpike Rd	Northwood		✓	
Daniel J. McCarthy	62 Mammoth Rd	Londonderry	434-1596 Truth	✓	
John Fiella	1240 Turnpike Rd.	942-5582		✓	

SIGN UP SHEET

To Register Opinion If Not Speaking

FILE COPY

Bill # HB 768-FN Date 3/7/97

Committee Judiciary & Family Law

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
PHIL WEBER	RR1 BOX 1135 GRAFTON	523-7755	GRAFTON 11	✓	
Rachel Dodson	8 Heritage Dr. Merrimack	424-9629	myself & family	✓	
JOAN dEVOGEL	3 HILLCREST DR MERR.		SELF	✓	
Maureen Kelley	18 Low Ave	224-4394	NH Family Planning Coun.		✓
Margaret Landsman	18 Low Ave	225-2925	Planned Parenthood of Northern New England		✓
William Muskoe	102 Little Pond Rd Con Concord		Self		✓
Diana Westgate	8 Gordon Rd BOW NH		self		✓
Sylvia Muskoe	102 Little Pond Rd	225-6546	self		✓
Rep Dobbie	18 Low Ave, Concord	228-1224	NARAL-NH		✓
Sharon E Malone	289 Portland St Rochester NH	332-0764	Life	✓	
Rep Tim Tufts	Merrimack, NH		AHCS-18		w/AMONTOMPOTI.
ROGER STENSON	CITIZENS FOR LIFE N. Hampton NH	964-8746		✓	
Amy Witham	20 Woodvue Rd	893-1303	Birthright	✓	
Karyn Levesque	15 Old Auburn Rd	434-4648		✓	
Cynthia Hand	Box 1072 Concord	224-9105	NHCF's Lobby		✓
ELIZABETH Adams	Pittsfield NH	435-6197	SELF	✓	
Dilar Olivo	6 Tahanto St, Concord	228-3497	self		✓
Rep Maria Sheehan	7 Bradley St Concord				✓
Mary Ann Barton	15 Charles St Concord		self		✓
former Rep Fran Wendelboe	P.O. Box 244 New Hampton NH 03256		self	✓✓✓✓	
Rep. Robert R. Cushing	395 Winnacunnet Rd Hampton 03842				✓
GARY VICTOR MILANO	145 RIVER Rd CONCORD			✓	

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 268-FN Date 3/7/97

Committee Judiciary & Family Law

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Anniska Day				✓	
Diane Borner Day	Rochester NH	330 0700		✓	

Hearing Minutes

HOUSE COMMITTEE ON JUDICIARY AND FAMILY LAW

PUBLIC HEARING ON HB 768-FN

BILL TITLE: relative to certain abortions.

DATE: March 7, 1997

FILE COPY

LOB ROOM: ~~208~~ 206-207 **Time Public Hearing Called to Order:** 3:05 p.m.

Time Adjourned: {Time}

(please circle if present)

Committee Members: Reps. J. McCarthy, Woods, Jacobson, Keans, Holden, Battles, J. Brown, Letendre, Mirski, Clay, Bickford, T. Colburn, N. Reardon, K. Smith, Wall, Allison, L. Johnson, I. Pratt, Richardson, McGovern, Moynihan and M. Smith.

Bill Sponsors: Rep. Kevin Smith, Rock 29

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Kevin Smith, sponsor, supporting
-spoke about partial birth abortions, described procedures for late term abortion
-in his opinion the extraction method of the unborn fetus is barbaric
-presented video of nurse and Dr. Haskell, this graphically described a partial birth abortion she witnessed
-presented amendment to the bill

Sen. Katie Wheeler
-appears in opposition of bill
-concerned for women harmed if this bill passes
-decision should be left up to doctors
-concerned about government intrusion in physician/patient decisions

Rep. Mary E. Brown
-described birth of her own child
-presented picture of child

Claire Ebel -rperesenting Reproductive Rights Coalition
-spoke in opposition to bill
-opines unconstitutional

Rep. Jane Langley
-spoke in support of bill

Nancy Lockhart
-spoke in support of bill
-worked in neo-natal intensive care unit for several years
-described her experiences

Patti Baum, representing Concord Feminist Health Center
-spoke in opposition to bill
-interefers with womens' right to abortion

Rep. Elizabeth Hager
-opposes bill

Judith Delisle -representing diocese of Manchester
-supports bill
-opposes abortion of any form

Ed Corrigan, representing U.S. Sen. Bob Smith's office
-read statement in support of bill

Alice Camberlain
-opposes bill

Diane Borner Day
-nurse practioners
-spoke in opposition to bill
-also spoke in opposition to abortion in general

Dr. Mildred Jefferson
-physician
-spoke in support of bill
-described procedure

Rev. Francess D. Potter
-opposes the bill

Mary Stipe
-supports the bill
-mother of handicapped child
-thinks all medical abortions should be prohibited

Robert Rabuck, represents NH Christian Coalition
-supports bill

Philip Morrison, N.H. Right ot Life, yields to Doctor Lockhart
-Dr. Lockhart is physician and cardiologist
-supports bill

Daniel E. Hogan
-supports bill
-provided testimony/documentation

Ann Conceison
-supports bill

Ginny Timmons
-nurse, supports bill
-has had 10 pregnancies
-prays we could end abortion

Respectfully submitted,

Rep. Neil J. Reardon, Acting Clerk

Neil Reardon

HB 768-FN Relative to Certain Abortions

Witnesses March 7, 1997 3:05 PM

(1) Kevin Smith (Rep)
4 Overlook Ave
Londonderry NH 03053

(603) 425-0195

Sponsor of Bill
Spoke about partial birth abortions
described procedure for late term abortion
In his opinion the extraction method of
the unborn fetus is barbaric
Presented video of nurse of Dr. Haskell
who graphically described a
partial birth abortion she witnessed
Presented an Amendment to bill

(2) Katie Wheeler (Sen.)

Appears in opposition
Concerned for women harmed if bill passes
Decision should be left up to doctors
Concerned about government intrusion
in physician/patient decision

(3) Mary E. Brown (Rep)

Described birth of her own child
Presented picture of child

(4) Claire Ebel - representing Reproductive Rights Coalition

Spoke in opposition to bill
opines unconstitutional

(5) Jene Longely (Rep)

spoke in supporting bill

(6) Nancy Lockhart

spoke in support of bill
had worked in neonatal intensive care unit for several years
described experiences

(7) Patti Baum - representing Concord Feminist Health Center

spoke in opposition to bill
interferes with womens right to abortion

(8) Elizabeth Heger (Rep)

opposes ~~inoperant~~ bill

(9) Judith Delisle - representing diocese of Manchester

Supports bill
opposes abortion of any form

(10) Ed Corrigan - representing U.S. Sen. Bob Smiths office

read statement in support of bill

(11) Alice Chamberlain

opposes bill

(12) Diane Borner Day

nurse practioner
spoke in opposition to bill
spoke in ~~for~~ opposition to abortion in general

(13) Dr. Mildred Jefferson

physician
spoke in ~~sp~~ support of bill
described procedure

(14) Rev. Francess D. Potter

opposes the bill

(15) Mary Stipe

supports bill
mother of handicapped child
thinks all medical abortions
should be prohibited

(16) Dr. Francis Milligan

supports bill
physician who was interested
suggest procedure barbaric

(17) Coralyn Jones

nurse
opposes bill

(18) Roger Stenson representing Citizens for Life, Inc

(19) Kathy Roberts

supports bill

(20) Michael Coagnon

supports bill
Compared abortion to murder
(taking a life)

(21) Susan Mehane represents National Nurses

opposes bill ~~[illegible]~~
says Roe v. Wade - law of land

(22) David Vicinanzo

supports bill

(23) Robert Rebuck - represents NH Christian Coalition

supports bill

(24) Philip Morrison - NH Right to Life
yeilds to
Doctor Lockhart - physician
cardiologist

supports bill

(25) Daniel E Hogan

supports bill
provided testimony / documentation

(26) Ann Concelson

supports bill

(27) Ginny Timmons

nurse
support bill
has had ten (10) pregnancies
prays we could end abortion

HOUSE COMMITTEE ON JUDICIARY AND FAMILY LAW

PUBLIC HEARING ON HB 768-FN

BILL TITLE: Relative to Certain Abortions

DATE: March 7, 1997

LOB ROOM: ~~208~~ 205-207

Time Public Hearing Called to Order: 3:05 PM

Time Adjourned:

(please circle if present)

Committee Members: Reps. J. McCarthy, Woods, Jacobson, Keans, Holden, Battles, J. Brown, Letendre, Mirski, Clay, Bickford, T. Colburn, N. Reardon, K. Smith, Wall, Allison, L. Johnson, I. Pratt, Richardson, McGovern, Moynihan and M. Smith

Bill Sponsors:

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Testimony

FILE COPY

My name is Jeffrey Lockhart, I'm a physician specializing in Cardiology, practicing in Concord. Although the issue before us does not involve my particular area of expertise, I have an interest in medical-ethical issues. I have had a special interest in premature infants stemming from my wife's employment as a neonatal ICU nurse. While in residency, I used to stop down to visit her and see how her little charges were doing. I also used to watch these little kids squirm when we put jelly on their chests for cardiac ultrasounds.

My ethical arguments against "partial birth abortions (D and X)" and therefore in favor of Mr. Smith's legislation include:

1. Firstly, a 24 week fetus is a living human being. The features we use to define an individual life are all present:
   a. Distinct genetic code.
   b. Movement
   c. Response to stimuli, including avoidance of noxious stimuli
   d. Brain waves or EEg signals that change in response to noise or other stimulation
   e. Heart pumping action is developed 30%
   f. Viability- some kids at 24 weeks and I am told most kids at 26 weeks are now able to live outside the uterus
   g. Lastly, one doesn't need to be a scientist to realize that these beings look like babies

2. My second ethical objection to partial birth abortion is that it is a barbaric procedure. I find the description of the procedure to be heinous. I find it particularly ironic and preposterous that a society which has stopped pithing frogs in high school biology classes for humane reasons can allow such acts to continue.

3. My last objection to partial birth abortion is simply that it is not recommended by most gynecologists. One colleague of mine has expressed concern about future fertility risks to the mother.

Jeffrey Lockhart.

Ann Conceison
31 Glastonbury Dr.
Nashua, NH 03063
March 7, 1997

FILE COPY

Testimony re: Partial Birth Abortion Bill, before the NH House, Judiciary & Family Law Comm.

Dilation and Extraction is a nice, safer-sounding medical term. Partial birth or live birth abortion is a much more accurate term for this procedure. The abortion industry has been very successful in disguising what it is they really do. My reason for being here is to correct some of these lies. Live birth abortion is done by pulling the baby down the birth canal feet-first and leaving the head inside the mother. A scissors is then forced into the base of the baby's skull. The scissors are then spread to enlarge the opening. A suction catheter is then inserted and the contents of the skull sucked out. At this point the baby is delivered...dead. This procedure can be used up through the ninth month. Babies have survived early deliveries as early as 4-1/2 months and are routinely saved at 5 months gestation. Life-saving surgery has been performed in the womb as early as 4 months.

Lie #1

The health exception. This is the mother of all loopholes. It includes "physical, emotional, psychological, familial and woman's age-relevant to the well-being of the patient" (Doe vs. Bolton, 1973, Supreme Court decision). Dr. Martin Haskell, who has performed over 1000 partial birth abortions, testified before Congress that he routinely performs them for non-medical reason, in fact 80% are "purely elective." The other 20% for "genetic reasons," including non-life-threatening things such as Down syndrome and cleft plate.[1] Former surgeon general C. Everett Koop and over 300 leading physicians have stated partial birth abortion is never medically necessary to save a mother's health.

Lie #2

It is the only safe procedure available at late stages of pregnancy. According to Dr. Pamela Smith, Dir. of Medical Education in the Dept. of Obstetrics and Gynecology at Mt. Sinai Hospital in Chicago, "There are absolutely no obstetrical situations encountered in this country which require a partially-delivered human fetus to be destroyed to preserve the health of the mother."[2] Dr. Warren Hern, an abortionist who specializes in late-term abortions, will not perform a partial-birth abortion because it is unsafe for the mother. In an interview, he notes that turning the fetus to the breech position is "potentially dangerous," and that "you have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."[3]

Lie #3

The anesthesia in a partial birth abortion kills the baby so he or she feels no pain. Pregnant women get anesthesia for a variety of reasons. Dr. David Birnbach, Director of Obstetric Anesthesiology at St. Luke's Hospital in NY, said, "Every day we have pregnant patients who get anesthesia -- women who break their ankles, need knee surgery, have appendectomies, gall bladder removal, breast biopsy and so on. Anesthetics done safely by an anesthesiologist do not do harm to either the baby or the mother."

Dr. Norig Ellison, Pre. of the 32,000 member American Society of Anesthesiologists, said he was "deeply concerned" about this inaccurate statement of anesthesia killing the baby. Pregnant women may fear getting needed medical attention because of the effects on their pre-borns. Dr. Ellison also testified that babies at early stages can feel great pain. His colleague, Paul Ranalli, M.D., a neurologist from the Univ. of Toronto, wrote, "Intriguingly, far from being less able to detect pain, such premature newborns may be more sensitive to painful stimulation." He said one study regarding babies born under 30 weeks, indicates it may be that "the newly established pain system is 'raw' and unmodified at such a tender age." Prof. Robert White, Dir. of the Div. of Neuro-surgery and Brain Research at Case Western Reserve School of Medicine, Cleveland, told the House Subcommittee, that, "the fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain. Without a doubt, this is a dreadfully painful experience for any such infant subjected to such a surgical procedure."

Lie #4

Partial birth abortion is rare. We have always had a fox guarding the henhouse kind of situation with all abortions. Planned Parenthood, the Allen Guttmacher Institute, as well as the National Coalition of Abortion Providers, have always had conflicting numbers. The now-famous Ron Fitzsimmons admitted that he "lied through [his] teeth"[4] about the number of partial birth abortions. He now admits that the annual numbers is between three and five thousand, not 450. They are regularly done on healthy mothers with healthy babies. Margaret Landsman of Planned Parenthood of Northern New England is quoted as saying, "The abortion statistics that are gathered do not specify the type of procedure."[5] Nita Lowey, Democratic Congresswoman and pro-choice activist, said, "There is a lot of misinformation around and that is the problem, there are no accurate statistics."[6] Planned Parenthood's representative could not answer a series of questions presented to her just this week at earlier hearings, about a variety of issues.

Lie #5

Only pro-lifers support the partial birth abortion ban. Polls taken after the national ban passed both the house and Senate, showed that 80% of all Americans, including pro-choice Americans, supported the ban. The U.S. House of Reps. passed the bill by a vote of 286 to 129. The U.S. Senate vote was 54 to 44. Pro-choice people in govt. included Charlie Bass, Bill Zelliff, Dick Gephardt, Susan Molinari, Patrick Kennedy, Joseph Biden. Daniel Patrick Moynihan referred to this procedure as infanticide. Many of your pro-choice constituents agree. The Washington Post calls this "a gruesome procedure."[7] The Boston Herald calls this a "complete and terrible lie."[8]

Lie #6

Women whose children die in their wombs will be forced to keep carrying them. Abortion means topping a progressing pregnancy.

Lie #7

This procedure is protected under Roe V. Wade. We can't hide from responsibility this time. Footnote #1 of Roe V. Wade says, "We do not decide constitutionality of laws which forbid killing a child in the process of delivery." It is plain the court did not settle this issue. The horrible death of these babies is left completely up to you. An all-merciful authority higher than you expects us to be merciful to our fellow human beings. Indeed, He will judge us all by that.

His power of eternal life is more powerful than your power over the fate of these most defenseless among us. Please don't condemn these innocent lives to the horror of partial birth abortion. This time the Supreme Court will not have the blood on their hands. You will. We have recently protected the life of a dog here in NH. Can't we do the same for our children. May God guide you in your decision.

Mother Teresa quote "What a poverty that a child must die so that you may live as you wish"

1) "Shock-tactic ads target late-term abortion procedure" American Medical News, 7-5-93

2) "Outlawing Abortion method" American Medical News 11-20-95

3) IBID.

4) NY Times 2-26-97

5) ~~Unio~~ Manchester Union Leader 2-27-97

6) ABC Nightline 2-26-97

7 Washington Post - 3-4-97

8) Boston Herald - 2-28-97

FILE COPY

HB 768 - FN

Diane Borner Day CNM
17 Tingley St
Rochester NH 03867 330 0700

ACTUALLY. risks her an ability to ever have healthy Baby again

1. NO MEDICAL INDICATION FOR THIS PROCEDURE. LIFE + DEATH INDICATION FOR TERMINATION OF PREGNANCY. A PRACTIONER would perform a gentle "head-first" delivery - or to an immediate cesurian birth.

2. Studies are linking Breat Cancer to first pregnancy terminations. women under 40 dying of breast Cancer at alarming rate. This information is not given to abortion-minded women.

3. Numbers of these have been intentionally misrepresented. Not being performed on abnormal, terminally ill fetuses. High risk of abuse. Consider RU 486 DECEPTION.

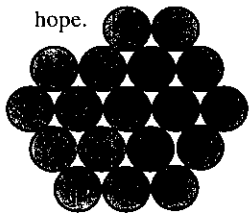
4 Risk of suicide - 34.7% post abortion. (of early gestation EMBRYOS) Informed consent laws say we must tell ⇒

FILE COPY

WOMEN they have .001 %
risk of having life threatening
episode during surgery! women
are not Being INFORMED
OF THE RISKS.

My husband RALPH W DAY MD PHD
is available as a resource
for you as an embryonologist
& anatomist (his PhD)

When single efforts join together, then there is hope.



FILE COPY

DIOCESAN PUBLIC POLICY COMMITTEE

Diocese of Manchester, 153 Ash Street - P.O. Box 310, Manchester, NH 03105-0310
Tel. (603) 669-3100 & 669-3030 Fax: (603) 669-3077 & 626-1252

Most Reverend Leo E. O'Neil
Bishop of Manchester, NH

Most Reverend Francis J. Christian
Auxiliary Bishop of Manchester, NH

Sr. Margaret Crosby, SNDdeN
Coordinator
Diocesan Public Policy Committee
Social Concerns Office
Diocese of Manchester

Msgr. Norman Bolduc
Secretary for Pastoral Services
Diocese of Manchester

Matthew Carnevale, Esq.
Diocesan Pastoral Council

Mr. Robert Clohasey
Director of Family Service
N.H. Catholic Charities

Mr. Bradford Cook, Esq.
Diocesan Attorney
Legislative Representative
for the Diocese

Mrs. Judith Delisle
Director of Respect Life Office
Diocese of Manchester

Mr. David Gabert
Associate Superintendent
Diocese of Manchester

Mr. Timothy Kelly
Associate Director
Immigration & Refugee Services
N.H. Catholic Charities

Sr. Pauline Lebel, CSC
Secretary for Christian Formation
Diocese of Manchester

Msgr. John Molan
Secretary for Temporalities
Diocese of Manchester

Msgr. John Quinn
Secretary for Community Services
N.H. Catholic Charities

Mr. Robert Raiche, Esq.
Nixon, Raiche, Manning & Branch

Mr. Richard Shannon
Director of Parish Social Ministry
N.H. Catholic Charities

March 7, 1997

Mr. Chairman and Members of the Judiciary and Family Law Committee:

My name is Judith Delisle and I am the Director of the Respect Life Office for the Diocese of Manchester.

The Diocesan Public Policy Committee

SUPPORTS HB 768

which bans partial- birth abortions.

The Roman Catholic Church's moral opposition to all direct killing of the unborn remains unchanged. Abortion is an overriding concern because it negates two of our most fundamental moral imperatives: respect for innocent life and preferential concern for the weak and defenseless.

The intact dilatation and extraction--partial birth abortion -- demands an immediate banning legislation because it brings us to the brink of infanticide. Moreover, even Supreme Court rulings which legalized all other abortions did not authorize the killing of children in the process of being born. In a Washington Post article on Aug. 30, 1996, Nat Hentoff stated..."according to Roe v Wade , once the fetus is born, it is a 'person' under the Constitution. When, however, the fetus is only inches away from having those constitutional rights, is killing him or her so close to actual infanticide that the procedure is, to say the least, uncivilized?"

The AMA's Council of Legislation composed of twelve doctors voted unanimously to recommend that the AMA Board of Trustees support the ban on this procedure by endorsing Federal Legislation HB 1833. As you will recall this ban last summer was supported by our own Senators Smith and Gregg, and Representative Bass and then Representative Zeliff.

The Physicians Ad-hoc Coalition for Truth (PHACT) with over three hundred members was formed by members of the medical community nationwide to bring information to the public policy debate regarding partial birth abortion. One of their members, former Surgeon General Dr. Koop, was asked about President Clinton's veto of the bill (HB 1833) that would have banned partial birth abortions and their medical need for them. Dr. Koop's response in the August 19, 1996 issue of the American Medical News is as follows: " I believe that Mr. Clinton was misled by his medical advisors on what is fact and what is fiction in reference to late-term abortion 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. It certainly can't be a necessity for the baby. So I am opposed to partial birth abortions."

In conclusion we ask the Committee to join Dr. Koop and the hundreds of medical professionals who oppose partial birth abortions and maintain far better and more humane medical intervention for women and unborn children. I have included with my written testimony materials from Physicians Ad-hoc Coaltion for Truth that I believe would answer the medical questions surrounding this bill.

Refuting the partial-birth abortion is important for us all as it speaks to the kind of people we are and the society we wish to foster. The "right to abortion " does not supersede the moral conscience of America . Americans, even those who are pro-choice, do not want to permit a barbaric act akin to infanticide.

CONCORD
FEMINIST
HEALTH
CENTER

FILE COPY

March 7, 1997
Testimony re: HB 768
Relative to "certain abortions" [IDE]
Judiciary and Family Law Committee

Chair and Members of the Committee:

My name is Patti Baum and I am here to represent Concord Feminist Health Center and Feminist Health Center of Portsmouth. Our non-profit organization provides reproductive health care, community education and first trimester abortion procedures. In addition, we provide referrals for women seeking abortions for non-medical reasons who are up to 24 weeks pregnant. We oppose HB 768 because it creates interference by legislators into clinical decisions that are between a woman and her physician. We urge the state not to restrict the method selected for abortion but, to instead promote intervention to address directly the underlying problems that result in women seeking late term abortions--whether for physical or emotional health.

Women seeking late term abortions on an elective basis are doing so because of a number of reasons. They are women who are peri-menopausal or have irregular periods and are unaware of their pregnancy; women who have little or no money and must take weeks to save enough for an abortion; women who have a change in their relationship and therefore, their pregnany plan; women who are ambivelant about their decision to have an abortion; women who have no transportation to get to an abortion provider and are dependent on another's schedule; and women who are in denial about the fact that they are pregnant. To punish a woman for any of these reasons by restricting her access to an abortion method in no way enhances a resolution to this very difficult situation.

It is important to recognize that there are more than one million abortions a year in the United States. We have the highest rate of abortion and the highest rate of teenage pregnancy and childbirth of any developed country. Would it not make more sense to focus on reducing the rate of each of these through better education and access to birth control? Abortion always has been and always will be a reality; outlawing a particular method of abortion is not an answer to larger sociological issues.

A woman deciding to have an abortion later in pregnancy is entitled to the same respect that we accord other difficult decisions of conscience. It is a doctor's responsibility to assess the risk of each type of procedure along with the individual woman. A law that on its face restricts only the method of abortion operates in effect to restrict the full exercise of medical judgement. A woman has to rely on her physician's knowledge, judgement, and ability to provide medical procedures that are in her best interest. This bill would tie the physician's hands by eliminating an option that might best ensure a positive outcome in a given situation.

I urge your support in opposition to this legislation.

Patti Baum

Patti Baum

38 South Main Street ✱ Concord, New Hampshire 03301 ✱ TEL (603) 225-2739 FAX (603) 228-6255

KATHLEEN M. FLORA

FILE COPY

March 7, 1997

The Honorable John J. McCarthy, Jr.
Judiciary and Family Law
Room 208 Legislative Office Building
Concord, NH
03301

Dear Chairman McCarthy:

Although I am unable to attend the public hearing this afternoon on HB 768-FN, I wish to make note of my wholehearted support for this measure. I register this support not as a vocal activist on either side of the abortion issue, but as a wife, mother and first term legislator representing the town of Bedford. I do not pretend to know all the arguments used by both sides to put forth their case either pro life or pro choice. What I do know from carrying two children to term and losing two at 4 and ½ months gestation, is that the two children I lost were just as real, just as human and just as worthy of our protection as my two sons are today. I mourned the two I lost as I would a child carried to term. I have four children. Two who survived.

When I think of the procedure of partial birth abortion, I cannot but help to be incensed at the callous, inhumane treatment of these young lives. The bill before you accommodates those who wish to preserve this procedure to assist those pregnant women whose lives may be in danger.. Regardless of the stand one may take on the controversial abortion issue, one must recognize that there must be a better way than the partial birth abortion. To those who say, "It is my right.", I say, as a woman and a mother, "How dare we allow this to continue!"

Thank you for your kind consideration.

Sincerely,

Kathleen M. Flora

Kathleen M. Flora
State Representative, Hillsborough, Dist. 15

Copy of fax sent 3/7/97

95 HITCHING POST LANE • BEDFORD, NH • 03110
PHONE: (603) 472-2401 • FAX: (603) 471-0676

New Hampshire
Christian Coalition **FILE COPY**

On behalf of Christian Coalition, I want to register our strong support for H. B 768 - FN

We believe that our greatest responsibility as a people is the protection of human life. Christian Coalition asks all Americans to join with us in supporting effective, compassionate service to women in crisis, and in supporting reform of adoption laws and procedures.

We believe that the pro life cause is an expression of the premise and promise of American democracy. The premise is that we are all created equal; the promise is that there is justice for all. The renewal of American democracy according the highest ideals of the Founders requires us to stand for the inalienable right to life of the unborn, to stand with women in crisis, and to stand against the abortion license.

While abortion is an issue which continues to divide us as a people, the partial-birth abortion or D & X procedure, has found a majority of Americans united in opposition to this cruel procedure.

A ban on partial-birth abortions is supported by 71% of Americans. This was also reflected by the vote in the U.S. House of Representatives to override President Clinton's veto of the ban. As you know, a majority of Senators supported the ban although not a sufficient majority to override.

With respect to the views of many people of faith; the Vatican, all eight Catholic Cardinals, eleven past presidents of the Southern Baptist Convention - the largest protestant denomination; supported the ban.

We applaud the courage of ~~Dr.~~ Ron Fitzsimmons in coming forward with the truth regarding the actual incidence of partial birth abortions. We applaud the courage of ~~the two women~~ Norma McCorvey, who ~~where~~ was the ~~main litigants~~ plaintiff in Roe v. Wade - ~~Norma McCarvey and~~ [illegible], who have gone on record against the partial birth abortion procedure, and in support of the right to life.

New Hampshire Christian Coalition
26 S. Main Street, Suite 139, Concord, NH 03301
Tel: (603) 226-3737 * Fax: (603) 228-3707

This committee has already heard many of the facts regarding the D & X procedure today, and I wish only to add that we believe what is especially tragic is that in virtually all cases this procedure occurs beyond the 24th week of pregnancy: A child delivered at 26 weeks has a 50/50 chance of survival. The AMA has documented that this procedure has been performed on women at full-term.

The Physicians' Ad Hoc Coalition for Truth, a coalition of more than 350 doctors, including numerous preeminent obstetrician-gynecologists, is publicly trying to make American women aware of the fact, that "partial-birth abortions can be dangerous and potentially life threatening to women." They assert that "there is only one reason to ever consider the partial-birth abortion procedure 'necessary:' to ensure the delivery of a dead child rather than a living one."

We support this bill because we do not wish to see this procedure become a permanent part of American culture.

We strongly urge the members of this committee and of this House to support this bill. Thank you very much.

testimony by: Kathy Roberts

Ladies and Gentlemen of the Committee:

As a woman this bill is not an insult to me

Why I support HB 768, the partial-birth abortion ban: (If there is no such procedure then why does the media use it? Why does the President call it that?)

48 1/2 yrs ago my mom went into labor, the OB was called away from a party — middle of the night — small town —, hospital. The scene is a bit wild — 1st baby for my mom, tipsy OB, and frantic dad. The reason was I was a breech birth. Very scary. The bottom line is — here I am. But I want to say that I guess I should be thankful the Dr didn't stick a big needle into the base of my skull and drain the life out of me. Enough of that — you all know the procedure performed that results in a pre-term baby

FILE COPY

delivered dead.

I also want to say that when my youngest child was 2 yrs old, 1 yr ago - he saw a picture in the local paper of a 10-12 wk old baby (pre-born). He pointed to the picture and said "Baby, Mommy, Baby" - I said "Yes Matthew it is a little baby." I wondered to myself what does this young child know that so many of us don't. He saw a tiny body - head, hands, feet - just like him only much smaller. Are we so blind that we ~~do~~ can not see and so deaf that we cannot hear the truth. Maybe we cannot bear the truth. Those people living near Auschwitz and Bergen-Belsen and other places - closed their eyes, their ears & their noses to the reality of

the concentration camps some 50 + years ago. Please do not be deceived. This is just a hair's breath away from infanticide. ~~Do the right thing listen to your conscience — vote to ban this procedure.~~ You may say — It doesn't happen here — to which I say — we don't know for certain — there are no records kept on types of abortions performed in our state.

One last thing that came to my mind as I was driving up here today — the reason the baby is turned around in the mother's uterus to deliver it feet first is because if the baby were delivered head first — the normal delivery way — it would be a "live birth" — ~~with~~ and a live baby. ~~no chance of having its brains sucked out so as to be an abortion~~ →

Ladies and gentlemen be assured these are pre-born babies ~~who~~ whose moms wanted ~~most~~ ~~It is my belief that~~ ~~They wanted out of~~ ~~life~~

~~Look most of us are not medically astute and can not speak to any medical condition~~

Madam Chair —

As far as I know this nation is still a democracy - and freedom of speech is granted by the 1st Amendment I also ~~know~~ believe that it is in the govt's best interests to allow ~~that~~ their constituents their right to

public as this grand jury

FILE COPY

Mary Stipe
1 Cota Road
Merrimack, NH 03054
March 7, 1997

I would like to just make a few points regarding this bill and this procedure. I'm sure everyone is aware of the recent statements of Dr. Fitzsimmons from NPAC, the National Coalition of Abortion Providers. And I'm sure if you saw the initial article, and the subsequent interviews, you noted that he backpedalled on his initial remorse for having lied about the partial birth statistics. Kate Michelman of NARAL has also lied on several occasions regarding this procedure, repeatedly claiming that the anesthetic given to the mother causes fetal demise, which it does not. Her attempt was obviously to evoke the image of a peaceful death by, as Hitler advised, repeating a lie often enough for people to believe it. In the interviews, particularly on Nightline, it was obvious that there is a lot of confusion regarding this procedure, largely intentionally perpetrated by the pro-choice community by calling it "late-term abortion." I believe the abortion industry has purposely muddied the issue in order to skew the statistics in the very manner that Dr. Fitzsimmons described. I want to emphasize that the timing of the procedure is less critical to look at when trying to understand it, than the cruel and hideous procedure itself. It is an incredibly inhumane way to terminate a life, no matter which stage of the pregnancy is interrupted. Even during the second trimester, the baby can feel stimulus, including pain. And of course, in a situation of a difficult pregnancy where the mother would have preferred to *save* her baby's life instead of ending it, the outcome of a delivery at this stage of the pregnancy would weight towards life. It appears such a clear-cut case of medical ethics (that is, given the chance to save a baby or kill one, at precisely the same stage of pregnancy) that this shouldn't even be a question. But since it is, since we do allow the choice of life or death to boil down to convenience or even regret, we can at least interject a minimum of humanity and allow a terminated live birth to take place as painlessly as possible.

That last statement I just made was very difficult to say. And I'm angry that I live in a country or a state or even a community that has forced me to say it. It is not okay with me for a doctor who makes money off of a procedure; who represents an industry built on lies, deceipt, heartache and bloodshed, to be given the trust and authority and even admiration for providing a sick and disgusting service. And it is disgusting to think that we have to consider legislation to prevent it from happening, instead of this industry being able to recognize the horror of this procedure itself. Think about the credibility of this industry when they try to say that this service is only performed in cases of severe fetal abnormality or life of the mother. Remember that this whole rationale has been exposed as intentionally false. Think about the fact that, in the Guttmacher Institute's 1987 report listing the 12 most common reasons women get abortions, "life of the mother" didn't even make the list. And I can tell you from personal experience, that the fetal abnormality question is an abused and misdirected guideline for abortion, and completely at the mercy of subjectivity on the part of individual doctors. Abortionists can take comfort, and I must unfortunately accept, the fact that those who want an abortion during the stages of pregnancy covered by this procedure, are very likely going to get a different procedure performed to achieve their goal of getting rid of their babies. And I have to say to myself that, yes, there is a body of people out there who may choose to interpret that the passage of this bill diminishes the enormity of shame and disgrace brought upon this country by allowing abortion on demand. But this procedure, it's beyond words, it's beyond comprehension to think that we live in a society where a political lobby could hold so much clout that an entire country would turn its back on the suffering, inflicted, purposefully inflicted, on helpless, defenseless babies. We have more compassion on our death

row inmates, for Heaven's sake. And yet, I have to remind myself, that in truth, it wasn't the entire country, it was a powerful abortion lobby and one indebted President, who chose to ignore the will of the people and inflict suffering on innocents. I am asking you, I'm begging you...please have more courage, more moral fortitude, more compassion than he did. Please pass this bill.

FILE COPY

HEARING BEFORE THE N. H. JOINT HOUSE JUDICIARY AND FAMILY LAW COMMITTEE ON BILL BANNING PARTIAL BIRTH (D&X, D&E INTACT) ABORTIONS ON 7 MARCH 1997

SUMMARY OF TESTIMONY IN SUPPORT

MILDRED F. JEFFERSON, M. D.
PRESIDENT, RIGHT TO LIFE CRUSADE, INC.
PAST-PRESIDENT, NATIONAL RIGHT TO LIFE COMMITTEE, INC.
BOARD OF DIRECTORS, MASSACHUSETTS CITIZENS FOR LIFE, INC.
General Surgeon and Massachusetts Citizen
(Appearing By Invitation)

1. THE MOST DREADED COMPLICATION TO THE M. D. -PURVEYORS OF LATE ABORTION IS THE BIRTH OF A STILL-LIVING BABY AT THE END OF ABORTION PROCEDURE. THE ONLY PURPOSE OF THE D & X PROCEDURE IS TO GUARANTEE THAT THE BABY IS DEAD WHEN HE OR SHE IS FULLY DELIVERED OUTSIDE.

2. THERE IS NO WAY THAT THE D & X PROCEDURE CAN SAVE THE LIFE OR PROTECT THE FERTILITY OF ANY PREGNANT WOMAN. THIS PROCESS REQUIRING 8STEPS OVER 3DAYS JEOPARDIZES A WOMAN'S LIFE AND HEALTH. THE TOTAL DISHONESTY SURROUNDING THIS PROCEDURE DISQUALIFIES IT AS AN ACCEPTABLE OBSTETRICAL PROCEDURE.

3. IT IS THE OBLIGATION OF THE PROFESSION OF MEDICINE AND ITS SPECIALTIES TO EVALUATE THE SAFETY, EFFICACY AND SUITABILITY OF SURGICAL PRACTICES IN THE LIGHT OF MODERN TECHNOLOGICAL ADVANCEMENTS AND ETHICAL OBLIGATIONS. OB-GYN SHOULD HAVE ALREADY ABANDONED THIS BARBARIC PROCEDURE. AS MEDICINE HAS NOT, WE MUST CALL UPON THE ELECTED REPRESENTATIVES OF THE PEOPLE TO PUT UP THE WALL OF LEGAL PROTECTION TO PROTECT THE HEALTH OF DUPED PREGNANT WOMEN AND TO SAVE THE LIVES OF UNNECESSARILY DOOMED UNBORN FAMILY MEMBERS.

4. THIS CITIZEN IS GRATEFUL FOR THE OPPORTUNITY TO TESTIFY BECAUSE SHE IS INVOLVED IN MANKIND. SHE IS ALSO A PHYSICIAN IN THE HIPPOCRATIC ETHICAL TRADITION COMBINED WITH THE JUDAEO-CHRISTIAN SANCTITY-OF-LIFE ETHIC WHICH SEPARATES KILLING AND CURING FUNCTIONS OF THE DOCTOR AND OBLIGES THE SOCIETY NOT TO ASK THE DOCTOR TO KILL. THIS PHYSICIAN IS NOT WILLING TO GIVE UP THE TRADITIONAL ROLE OF DOCTOR AS HEALER TO BECOME THE NEW SOCIAL EXECUTIONER.

ADDENDA

Editorial Newsclips
"30 MILLION" Brochure

P. O. BOX 935, BACK BAY ANNEX, BOSTON, MA 02117
(617)342-7280

FILE COPY

Good Afternoon

I am Alice Chamberlin and I am here to ask you to not recommend HB. 768.

I am here to ask you not to take away the right of a woman to determine with the help of her family and her doctor and her spiritual counselors , when to terminate a pregnancy.

I am here because I have had the experience of bearing a child who had heart defects that, in the words of his doctors "were incompatible with life." His heart defects were not diagnosed in utero. But the choices that confronted us after his birth strongly effected my view that these questions can not be answered through legislation.

At every cardiac surgical intervention my son had ,and the first one was when he was thirtysix hours old, we had to consider (with strong recommendations from his doctors) questions of life and death for him. Tragically, for some children, the question of when to let them die begins at their birth. I grappled with that question almost everyday of my child's life. I sought the counsel of friends and family, of doctors and ministers. There were no good choices. There were no choices that didn't involve pain for my son; and there were no choices that could give him a normal life or normal life span. He died at a year and a half even with the most advanced and

aggressive care in the world.

I have had two children since my son died. And during both those pregnancies, in the fourth month, fetal sonograms were able to determine that my children did not have severe cardiac defects. Would I have chosen to abort them if they had? I can not tell you that because I don't know the answer. Each medical situation is unique, which is why the choice in these tragic matters does not belong to the state. The state can not possibly bear the awesome responsiblilty or provide the support and guidance required in these extremely complex and private decisions in our lives. The choice belongs to the parents with the help of their chosen counselors. It is in the honor of my son's memory, what he taught me in his life and his death, that I would ask you not interfere in that decision making.

PHACT

FILE COPY

Physicians' Ad Hoc Coalition for Truth

"...They will rip your bodies to shreds and you could never have another baby even though the baby you were carrying couldn't live."
-- President Clinton, as to why partial birth abortion must remain available.

The Physicians' Ad-hoc Coalition for Truth (PHACT) about partial-birth abortion brings together experts in the fields of obstetrics and gynecology and perinatology (fetal and maternal medicine) for one purpose: to bring the medical facts to bear on the public policy debate over partial-birth abortion.

As practitioners and teachers of a medical specialty that must, at all times, be responsible for the well-being of two patients -- mother and child -- we feel compelled to take this course of action in order to counter the very widespread and dangerous misstatements, misperceptions and outright distortions surrounding this procedure.

The most serious such distortion is the claim, now endorsed by President Clinton, that a partial-birth abortion can be *medically necessary* to protect the health of a women carrying a child diagnosed with severe congenital or genetic disabilities, and to also protect that woman's future fertility and ability to carry other children.

There is no medical basis for such an assertion. Given the many potential risks the procedure entails for the mother, far from ever being medically indicated, partial-birth abortion is actually *contraindicated.* Far from ever being a medical necessity, partial-birth abortion is not even a procedure recognized by the medical community. Statements by practitioners of partial-birth abortion indicate that the vast majority of such procedures are elective in nature. There is only one reason to ever consider the partial-birth abortion procedure "necessary:" to ensure the delivery of a dead child rather than a living one.

Because of the dangers posed to women, the distortions regarding the so-called "medical necessity" of partial-birth abortion must not be allowed to stand. Already we have seen the harm done to women by other false statements made by those who defend partial-birth abortions. Proponents of partial-birth abortion have claimed, for example, that the anesthesia given the woman kills the child in her womb even before the procedure begins. Though leading experts in the field of anesthesiology have repeatedly denounced this claim, the media have repeated it often enough to frighten some pregnant women in need of surgery. The medical community's efforts to dispel this lie have gone largely unreported.

As members of the Physicians' Ad-hoc Coalition for Truth (PHACT) about Partial-Birth Abortion, we will take every opportunity presented to correct the misinformation and educate the public as to the medical facts regarding the partial-birth abortion procedure. We ask our fellow professionals in the field of journalism and communications in particular to give these facts the attention they deserve by reporting them in a clear, evenhanded and objective fashion.

7/24/96

SEE REVERSE SIDE FOR MEMBERSHIP INFORMATION

FOUNDING MEMBERS

Hon. Tom A. Coburn, M.D.
Family Practitioner, Obstetrician
Member, U.S. House of Representatives (OK-2)

Nancy Romer, M.D.
Fellow, American College of Obstetricians & Gynecologists
Clinical Professor, Ob/Gyn
Wright State University
Chairman, Dept. of Ob/Gyn, Miami Valley Hospital, OH

Pamela Smith, M.D.
Director of Medical Education
Dept. of Ob/Gyn
Mt. Sinai Medical Center, Chicago, IL
Member, Association of Professors of Ob/Gyn

James Jones, M.D.
Professor/Chair, Ob/Gyn
New York Medical College
Chair, Ob/Gyn
St. Vincent's Hospital & Medical Center, NYC

Curtis R. Cook, M.D.
Maternal Fetal Medicine
Butterworth Hospital
Michigan State College of Human Medicine

Joseph L. DeCook, M.D.
Fellow, American College of Obstetricians & Gynecologists

William Stalter, M.D.
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1150 South Washington Street
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Communications Counsel:
Gene Tarne, Michelle Powers

FILE COPY

PHACT MEMBERSHIP FORM

The Physicians Ad-hoc Coalition for Truth welcomes medical doctors from all specialties.

Please fill out the portion below and fax or mail to:

Fax: 703-684-6404
Phone: 703-684-8352

Mr. Jene Tarne
Communications Council for PHACT
510 King Street, Suite 302
Alexandria, VA 22314

NAME _____

SPECIALTY _____

ADDRESS _____

PHONE _____

FAX _____

PLEASE LIST ANY APPOINTMENTS, TEACHING POSITIONS OR FELLOWSHIPS YOU HOLD THAT YOU WOULD LIKE LISTED WITH YOUR NAME

PHACT

Physicians' Ad Hoc Coalition for Truth

FOR IMMEDIATE RELEASE

FOR INFORMATION CONTACT:
Gene Tarne/Michelle Powers 703/683-5004

FORMER SURGEON GENERAL KOOP SEPARATES MEDICAL FACT FROM FICTION ON PARTIAL-BIRTH ABORTIONS

KOOP: THE PARTIAL-BIRTH ABORTION IS "IN NO WAY...A MEDICAL NECESSITY"

FOUNDING MEMBERS

Hon. Tom A. Coburn, M.D.
Family Practitioner, Obstetrician
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1150 South Washington Street
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Communications Counsel:
Gene Tarne, Michelle Powers

ALEXANDRIA, VA -- In a wide ranging interview with the American Medical News, former Surgeon General C. Everett Koop expressed his opposition to partial-birth abortions and declared that they are not medically necessary.

The former Surgeon General was asked about President Clinton's recent veto of a bill to ban partial-birth abortions and claims regarding the medical need for them. Following is Dr. Koop's response, reported in the August 19th issue of American Medical News:

> **"I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. *Because in no way can I twist my mind to see that the late-term abortion 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.* It certainly can't be a necessity for the baby. So I am opposed to ... partial birth abortions."**

Asked "have you ever treated children with any of the disabilities cited in the debate? For example, have you operated on children with organs outside of their bodies," Koop responded:

> **"Oh, yes indeed. I've done that many times. The prognosis is usually good. [With an] omphalocele...organs are out but still contained in the sac composed of the tissues of the umbilical cord. I have been repairing those since 1946...In fact, the first child I ever did, with a huge omphalocele much bigger than her head, went on to develop well and become the head nurse in my intensive care unit many years later."**

Dr. Koop's remarks echo over three hundred other medical professionals -- leaders in the fields of obstetrics, gynecology and perinatology -- who have joined the Physicians' Ad-hoc Coalition for Truth to help Americans and Congress understand that partial-birth abortion is never medically necessary, and in fact can threaten a mother's health and safety.

******

The Physicians' Ad-hoc Coalition for Truth (PHACT), with over three hundred members drawn from the medical community nationwide, exists to bring the medical facts to bear on the public policy debate regarding partial birth abortions. Members of the coalition are available to speak to public policy makers and the media. If you would like to speak with a member of PHACT, please contact Gene Tarne or Michelle Powers at 703-683-5004.

THE WASHINGTON POST

FRIDAY, AUGUST 30, 1996

Nat Hentoff

'Close to Infanticide'

SWEET LAND OF LIBERTY

When Congress returns next week, it will decide whether to override the president's veto of the Partial-Birth Abortion Ban Act. When the bill first came before the House, Rep. Pat Schroeder (D-Colo.) tried mightily, and unsuccessfully, to prevent the showing—during debate on the floor—of line drawings of this procedure.

Her concern was logical since she opposes the bill. As the drawings showed, what happens to between at least 600 and 2,000 fetuses a year—during the second- and third-trimester abortions—is that a doctor delivers the intact fetus, feet first, through the birth canal. All but its head is then exposed. A surgical scissors is inserted into the base of the fetus's skull; the scissors are opened to expand the hole, and a suction catheter sucks out the brains, thereby causing the skull to collapse and enabling the head to be extracted.

In most cases, the fetus is alive until the final attack. Sen. Daniel Patrick Moynihan (D-N.Y.), who is not a pro-life warrior, says of this procedure: "It is as close to infanticide as anything I have come upon."

This is not as hyperbolic as it may appear. According to *Roe v. Wade*, once the fetus is born, it is a "person" under the Constitution. When, however, the fetus is only inches away from having those constitutional rights, is killing him or her so close to actual infanticide that the procedure is, to say the least, uncivilized?

The arguments for sustaining the president's veto include the claim that because of the anesthesia, the fetus is already dead before the scissors penetrate the skull. So what's all the fuss? In testimony before Congress, however, the American Society of Anesthesiologists insisted there is "absolutely no basis in scientific fact" for making the anesthetist the terminator, because the anesthesia would not kill the fetus.

Supporters of the president's veto of the bill banning these particular late-term abortions claim they are performed only when the fetus is severely deformed and could cause great harm to the mother or even her death.

The president has said that "under such circumstances" if a woman does not undergo this kind of abortion, her body would be "ripped to shreds"—and she might never be able to have children again.

There is extensive medical evidence to the contrary. Dr. Martin Haskell of Dayton, Ohio, has performed many of these particular late-term abortions. In a 1993 tape-recorded interview, he told American Medical News—published by the American Medical Association—that 80 percent of his late-term abortions in this category were elective. Other physicians specializing in this abortion technique also do not claim the life of the woman is at issue in the majority of their cases (American Medical News, Nov. 20, 1995).

As for the president's claim that in some cases there is no alternative because of the extreme danger to the mother, a number of practicing experts in this field emphatically disagree. Pamela Smith, director of medical education in the department of obstetrics and gynecology at Mt. Sinai Medical Center in Chicago, says: "There are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the life of the mother."

Dr. Joseph DeCook, a fellow of the American College of Obstetricians and Gynecologists, has been practicing for 31 years. He points out that the need to open the cervix four or five centimeters creates "great exposure to infection, and the [partial-birth abortion] can also lead to tearing the uterus. . . . This procedure is not taught by any residency program in the country."

The ban, nonetheless, has an exception that allows a partial-birth abortion when necessary to save the life of the mother. But the president wants a further exception permitting the procedure in order to "prevent serious health consequences"—otherwise unspecified. This could include maternal depression and other psychological states, thereby allowing a wide range of non-emergency partial-birth abortions.

Dr. C. Everett Koop was one of the nation's leading pediatric surgeons and an expert on saving severely disabled infants. He says, "In no way can I twist my mind to see that partial-birth abortion is a medical necessity for the mother."

But others regard this virtual infanticide as a political pro-choice necessity. Many pro-choice Americans, however, do not support this definition of "choice."

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Partial-Birth Abortion Is Bad Medicine

By NANCY ROMER, PAMELA SMITH, CURTIS R. COOK AND JOSEPH L. DECOOK

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a women's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women), and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's Mt. Sinai Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Butterworth Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 300 members.

Physicians' Ad Hoc Coalition for Truth

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Physicians' Ad Hoc Coalition for Truth

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PARTIAL BIRTH ABORTION: MEDICAL NECESSITY? *MEDICAL NONSENSE*

"The procedure that H.R. 1833 bans allows very passive dilation of the cervix and allows gentler manipulation to preserve the woman's ability to bear children in the future. For some women this is their safest alternative."

--Rep. Patricia Schroeder et.al., dissenting opinion to House Committee Report 104-267 on H.R. 1833, The Partial-Birth Abortion Ban Act.

"This is medical nonsense. There is nothing gentle about grasping the opening of the womb and thrusting scissors inside to perforate a wiggling head. There is no data or any proposed reliable data to show that this has a lesser incidence of maternal morbidity or mortality than the standard prostaglandin termination. Indeed, any surgeon can tell you that when you put a sharp instrument like scissors into a body cavity, there is always the risk of perforating that organ. As an obstetrician, I can testify that this procedure has no medical indication over standard, recognized and tested procedures for terminating a pregnancy. ***It is a hideous travesty of medical care, and should rightly be banned in this country. Banning this procedure will in no way compromise the legitimate practice of obstetrics or gynecology.***

-- Donna Harrison, M.D., Fellow, American College of Obstetricians and Gynecologists (FACOG)

"Partial-birth abortion is not a standard of care for anything. In fact, partial-birth abortion is a perversion of a well-known technique, internal podalic version, used by obstetricians to deliver breech babies when the **intent** is to deliver the child alive. However, this technique is rarely used in this country because of the well-known associated risks of maternal hemorrhage and uterine rupture. The 19th edition of Williams *Obstetrics* states that:'The possibility of serious trauma to the fetus and the mother during internal podalic version of a cephalic presentation is apparent...' Why would a procedure that is considered to impose a significant risk to maternal health when it is used to deliver a baby *alive*, suddenly become the 'safe method of choice' when the goal is to *kill* the baby? ***In short, there are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the life or health of the mother. When I described the procedure of partial-birth abortion to physicians who I knew to be pro-choice, many of them were horrified to learn that such a procedure was even legal.***

--Pamela Smith, M.D., Director of Medical Education, Dept. of Obstetrics and Gynecology, Mt. Sinai Hospital, Chicago; Member, Association of Professors of Ob/Gyn.

"There is simply no data anywhere in the medical literature in regards to the safety of this procedure. There is no peer review or accountability of this procedure. ***There is no medical evidence that the partial- birth abortion procedure is safer or necessary to provide comprehensive health care to women.***

-- Nancy Romer, M.D. FACOG, Clinical Professor, Wright State

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The conversion of a fetus presenting as a vertex to a breech position, as in the partial-birth abortion, is capable of causing an abruption of the placenta and amniotic fluid embolism. This is a dangerous and life-threatening situation. Surely, it would not benefit an already sick mother. In the cases where a diagnosis has been made of severe deformities in the fetus, amnioinfusion of prostoglandins and induction of labor is a far safer procedure for the mother and certainly more humane for the fetus. Partial-birth abortion is major surgery, and is extremely harmful to both mother and child. ***Never, ever, in our 30 years of practice, have I or my colleagues seen a situation which warrants the implementation of partial-birth abortion. Personally, I cannot imagine why any practitioner would want to resort to such barbaric techniques when other, recognized methods are available.***

-- Lewis J. Marola, M.D., Chairman, Dept. of Obstetrics and Gynecology
St. Clare's Hospital, Schenectady, NY

Partial-birth abortion is a maverick procedure made up by maverick doctors. It is actually dangerous to the health of the woman because it involves (a) forcible dilation of the cervix to 5cm over 48 hours by laminaria, risking infection and future cervical incompetence; (b) Instrumentation within the very vascular uterus, without direct visualization, to grab the child's leg -- risking uterine perforation with the instrument; (c) internal podalic version and extraction, a technique abandoned by specialists over 40 years ago because of the danger of uterine rupture; and (d) partially blind and sharp (scissors) instrumentation within the uterus to evacuate the baby's brain, again with the possibility of lacerating the uterus with the scissors or with sharp shards of bone from the baby's skull. These last three procedures all risk peritonitis, or massive hemorrhage necessitating immediate hysterectomy -- both obvious threats to both the fertility and the very life of the woman. ***President Clinton has said this procedure is necessary to prevent "ripping [the mother] to shreds" and to protect future fertility. Both contentions are, of course, incorrect and probably merit the adjective 'absurd.'"***

-- Joseph L. DeCook, M.D., FACOG

In the setting of my practice, which is limited just to maternal fetal medicine [perinatology], all I deal with are women with medical or obstetrical complications of pregnancy, as well as babies that have fetal disabilities. To my knowledge, and in my experience, this particular procedure described as partial-birth abortion is never necessary to preserve the life or the fertility of the mother, and may in fact threaten her health or well-being or future fertility. In my opinion -- and, I think, in the opinion of the medical literature and other specialists in my field -- ***the fact remains that there are choices and there are alternatives to the partial-birth abortion procedure that do not require the use of what has now been demonstrated as a potentially dangerous and completely unstudied and unnecessary procedure.***

-- Curtis Cook, M.D., Maternal Fetal Medicine Michigan State College of Human Medicine

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SCIENCE FACT VS. SCIENCE FICTION:

DOCTORS REPORT THE MEDICAL FACTS ABOUT PARTIAL-BIRTH ABORTION

"People deserve to know that the partial-birth abortion is never medically indicated either to save the health of a woman or preserve her future fertility."
-- Dr. Nancy Romer, FACOG, Chairman, Dept. of Obstetrics and Gynecology, Miami Valley Hospital, Ohio

(The following are based on remarks from a July 24 Congressional Briefing by the Physicians' Ad-hoc Coalition for Truth (PHACT) about partial-birth abortion):

On the Claimed "Medical Necessity" of this Procedure:

"I am insulted to be told that I am tearing women's bodies apart by not doing this procedure. I am not. ...As physicians, we can no longer stand by while abortion advocates, the President of the United States and newspapers and television shows continue to repeat false medical claims to members of Congress and to the public."
-- Dr. Nancy Romer

"This procedure is currently not an accepted medical procedure. A search of medical literature reveals no mention of this procedure and there is no critically evaluated or peer review journal that describes this procedure. ...There is currently also no peer review or accountability of this procedure. It is currently being performed by a physician who is not an obstetrician, in an outpatient facility behind closed doors and no peer review."
-- Dr. Nancy Romer

On Claims that Unborn Children with Certain Disabilities* Must *be Aborted by the Partial-Birth Method to Preserve Their Mother's Health or Fertility:

In vetoing the Partial-Birth Abortion Ban, President Clinton showcased the stories of 5 women who, he said "had to make a life-saving -- certainly, health saving -- but still tragic decision" to have partial-birth abortions, given the severe disabilities suffered by the children they carried. He said that "their own lives, their health, and in some cases their capacity to have children in the future were in danger" on account of these children. Six weeks later, the President defended the necessity of partial-birth abortion on the grounds that, without it, these women would be "eviscerated," their bodies "ripped...to shreds and you could never have another baby, even though the baby you were carrying couldn't live." The conditions suffered by the aborted children included: hydrocephalus, polyhydramnios, Trisomy and anencephaly.

Responding to these specific claims, medical experts from PHACT made clear:

1. "[T]hese are honest women who were sadly misinformed and whose decision to have a partial birth abortion was based on a great deal of misinformation."
-- Dr. Joseph DeCook

2. "[T]he presence of *fetal disabilities or fetal anomalies* are not a reason to have a termination of pregnancy to preserve the life of the mother."

-- *Dr. Curtis Cook*

3. Regarding "a *genetic abnormality* where there is an extra chromosome or a *Trisomy*...These abnormalities do not pose a risk to the mother per se, do not require early delivery, and can be safely delivered vaginally by methods that we use on a regular basis."

-- *Dr. Curtis Cook*

4. Regarding "*hydrocephalus*...excessive cerebrospinal fluid... that causes a very large-shaped head in proportion to the rest of the body. ...These patients can be safely delivered by cesarean section. They can even be delivered safely vaginally. We can do that by first decompressing some of the fluid around the baby's head. ...Again, the baby can be delivered safely, without a risk to the mother, and without a risk to her fertility."

-- *Dr. Curtis Cook*

5. Regarding "*polyhydramnios*...an excessive amount of amniotic fluid around the baby. ...They can be delivered vaginally, safely, and in the need for it in such situations, a cesarean section can be performed."

-- *Dr. Curtis Cook*

On Claims for the "Safety" of the Partial-Birth Abortion Procedure

-- *"[The procedure] sounds like science fiction. It ought to be science fiction!"*

-- *"It is a maverick medical procedure made up by maverick doctors for the purpose of delivering a dead fetus."*

-- *Dr. Joseph DeCook*

1. "Dilation [forcible opening] of the cervix" -- the first step -- risks creating the condition of "incompetent cervix," a leading cause of future premature deliveries. It can also lead to "infection," which is "the main cause of subsequent infertility."

-- *Dr. Joseph DeCook*

2. "Internal podalic version" -- reaching into the uterus to pull the baby feet first through the cervix -- the second step -- "is a very dangerous procedure," "frightening" because of the chance that it might "tear the uterus." This is the "reason this was abandoned 30 or more years ago." There is also the danger of "perforating the uterus" with the instrument used to grab the baby's leg. Such a tear or perforation could result in severe hemorrhage, necessitating immediate hysterectomy to save the life of the mother.

-- *Dr. Joseph DeCook*

3. The third step of partial-birth abortion --"putting the scissors through the foramen magnum, spread them and out comes the brain" -- is a partially "blind" sharp instrumentation within the uterus. It may expose sharp shards of skull bone within the uterus. Both the scissors and the sharp bone risk lacerating the lower uterine segment or cervix, which again could result in severe hemorrhage necessitating hysterectomy to save the mother's life.

-- *Dr. Joseph DeCook*

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January 29, 1997

Fredric D. Frigoletto, Jr. M.D.
President of the Executive Board
American College of Obstetricians and Gynecologists

Dear Dr. Frigoletto:

We write to you on behalf of the hundreds of doctors nationwide who are members of the Physicians' Ad hoc Coalition for Truth (PHACT). PHACT was formed to address expertly one issue: partial-birth abortion. While the coalition includes physicians from all medical specialties, the vast majority of its members are obstetricians and gynecologists. Of these, a sizeable number are also Fellows of the American College of Obstetricians and Gynecologists (ACOG).

With this in mind, we are writing to express our surprise and concern over a recent statement issued by ACOG, dated January 12, 1997, on the subject of partial-birth abortion. Surprise, because those of us who are fellows were never informed that ACOG was even investigating this subject, with the goal of issuing a public statement, presumably on behalf of us and the others within ACOG's membership. And concern, because the statement that was issued, by endorsing a practice for which no recognized research data exist, would seem to be violating ACOG's own standards.

Let us address the latter concern -- content -- first.

The statement correctly notes at the outset that the procedure in question is not recognized in the medical literature. The same, it should be noted, can be said of the name you have chosen to call it -- "Intact Dilatation and Extraction," or "Intact D&X" -- and all the other names proponents of this procedure have concocted for it. We have closely followed the issue of partial-birth abortion -- again, it is the *only* issue PHACT addresses -- and the term Intact Dilatation and Extraction is new to us and would appear to be unique to you. The late Dr. James McMahon, until his death a leading provider of partial-birth abortions, called them "Intact Dilation and Evacuation (Intact D&E)" while another provider, Dr. Martin Haskell of Ohio, calls them "Dilation and Extraction (D&X)." Planned Parenthood, for example, calls them D&X abortions, while the National Abortion Federation prefers Intact D&E, so there is no agreement, even among proponents of this procedure, as to what to call it. Indeed, in its January, 1996 newsletter, ACOG then referred to it as "intact dialation (sic) and evacuation." Your new coinage would seem to be a combination of these various "names" floating about, but to what end is not clear. What is clear is that none of these terms, including your own "Intact D&X" can be found in any of the standard medical textbooks or databases.

It is wrong to say, as your statement does, that descriptions, at least the description in last year's Partial-Birth Abortion Ban Act, are "vague" and "could be interpreted to include elements of many recognized" medical techniques. The description in the federal legislation is very precise as to what is being proscribed and is based on Dr. Haskell's own descriptions. Moreover, the legislation is so worded as to clearly distinguish the procedure being banned from recognized obstetric techniques, and recognized abortion techniques, such as D&E, which would be unaffected by the proposed ban.

By far, however, the most disturbing part of ACOG's statement is the assertion that "An intact D&X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of the mother."

On what possible basis does ACOG make this rather astounding assertion?

Many of our members hold teaching positions or head departments of obstetrics and gynecology or perinatology at universities and medical centers. To our knowledge there are no published peer-reviewed safety data regarding the procedure in question. It is not taught as a formally recognized medical procedure. We can think of no data that could possibly support such an assertion. If ACOG or its "select panel" has such data, we would, as teachers and practicing ob/gyns, certainly like to review it.

The best that your statement does to back this claim is the very vague assertion that "other data show that second trimester transvaginal instrumental abortion is a safe procedure." While this may be true, it is, as surely you must be aware, totally beside the point. Such data may exist regarding, e.g., second trimester D&E abortion, but this is irrelevant to the fact that no similar data, at least to our knowledge, exists with respect to partial-birth abortion (or, as you prefer, "intact D&X" or whatever other medical-sounding coinage supporters of this procedure may use). To include such an assertion that can only refer to second trimester abortion procedures *other* than partial-birth is deceptive and misleading at best.

ACOG clearly recognizes that in no circumstances is partial-birth abortion the only option for women. In other words, ACOG agrees that there are other, *medically recognized*, and standard procedures available to women other than partial-birth abortion. Given ACOG's acceptance of this medical fact, your claim that a totally unrecognized, non-standard procedure, for which no peer-reviewed data exist, can nonetheless be the safest and most appropriate in certain situations, simply defies understanding.

If ACOG is truly committed to standing by this claim, then it would appear to be violating its own standards by recommending the use of a procedure for which no peer-reviewed studies or safety data exist.

In contrast, our research of the subject leads us to conclude that there are no obstetrical situations that would necessitate or even favor the medically unrecognized partial-birth abortion procedure as the safest or most appropriate option. Indeed, we have concerns that this procedure may itself pose serious health risks for women.

Ordinarily, we would agree that the intervention of legislative bodies into medical decision making is usually inappropriate. However, when the medical decision making *itself* is inappropriate, and may be putting women at risk by subjecting them to medically unrecognized procedures, then the intervention of a legislative body, such as the U.S. Congress, may be the only way to protect mothers and infants threatened by the partial-birth abortion procedure.

In addition to these concerns over the content of the statement, we are also concerned as to the procedure by which it came to be issued.

As mentioned, the vast majority of PHACT members are specialists and sub-specialists (i.e. perinatologists) in obstetrics and gynecology, and many of these are also fellows of ACOG. After them, our membership consists largely of family practitioners and pediatricians. Former Surgeon General C. Everett Koop, perhaps the nation's leading pediatric surgeon, has been associated with PHACT and his public statements on partial-birth abortion are in agreement with PHACT. Our membership is open to any doctor, regardless of his or her political views on the larger question of abortion rights, precisely because our focus is strictly on the medical realities that relate to this procedure. (In fact, doctors who are pro-choice have publicly stated their opposition, on medical grounds, to the use of this abortion method).

We cannot recall receiving any notification whatsoever that the American College of Obstetricians and Gynecologists was even reviewing the issue of partial-birth abortion toward the end of issuing a statement of policy. We cannot recall ever being informed that ACOG was going to convene a "select panel" to accomplish this. We find it unusual that PHACT, a coalition of doctors formed for no other reason than to investigate medical claims made about partial-birth abortion, was not invited to participate in these deliberations. Those of us who are fellows of ACOG were kept completely in the dark as to what ACOG's leadership was doing in regard to this issue.

In truth, this statement is the product of a panel -- whose membership ACOG has not made public -- that was working behind closed doors and with no real participation from ACOG's membership itself. In crafting this statement, ACOG simply ignored its own members. There is the danger that in issuing this statement, ACOG is giving the larger public the impression that the statement somehow represents the thinking of its members on this subject. It does not. ACOG members had no knowledge of this statement until it was issued as a *fait accompli.*

In conclusion, this statement clearly does *not* represent a consensus among the nation's obstetricians and gynecologists as to the safety or appropriateness, under any circumstances, of the partial-birth abortion method. We ask you to provide the medical data, research and all other relevant materials which could possibly have led to such an assertion. We ask that you also make available the names of those on the select panel who arrived at such a conclusion. We would also ask that the leadership of ACOG officially withdraw this statement until the matter at issue -- partial-birth abortion -- has been subject to a thorough and open discussion among the members of ACOG and those doctors in related specialties who have significant knowledge regarding this issue. We look forward to your response.

Sincerely:

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Director, Division of Ob/Gyn
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Curtis Cook, M.D.
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PHACT

Physicians' Ad Hoc Coalition for Truth

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Communications Counsel:
Gene Tarne, Michelle Powers

September 18, 1996

Dear Member of Congress:

We write to you as founding members of the Physicians' Ad-hoc Coalition for Truth (PHACT), an organization of over three hundred members drawn from the medical community nationwide -- most ob/gyns, perinatologist and pediatricians -- concerned and disturbed over the medical misinformation driving the partial-birth abortion debate. As doctors, we cannot remember another issue of public policy so directly related to the medical community that has been subject to such distortions and outright falsehoods.

The most damaging piece of medical disinformation that seems to be driving this debate is that the partial-birth abortion procedure may be necessary to protect the lives, health and future fertility of women. You have heard this claim most dramatically not from doctors, but from a handful of women who chose to have a partial-birth abortion when their children were diagnosed with some form of fetal abnormality.

As physicians who specialize in the care of pregnant women and their children, we have all treated women confronting the same tragic circumstances as the women who have publicly shared their experiences to justify this abortion procedure. So as doctors intimately familiar with such cases, let us be very clear: *the partial-birth abortion procedure, as described by Dr. Martin Haskell (the nation's leading practitioner of the procedure) and defined in the Partial-Birth Abortion Ban Act, is never medically indicated and can itself pose serious risks to the health and future fertility of women.*

There are simply no obstetrical situations encountered in this country which require a partially-delivered human fetus to be destroyed to preserve the life, health or future fertility of the mother. Not for hydrocephaly (excessive cerebrospinal fluid in the head); not for polyhydramnios (an excess of amniotic fluid collecting in the woman); and not for trisomy (genetic abnormalities characterized by an extra chromosome).

Our members concur with former Surgeon General C. Everett Koop's recent statement that "in no way can I twist my mind to see that [partial-birth abortion] is a medical necessity for the mother."

As case in point would be that of Ms. Coreen Costello, who has appeared several times before Congress to recount her personal experience in defense of this procedure . Her unborn child suffered from at least two conditions: "polyhydramnios secondary to abnormal fetal swallowing," which causes amniotic fluid to collect in the uterus, and "hydrocephalus", a condition that causes an excessive amount of fluid to accumulate in the fetal head.

The usual treatment for removing the large amount of fluid in the uterus is a procedure called amniocentesis. The usual treatment for draining excess fluid from the fetal head is a procedure called cephalocentesis. In both cases the excess fluid is drained by using a thin needle that can be placed inside the womb through the abdomen ("transabdominally"--the preferred route) or through the vagina ("transvaginally.") The transvaginal approach however, as performed by Dr. McMahon on Ms. Costello, puts the woman at an increased risk of infection because of the non-sterile environment of

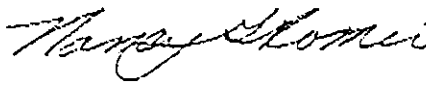
the vagina. Dr. McMahon used this approach most likely because he had no significant expertise in obstetrics and gynecology. After the fluid has been drained, and the head decreased in size, labor would be induced and attempts made to deliver the child vaginally. Given these medical realities, the partial-birth abortion procedure can in no way be considered the standard, medically necessary or appropriate procedure appropriate to address the medical complications described by Ms. Costello or any of the other women who were tragically misled into believing they had no other options.

Indeed, the partial-birth abortion procedure *itself* can pose both an immediate and significant risk to a woman's health and future fertility. To take just one example, to forcibly dilate a woman's cervix over the course of several days, as this procedure requires, risks creating an "incompetent cervix," a leading cause of future premature deliveries. It seems to have escaped anyone's attention that one of the five women who appeared at President Clinton's veto ceremony who had a partial-birth abortion subsequently had five miscarriages.

The medical evidence is clear and argues overwhelmingly against the partial-birth abortion procedure. Given the medical realities, a truly pro-woman vote would be to end the availability of a procedure that is so potentially dangerous to women. The health status of women and children in this country can only be enhanced by your unequivocal support of H.R. 1833.

Thank you for your consideration.

Sincerely,



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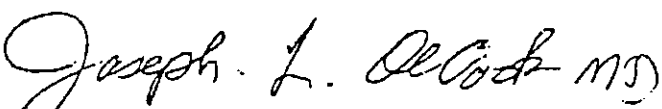

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FILE COPY

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
JOINT ECONOMIC COMMITTEE

United States Senate
WASHINGTON, DC 20510-2903

Statement by Senator Bob Smith on
HB 768, relative to certain abortions

At beginning of the current Congress, Senator Santorum and I reintroduced the Partial-Birth Abortion Ban Act. The recent concessions by key opponents of the bill that they have been deceiving Congress, the public, and the President about the numbers and circumstances under which partial-birth abortions are being performed, have caused many Americans to rethink the necessity of this procedure -- a procedure that has been likened to infanticide. I am cautiously optimistic that once this bill passes again, the President will sign it or Congress will override his veto.

I want to congratulate Representative Kevin Smith for introducing HB 768, which would ban this inhumane procedure as a matter of state law, and I am pleased that this hearing is being held. I sincerely hope that the New Hampshire legislature will pass this bill and that the Governor will sign it.

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My name is Nancy Lockhart. I am a mother of two, resident of Concord with a bachelor of science in nursing. I formerly had the privilege of working in a neonatal intensive care unit for several years. While employed in that position, I worked with many prematurely born infants. These children were born as early as 22-24 weeks gestation. My experience working with these children prompted my desire to testify in favor of HB 768.

It is my understanding that so called partial-birth abortions are being performed on many of the types of children who used to survive given the care we had to offer in a NICU. The babies we worked so very hard to keep alive with much effort and love are now being pithed like animals when they are more than half way out of their mother's womb. Once the base of their skulls are identified, their little heads are then emptied by a vacuum instrument. Their brains are literally sucked out. In the neonatal ICU environment , I have seen babies squirm and wiggle so much for I.V. insertions (and other invasive procedures) to require two or more nurses to hold the babies moving limbs and heads. No one can tell me they do not feel pain when their lives are violently ended in a partial birth abortion.

When working on a NICU , I was always amazed at how premature babies had a distinct personality at such a young age. I was reminded of this by a picture in the local paper some time last year. On my refrigerator hangs a picture of twins born prematurely. One of the siblings has his arm around the other baby. Apparently, once born one of the twins did very well but the other had repeated episodes of a dropped heart rate, apnea, and much restlessness. The medical staff did not have an explanation for his unstable condition. They had run out of ideas on how to help the baby. Someone then suggested that they may want to try putting them together in the same isolette to see if his brothers companionship and familiarity could possibly help. They put the twins together and the stable twin immediately put his arm around his sibling and the unstable twin seemed to miraculously calm down with no futher episodes of apnea or bradycardia.

I am also reminded of unique personalities when I think back on NICU

reunions. Each year , babies treated in the NICU would have a reunion. Parents, siblings, grandparents,healthcare providers would come together for a grand celebration. What a joy to see happy, healthy children running and playing and happy to be alive.

After these experiences and many others, no one can tell me that life in a full rich sense has not begun by 24 weeks gestation. The state has an obligation to protect these innocent persons

FILE COPY

March 7, 1997
Judiciary & Family Law, Room 208, LOB

HB 768-FN

For the record, I am Mary E. Brown from Chichester

There are moments in our lives that are so significant, they remain indelibly etched into our memories.

I'd like to share such a moment with you...

It was Jan. 1, 1974 @ 3:36 in the afternoon.

The pregnancy had been short and difficult. The baby had to be born, or both of us would die. She was only 24 weeks gestation.

"The baby's chances are zero," the doctors told my husband and I. But she was kicking and flailing about all through the birth process...I could feel her....as if she was saying...NO! NO! I don't want to go!

At that moment, all eyes in the room were on her tiny body. The doctor looked surprised as he held, literally in the palm of his hand, the tiniest baby I'd ever seen, and she was still kicking and flailing her arms and legs.

She was doing something else, too. She was crying at the top of her lungs. Wailing, just like any newborn baby does, but you could barely hear her. Her vocal chords were not yet developed and her shrieks were tiny little squeaking sounds.

The doctor looked at my husband and I. "Her chances are slim, and even if she survives, she'll probably be physically and mentally handicapped, blind, or worse." He glanced down at the stainless steel container and then at us. "Do you want to try to save her or dispose of her?"

We both answered simultaneously. "Save her!"

The nurse breathed a sigh of relief, quickly wrapped the tiny infant in a receiving blanket and hurried her to the nursery where she was placed inside an isolet.

There are a lot of misconceptions about what a fetus is, what a baby at 20, 22 or 24 weeks really is like. I'd never thought

about abortion. It wasn't something that would affect my life. But the birth of our daughter forced me to examine this issue. Let me share some insights with you.

First, did you ever think a fetus (2nd Trimester) felt pain? Did you know they actually cry? Our baby cried at birth. She was in pain and distress and showed it the only way she could, she cried out.

How small was our daughter?

The wrist bracelets used to identify newborns was moved to its smallest notch. It was way too big. So they put it on her ankle. She kept kicking it off!

She was too small to nurse, even with the smallest preemie bottle, so she was gavage fed. A tube was inserted into her stomach. The formula was measured in grams. One feeding was equal to 1/2 teaspoon. One-half teaspoon!

I stood over her isolet, feeling helpless as I watched her, I began to wonder about abortions. Her features were perfectly formed. She had fingernails and toenails, eyes, nose and mouth. When I realized that she was still a second trimester fetus and how many like her are aborted each year, I felt sick in the pit of my stomach.

A nurse came over to me to encourage me. "She's a fighter," she said, "She's going to make it. She wants to live."

What a revelation. As that tiny baby labored for each breath, she was truly hanging on to dear life--she was fighting for her life. Did you ever consider that a fetus has a will to live?

I went to the library and got some books on preemies. There had to be something I could do to help her win that fight. I found a study done back in the '40's. They wanted to know if it was better to isolate severely premature babies and avoid human contact because they are so fragile, or to allow human contact and risk infections, etc. Guess what? The babies without human contact all died. The babies who interacted with people had a 20% survival rate.

The next day I couldn't wait for the doctor to arrive. I told her what I'd found and she agreed. It was true. The nurses showed me how to scrub up and, donned with mask and smock, I sat beside our baby's isolet, reached inside and stroked her face, held her hand, and talked to her. I spent as much time as I could with her, even though I couldn't hold her, at least I could touch her and talk to her.

When you hear the word fetus, do you think of something that responds to love and human nurturing? They do.

We named our daughter Jessica. Later we found the name means "the Lord's Grace." It's a fitting name.

Jessica taught us that fetuses feel pain. They cry. Just like any other human being. They are unique individuals, with their own personalities. People used to come to the nursery just to see Jessica. The nurses grew attached to her.

Jessica taught us that fetuses have a will to live. They fight for their lives. They don't want to die. Just like you, they want to live.

And Jessica taught us that fetuses respond to human contact and love. There's no question about it. They do. With nurturing, they thrive.

What happened to Jessica? On Jan. 1st, 1974 she made her startling entry into this world, three and one-half months ahead of schedule--a little over 2 pounds. She wasn't due until mid April.

Last May, she graduated from the US Coast Guard Academy in New London, Ct.--a college that accepts only 5% of its applicants, based on a formula of academic, athletic and leadership achievement. Obviously, the doctors predictions didn't come to pass.

President Clinton handed her her diploma and commission. Next time the late-term abortion bill comes to him, I hope he'll stop and think about what a fetus really is. It's a human being.

Please support HB768. It's the right thing to do.

Thank you for letting me share this moment with you, and the insights Jessica taught us about fetuses.

Mary E. Brown
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FILE COPY

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March 5, 1997

Capital Building
New Hampshire State Legislature
Concord, New Hampshire

Dear Legislator:

My name is Dr. Pamela E. Smith. I am a Board Certified Obstetrician Gynecologist in the state of Illinois. I am a founding member of the Physicians AdHoc Coalition for Truth (PHACT) which is a national organization of physicians, politically diverse on the abortion issue, who are united in our attempts to disseminate medical facts as they relate to partial birth abortion procedures. I am also the President of the American Association of Prolife Obstetricians and Gynecologists; the former Director of Medical Education in the Department of Obstetrics and Gynecology at Mt. Sinai Hospital-Chicago; a fellow of the American College of Obstetrics and Gynecology; an Assistant Professor of OBGYN at the Finch School of Medicine; a member of the Association of Professors of Gynecology and Obstetrics and a member of the American Public Health Association. I have also testified at both state and federal levels in support of legislation banning partial birth abortion procedures. It was recently brought to my attention that your state is considering similar legislation and I would like to take this opportunity to summarize medical and public health reasons to support such a ban.

It is of considerable importance to understand two factors prior to listing the medical reasons why this procedure should not be allowed. First of all, partial birth abortion is not, and never has been, a medical term. It is a term of art that is emerging in the medical and lay community to describe any abortion procedure that involves intentionally partially vaginally delivering a living child from its mother's womb but leaving a portion of that child in the birth canal, killing the child, and only then completing the delivery . The most infamous example of this type of an abortion procedure is the one used by

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Dr. Martin Haskell in Ohio. The technique used by Dr. Haskell is, in fact, a perverted form of breech extraction in which the cervix of a woman is dilated over a course of 3 days. The abortion practitioner then grabs the baby by the feet and delivers every part of the baby except the head. A hole is then created in the back of the baby's neck; its brains sucked out; and only then is the delivery completed. Abortion practitioners have a number of different names for these types of procedures. Some call it "intact D&E" others "D&X" and opponents of this legislation have argued that its "correct" medical name be utilized. The problem with this assertion is that the names proposed cannot be found in the medical literature; cannot be found in standard obgyn textbooks; nor can they be found in standard abortion textbooks or in medical databases. As the AMA Council on Legislative Affairs noted when it supported the Partial Birth Abortion Ban at the Federal level this "is not a recognized medical procedure". It is also important to remember that it was necessary in the drafting of the legislation to use a descriptive term that would allow a specific type of abortion procedure to be prohibited which would not place in jeopardy other medically recognized abortion techniques. Prostaglandin induction of labor results in the complete expulsion of a dead child. And dilatation and extraction (D&E) involves taking a baby out piece by piece. Although a hand or a foot may protrude through the cervix during this procedure it and the baby are not "partially delivered". Whatever sticks out is cut off. Partial birth abortions can not be confused with either of these methods even if you tried and these recognized abortion techniques are not the subject of this legislation.

A second factor that is important to be cognizant of when considering this ban is why this procedure was "invented" by abortion practitioners in the first place. Partial Birth Abortion has been used as early as 16 weeks gestation and as late as term (37-40 weeks). When a pregnancy is at the 16-20 week stage the babies generally weigh less than one pound and with current medical technology can not survive outside the womb no matter what abortion technique is used. At this stage of the pregnancy abortion providers will either dismember the child in utero and reassemble the baby on a table to insure completion

(D&E) or they will give the woman a drug called prostaglandins which will cause her to have uterine contractions that are so strong that they basically suffocate the child in utero by cutting off its blood supply. The problem, from an abortion providers perspective, with either of these techniques once a pregnancy goes beyond the 20 week stage is that it becomes extremely physically difficult to cut the baby into pieces and too many babies (in some series up to 15%) will survive prostaglandin inductions. Between 20-24 weeks, babies will weigh up to one pound or more. A significant percentage of these babies are indeed viable. In some tertiary centers survival rates are up to 30%. And so abortion providers needed a technique that would guarantee a dead infant, that could be performed in the "privacy" of an abortion clinic(where they are not monitored) and which could be used at stages of intermediate as well as definite fetal viability. Hence the "need" for this procedure.

The advantage of partial birth abortion techniques for the abortion provider is readily apparent but how does this technology benefit the woman? **Not at all.** The obstetrical maneuvers employed by this particular abortion method have been associated with rupture of the uterus, massive maternal hemorrhage, the development of an incompetent cervix(a condition that leads to premature birth and pregnancy loss in future pregnancies), infection as well as a condition called amniotic fluid embolism which has a 90% maternal mortality rate. In fact it has been documented that the risk of maternal death doubles for every 2 weeks of gestation after 8 weeks of pregnancy and these procedures (according to opponents of the ban)are most frequently done between 16 and 24 weeks of gestational age. Abortion practitioners have not denied these risks and delineation of these problems can be found in standard medical textbooks such as Williams Obstetrics, Gabbe's Textbook of Normal and Abnormal Pregnancies, and the 1987 Obstetrics Prolog Study guide published by the American College of Obstetrics and Gynecology.(See enclosures).

If a woman, in midtrimester or in the later stages of pregnancy, needs to be separated from the baby developing in her womb to preserve her own life and safety a variety of techniques are used to accomplish this goal which are not as hazardous as partial birth abortions and for which we have safety data to evaluate their risks and effectiveness. In fact in January of this year the Executive Board of the American College of Obstetrics and Gynecology issued a position statement on partial birth abortion procedures in which they stated they could not identify any instance when

this procedure would be the only one available to save the life or preserve the health of a woman. The statement issued by the Board did not support banning the procedure but it is extremely instructive to recognize that a medical necessity for this procedure could not be found even by individuals who choose not to support a ban. It is equally instructive to note that individuals who do not support a ban could not cite scientific data, information listed in standard textbooks or clinical cases to support its continued legality.

Opponents of this legislation have argued that the government should not be involved in medical decision making. In general such a statement is correct, however, it is clearly a government function to promote the publics safety and we have ample evidence, primarily provided by women who underwent this procedure, that women have been medically misinformed in regards to their options and the risks involved with this abortion technique. Women have testified before Congress that they needed to have this particular procedure because "my life was in danger". The fact of the matter is, having this procedure put their life in danger, carrying a baby with a genetic defect did not. And, if indeed their lives were in danger, why perform a procedure that takes 3 days rather than inducing labor and having the process over with in 18 or 24 hours? Women have also testified they needed this particular procedure performed in order to protect future fertility. If one reviews the medical literature the techniques used in this procedure put women at risk for future pregnancy losses...the direct opposite of what they were told. Women have been counseled that standard medical techniques, such as cephalocentesis (removing excessive fluid from the head of a fetus in utero) constitutes having a partial birth abortion when, in fact, the two procedures have nothing to do with each other. Cephalocentesis was designed to facilitate the care of babies who have a problem called hydrocephalis. The intent is to remove fluid, if possible save the child and allow the woman to have a normal vaginal delivery...not to kill the baby by removing its brains. Partial birth abortion, in contrast, was designed to insure the death by removing the brains, not excessive fluid, of totally normal children for the convenience of an abortion provider. The list goes on and on but the pattern is clear. Given the fact that the abortion industry is essentially unregulated women were unwittingly being experimented upon during the development of this technique and were misinformed about safer, available options. Such misconduct bears a tragic similarity to the Tuskeegee Experiments conducted in this country approximately 24 years ago where

Black men from the south were told they had "bad blood" instead of being told they had syphillis and offered the standard treatment for this disease at that time. This was done, under the auspices of the Public Health Service and physicians, so that one could watch and learn from the natural progression of untreated disease. It is a tragic reminder of why it is sometimes necessary, in the interest of public health and safety, to set limits on what health care providers are allowed to do.

And finally it should not be forgotten that this abortion technique was primarily designed for pregnancies that have reached a stage of viability. One of the most prominent providers of this technique was asked what would happen if a breech baby accidentally "slipped out" (a phenomenon that happens quite often in breech deliveries). His response was that this "usually does not happen". Well what happened to those childrn for whom "usually" was not the case? There are no reported survivors of this procedure so one can assume that the continued legality of this technique is a defacto sanctioning of infanticide.

In summary there are absolutely no obstetrical situations encountered in this country which require a partially delivered infant to be destroyed to preserve the life or the health of its mother. Partial birth abortion was a technique designed ignoring the known risk factors of such a procedure to mothers. Maternal and child health in this country can only be enhanced by banning this type of abortion procedure.

Respectfully Submitted,

Pamela E. Smith MD FACOG
Founding Member of PHACT
President of the American
Association of Prolife
Obstetricians and
Gynecologists

FILE COPY

tiny tim

by Sharon Dunsmore

He wasn't supposed to survive the abortion.

But he did.

It was a relatively calm day in my hospital's NICU (Neonatal Intensive Care Unit). Two other nurses and I were trying to have a conversation amid the customary sounds of ventilators and heart monitors.

I was in midsentence when the shrill ring of the red emergency phone halted all conversation. "Come fast," the voice said urgently. "We need a neonatal nurse *stat*!"

Fear gripped my heart as I ran into the delivery room. Instantly, I knew the situation was critical.

"What's happening here?" I asked.

"It's an 'oops abortion,' and now it's your problem!" responded one of the nurses. For us, an "oops abortion" meant the mother's due date was miscalculated, and the fetus survived the abortion procedure.

A pediatrician was called to the scene. He ran by me with the fetus (now called a baby) in his hand and yelled in my direction, indicating he wanted me to follow him into the resuscitation room adjoining the delivery room.

I looked into the bed of the warmer as I grabbed equipment. Before my eyes was a baby boy. A very, very tiny baby boy. The doctor and I immediately made an attempt at intubation (inserting a tube down the trachea from the mouth or nose of the infant to the tip of the lungs to ventilate, expand and oxygenate them). The doctor's effort at intubation failed,

which further traumatized the baby. I glanced at the doctor and hesitantly asked, "Will you attempt intubation again?"

"You've got to be kidding," he replied. "It would be inhumane to attempt to intubate this poor little thing again. This infant will never survive."

"No, Doctor, I'm not kidding," I said, "and it's my job to ask."

The doctor softened for a moment. "I'm sorry, Sharon. I'm just angry. The mother doesn't want the inconvenience of a baby; so she comes to the hospital so she can pay somebody to get rid of it—all neat and tidy. Then the whole thing gets messed up when the fetus has the audacity to survive.

"Then everybody takes it seriously, and they call the pediatrician, who's supposed to fix it or get rid of it." With anger in his voice, he went on, "Some lawyers will fight for the right to do whatever we want to our bodies, but watch out for what they will do when these abortions aren't so neat and tidy! A failed homicide—and *oops*! Then all of a sudden everybody cares, and it's turned from a 'right' into a 'liability' that someone is blamed for!"

We looked at our pathetic little patient. He was lying in the fetal position in the wrong environment, trying to get air into underdeveloped lungs that couldn't do the job. In a calmer voice, the doctor said, "Okay, Nurse, I'm going back to the office. Keep him comfortable and let me know when it's over. I'm sorry about this. Call me if you need me. I know this is a hard one. If it helps, please know it's tough for me, too."

Holding His Hand

I watched the doctor retreat and then glanced back at the infant before me. He was gasping for air. "Lord, help!" I prayed.

Almost instinctively, I took the baby's vitals. His temperature was dangerously low. I pushed the warmer settings as high as they could go. His heart rate was about 180-200 beats per minute. I could count the beats by watching his little chest pulsate.

I settled down a bit and began to focus on this tiny little person. He had no name, so I gave him one. Suddenly, I found myself speaking to the baby. "Tiny Tim, who are you? I am so sorry you weren't wanted. It's not your fault."

I placed my little finger in his hand, and he *grasped* it. As I watched him closely, I marveled that all the minute parts of a beautiful baby were present and functioning in spite of the onslaught.

I touched his toes and discovered he was ticklish! He had a long torso and long legs. I wondered if he would have become a basketball player. Perhaps he would have been a teacher or a doctor.

Emotions swept over me as I thought of my friends who had been waiting and praying for years for a baby to adopt. I spoke aloud once again to the miniature baby. "They would have given you a loving and a happy home. Why would people destroy you before ever considering adoption? Ignorance is *not* bliss, is it, Tiny Tim?"

Hanging On

Meanwhile, Tim put his thumb into his mouth and sucked. I hoped that gave him comfort. I continued to talk to the baby. "I'm sorry, Tim. There are people who would risk their lives for a whale or an owl before they'd even blink about what just happened to you."

Tiny Tim gasped, and his little chest heaved as if a truck were sitting on it. I took my stethoscope and listened to his tiny, pounding heart. At the moment it seemed easier to focus on physiology rather than on this baby's humanity.

He wet. And with that my mind took off again. Here was Tiny Tim with a whole set of kidneys, a bladder, and connecting tubes that functioned with a very complex system of chemistry. His plumbing was all working! I turned the overhead light up and Tim turned from it, in spite of eyelids that were fused together to protect his two precious little eyes. I thought about them. They would never see a sunset, a mother's smile or the wagging tail of a dog.

I took his temperature again. It was dropping. He was gasping for air and continued to fight for life. I stroked him gently and began to sing:

Jesus loves the little children,
All the children of the world.
Red and yellow, black and white,
They are precious in His sight.
Jesus loves the little children of the world.

A nurse walked in.

"How's the mother?" I asked.

"Oh, she's fine. She's back in her room resting. The family said they don't want to see or hear about anything. They said, 'Just take care of it.'"

The nurse retreated with one last glance at the tiny patient. "For such a little person, he's sure putting up a big fight."

I looked at Tiny Tim and wondered if he knew that what he was fighting for so hard was *life*—and I knew he was losing it. He was dying and his family was *resting*. Their words tormented me. *Just take care of it!* No muss and no fuss.

Then Tiny Tim moved and caught hold of my little finger. I let him hang on. I didn't want him to die without being touched and cared for. As I saw him struggle to breathe, I said, "It's okay, Tim. You can let go. You can go back to God."

His gasping started slowing down, but he still clung to my finger. I stroked the baby ever so slowly and watched him take his last breath.

"Goodbye, Tiny Tim," I whispered. "You *did* matter to someone."

Epilogue

A few years later, Sharon Dunsmore became the manager of a psychiatric unit. One day, Kathy, a young, severely depressed woman, came to see Sharon following an unsuccessful suicide attempt. As Sharon interviewed her, Kathy said she had gone through an abortion three years before, and she was having recurring nightmares. A baby was crying for help and kept calling her name. In her dreams, Kathy searched for the baby, but she could never find him or her.

As Kathy gave the name of the hospital and the names of doctors, a disturbing realization dawned on Sharon. *Kathy was Tiny Tim's mother.* Because of hospital regulations, she couldn't tell her what she knew.

Time passed. Sharon was no longer a nurse or a therapist. Kathy was no longer a psychiatric patient. They ran into each other at a restaurant, where Sharon gently unfolded the story that had been hidden for so long. Tears flowed as she gave Kathy the gift of answers. Her baby was touched and loved by a mother. He was given a name. He didn't die alone. He was sent back to a loving God.

As the visit neared an end, they held each other and wept. Sharon looked into Kathy's eyes and saw new strength and calm. There were scars, but she was beginning to heal. The nightmares were being put to rest.

Sharon still lives with the haunting impact of this experience. A *choice* that was intended to be "no big deal" turned out to be *a very big deal* for everybody.•

Sharon Dunsmore has Tiny Tim's story available in booklet form. For more information, write "Tiny Tim," P.O. Box 84, Smiths Creek, MI 48074-0084.

Opinion

FILE COPY

Partial truths

▶ **Legislators must resist anti-abortion efforts in D.C. and Concord.**

Editorial

In Washington and in Concord, anti-abortion activists are again trying to chip away at women's constitutional rights by targeting the emotional issue of so-called "partial birth" abortion. It didn't work last year, and, despite slightly changed circumstances, lawmakers at both the state and federal level must resist such efforts again. Their alternative is to jeopardize the broad protections granted by the landmark Roe v. Wade decision which legalized abortion 24 years ago.

Anti-abortion activists are using the so called 'partial-birth' abortion issue as a way to slowly erode the constitutional rights of women.

Here's what's new: A man named Ron Fitzsimmons announced recently that he had "lied through his teeth" when he told Ted Koppel in 1995 that there were only 500 partial birth abortions in America per year. In fact, he now says, there are 5,000. The fact that Koppel never even aired Fitzsimmons's original claim has not made a difference to the anti-abortion activists who have seized on his latest interview as evidence that President Clinton, who vetoed their efforts last time around, must now change his view.

The real question of partial birth abortion – which medically is known as intact dilation and extraction – is not how many are performed but why *any* are performed at all. The procedure, as opponents rightly point out, is complicated and grotesque.

Opponents have claimed these women are in the final weeks or days of pregnancy. Londonderry Rep. Kevin Smith, who has sponsored a New Hampshire bill to outlaw the procedure, calls it infanticide. "It's done because women, at the last second, decide 'I don't want this pregnancy,' " he told lawmakers last week.

That's simply not true. Almost all abortions are performed in the first 20 weeks of pregnancy, when the procedure is safest and least complicated. Late-term abortions – using "partial birth" or alternate procedures – are rare and almost always involve a seriously deformed fetus or a woman whose life or health is at serious risk. (As it turns out, Kevin Smith is against the procedure in those cases too; an amendment to his bill would ban the procedure even when it's needed to preserve a mother's life or health.)

The other partial birth procedures are performed during women's second trimester of pregnancy. But even in those cases, Smith's explanation is unconvincing. When women wait longer than 20 weeks to have an abortion, it's not on a whim but because they are poor (abortion providers and transportation aren't readily accessible in many parts of the country), because they are scared, because they are young, because they develop medical complications, because they learn of severe fetal abnormalities.

In such cases, it's not women who choose intact dilation and extraction. It's their doctors. They do so because they feel it's the safest choice for their patient. By the second trimester, all abortion procedures are more complicated, and more wrenching. The principal alternative involves fetal dismemberment; it too could be jeopardized by the broad language of the "partial birth" bans pending in Congress and at the State House.

That's why anti-abortion activists like this issue. Banning partial birth abortions is a way to gut Roe v. Wade, a few procedures at a time. In Washington, that's what lawmakers like New Hampshire's Bob Smith have in mind. In Concord, it's what Kevin Smith is after.

The abortion debate is always carried out at high volume. Beneath the rhetoric are doctors trying to find the safest options for carrying out a wrenching choice. Legislators must allow their difficult work to continue, safely and legally.

MIKE MAGIAN

FILE COPY

13 Abbott Road
Penacook, NH 03303
March 7, 1997

Judicial and Family Law Committee
Concord, NH 03301

Dear Ladies and Gentlemen:

I am writing in regards to the HB 768 now before your committee. I am very concerned to think that **anyone** could allow such a thing as happened to this baby in the attached article. The fact that this little baby had to face death **once** was unheard of, but the fact that this so called "oops abortion!" occurred, then the medical personnel's one attempt to intubate failed, and that poor little child had to struggle to hang on, then died anyway, was an atrocity. Partial birth abortions create the same kind of scenario and it seems unbelievable to me that any human being could live with legislating or performing such an act. It reminds me of clips I saw of "Schindler's List" and the awful treatment of innocent people in World War II.

I appeal to you to ban this practice in our state, so that ***at least our area of the country*** can uphold the Declaration of Independence's opening statement: "...that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness." Taking life is never right, but certainly, this article demonstrates that this little one could have lived if not for interference from those who perform abortions. Thank you for taking the time to consider this bill, and please vote in favor of the bill so that partial birth abortions are illegal in New Hampshire.

Sincerely,

Glenn R. Bacon

Glenn R. Bacon

Teresa R. Cahill
4 Ipswich Circle
Nashua, NH 03063
March 7, 1997

FILE COPY

Statement re: Partial Birth Abortion before the NH House, Judicial and Family Law Com.

I am a Certified Registered Nurse Anesthetist (CRNA) with many years of experience in surgical and obstetrical anesthesia. I want to tell my elected officials representing me that there is absolutely no need, ever, for a partial birth abortion, the most painful killing of an innocent baby.

I beg you to check into the records of the free-standing clinics, where 90% of abortions are performed today. In 1973 over half of all abortions were done in hospitals where oversight committees and agencies from the local level to the national level prevented abuses.

Today, the National Abortion Federation (NAF) publishes standards for the operation of clinics. They openly admit they have no way of enforcing them, even within their own membership. Suzanne Poppema, head of NAF's Clinical Guidelines Committee, pointed out that NAF has no credentiating power; it isn't a board, and therefore has no enforcement power.

Our Declaration of Independence tells us that "No state shall make or enforce any law which shall...deprive any person of life, liberty or property, without due process of law." Let's obey this mandate and stop the killing of babies in this incredibly inhuman manner.

Teresa R. Cahill, C.R.N.A.

FILE COPY

Telegraph July 23 - 1993

Confronting abortion reality

New fetus-termination technique raises viability issue anew

Through the years I have known nurses who refused to take part in second-trimester abortions. Most were not pro-lifers and had participated in many first-trimester abortions. But they told me they could not bear seeing — during D&E (dilation and evacuation) — the dismemberment of the fetus in the uterus.

Some lost their jobs in states that had not yet adopted "conscience clauses" for nurses in hospitals that performed abortions.

There is now a new approach to second- and third-trimester abortions. It is D&X (dilation and extraction) and has led pro-lifers to use this development in an attempt to kill the Freedom of Choice Act. In American Medical News (a publication of the American Medical Association), reporter Diane Gianelli notes that "scores of calls from congressional staffers and others" have been received by the National Abortion Federation asking about the pro-lifers' brochures and ads illustrating D&X.

The anti-abortion forces had obtained a copy of a description of D&X at a National Abortion Federation seminar in Dallas last September.

Dr. Martin Haskell, who has performed the procedure more than 700 times on patients from 20 to 24 weeks — and some up to 26 weeks — explained that he takes a large grasping forceps to grab hold of a "lower extremity" which he pulls into the vagina. Then, with his fingers, he removes the rest of the fetus except for the head. In most cases, the fetus is still alive.

At that point, according to the official report of the seminar, "the surgeon takes a pair of blunt curved Metzenbaum scissors" and "forces the scissors into the base of the skull," spreading it to enlarge the opening. With a suction catheter, he "evacuates the skull contents." The fetus is now dead, and the skull is small enough to join the rest of the fetus.

Dr. James McMahon of Los Angeles — one of the relatively few physicians who, so far, perform D&X — told American Medical News: "If I see a case . . . after 20 weeks, where it frankly is a child to me, I really agonize over it because the potential is so imminently there. . . .

"On the other hand, I have another position, which I think is superior in the hierarchy of questions, and that is: 'Who owns the child?' It's got to be the mother."

I reminded Jesse Jackson, a while ago, that when he was a spellbinding pro-lifer, he used to liken the claim of ownership of the unborn child to the slave-owning plantation owner who said he could do anything he liked with his property. Jackson did not deny having said that but, looking uncomfortable, he said nothing more to me.

Anyway, say the pro-choicers, there are so few second-trimester abortions that all this fuss over D&X is a tactic to end all abortions.

That is true for the activists, but many onlookers wonder about the definition of "few." Diane Gianelli quotes the Guttmacher Institute as estimating that in 1988 — the last year for which figures are available — there were close to 168,000 second- and third-trimester abortions. Of these, according to Dr. Martin Haskell, probably 4,000 are done in the third trimester.

However, Diane Gianelli carefully notes, "Accurate figures on second- and third-trimester abortions are elusive because a number of states don't require doctors to report abortion statistics. For example, one-third of all abortions are said to occur in California, but the state has no reporting requirements."

The National Right to Life Committee has been running ads around the country showing how D&X works. It hopes that reaction to those ads will reach those members of Congress who are already ambivalent about how far, if at all, the Freedom of Choice Act should go in removing the ability of the individual states to place restrictions on abortion.

Whether or not the FOCA allows a waiting period, or parental notification when a teenager decides to have an abortion, a basic element of the proposed federal law is that abortion will be permitted — for any reason — until viability. But — and this is where D&X comes in — the definition of viability will not be determined any longer in any state legislatures.

Viability will be defined by the physician performing the abortion — not always a disinterested authority. So there will be more second-trimester abortions.

Barbara Radford, executive director of the National Abortion Federation, says that there is no need to apologize for D&X. It's legal. And "there are many reasons why women have late abortions: life endangerment, fetal indications, lack of money or health insurance, social-psychological crises, lack of knowledge about human reproduction, etc."

And another reason not to apologize is that the target of the Metzenbaum scissors is — according to a majority of the Supreme Court — not yet a "person," not yet human enough to be protected by the Constitution.

After all, as Richard John Neuhaus reminds us: "We need never fear the charge of crimes against humanity so long as we hold the power to define who does and who does not belong to 'humanity.' "

□ □ □

Nat Hentoff is an authority on the First Amendment and the rest of the Bill of Rights.

BY JOHN LEO

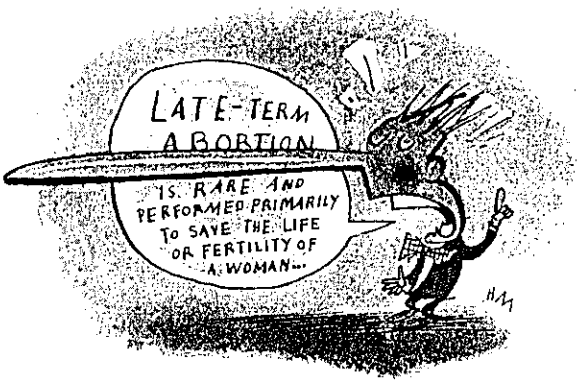
The first crack in the wall

So Ron Fitzsimmons can't stand it anymore. He wants us to know that he can't live with the untruths he told for the abortion cause. He's the executive director of the National Coalition of Abortion Providers, now saying he "lied through my teeth" on *Nightline* in November '95, when he "just went out there and spouted the party line" about how partial-birth abortions are rare and confined to serious threats to mother and fetus.

Oddly, Fitzsimmons is expressing moral anguish over quotes that hadn't reached the American people—his *Nightline* lies wound up on the cutting-room floor. But his statement makes it clear that he is really troubled by his participation in the broader campaign of untruths by defenders of partial-birth abortion.

"When . . . the leaders of your movement appear before Congress and go on network news and say these procedures are done in only the most tragic of circumstances, how do you think it makes you feel?" he asks, then answers: "Like a dirty little abortionist with a dirty little secret."

Along the way, Fitzsimmons paid tribute to my good friend Richard Cohen, the *Washington Post* columnist who retracted a column broadly defending partial-birth abortion, writing that he was wrong to take at face value the misinformation supplied by abortion groups. This is an example of how one honest man, an abortion-rights supporter, encouraged honesty in another, thus providing the first crack in the stone wall of movement propaganda.



'It's a dishonest campaign aimed at keeping the truth from the American people.'

Brutal candor. Astonishingly, most of the misinformation was an attempt to deny facts already put on the record by the two doctors best known for performing partial-birth abortions: Dr. Martin Haskell, owner of two Ohio abortion clinics, and the late Dr. James McMahon of Los Angeles.

In the early days of the controversy, both spoke with almost brutal candor about what they were doing. Haskell provided a vivid and detailed description of the operation, which became the basis of the now famous drawings of a baby halfway down the birth canal being stabbed in the skull with surgical scissors. Haskell said these drawings were accurate "from a technical point of view." But they were later repeatedly attacked by abortion activists as misleading.

McMahon said he had moral compunctions about the operation and considered the fetus to be a child at 20 weeks. In papers given to Congress, he made clear that he performed partial-birth procedures during all 40 weeks of pregnancy for a long litany of reasons, including cleft lip, maternal depression, and what he called "pediatric indications," which, he explained to a congressional aide, meant that the mother-to-be was very young. Haskell, too, acknowledged that most of his partial-birth abortions were elective and that he stopped doing them at about 25 weeks. In a taped interview, Haskell told the *American Medical News* that the fetus was usually alive when the stabbing and brain suction took place. (Q: Let's talk first about whether or not the fetus is dead beforehand. Haskell: No, it's not. No, it's really not.)

Then, McMahon died, Haskell went into seclusion, and the abortion activists circled the wagons. Though the McMahon-Haskell testimony showed a great many procedures done on healthy mothers with healthy fetuses, the chorus of activists said otherwise. "It's not only a myth, it's a lie" that these abortions were done for minor defects such as cleft palates, said Kate Michelman of the National Abortion and Reproductive Rights Action League. Planned Parenthood said the procedure "is extremely rare and done only in cases when the woman's life is in danger or in cases of extreme fetal abnormality." Michelman made similar statements over and over, and much of the media fell into line. National Public Radio announced, for instance, that "Doctors resort to this rare procedure only for late-term abortions if the fetuses have severe abnormalities and no chance of survival." All untrue and well known inside the movement.

Activists began to insist that the fetus can't feel pain because anesthesia kills it peacefully. (Anesthesia "causes fetal demise," said Michelman. "The fetus dies of an overdose of anesthesia given to the mother intravenously," said Planned Parenthood.) But the American Society of Anesthesiologists debunked this claim as "entirely inaccurate."

Standards dipped so low that doctors started to deny quotes that reporters had on tape. Dr. Warren Hern, a Colorado specialist in late abortions, told Diane Gianelli of *American Medical News* that he "would dispute that [partial-birth abortion] is the safest procedure to use." Then, he went on *60 Minutes* and vehemently denied the quote, though Gianelli has a tape. Another Gianelli article quoted Haskell saying that 80 percent of his partial-birth abortions are elective. He wrote a letter strongly implying he was misquoted, but again Gianelli had a tape showing that he wasn't.

Fitzsimmons is right to separate himself from all this. It's a dishonest campaign aimed at keeping the truth from the American people. ■

ILLUSTRATION BY HAL MAYFORTH FOR USN&WR

Truth Is Hazardous to Pro-Death Movement

N H Sunday News 3-2-97

Jack Kenny

IT'S REMARKABLE, in a way, how much news coverage was devoted to the confession of an abortion industry spokesman that he had, in his own words, "lied through my teeth" about the circumstances surrounding the practice of partial birth abortion and the number of times it is used.

To be sure, the good, gray New York Times kept the story well off the front page, putting it instead on Page 12. But the argument could be made that the admission was hardly newsworthy at all. A report that an "abortion rights" advocate has been lying is roughly equivalent to a news bulletin that the sun rose in the east today or that the rivers are still running downstream.

Yet there it was, in newspapers and on TV and radio stations across the country. Ted Koppel even devoted a "Nightline" program to the revelation.

Ron Fitzsimmons, executive director of National Coalition of Abortion Providers, admits he lied when he said the "intact dilation and evacuation" procedure was used only rarely and only on women whose lives were in danger or whose fetuses were deformed. He now admits it is used far more often than he and its other defenders have acknowledged.

In the vast majority of cases, it is performed on healthy mothers with healthy fetuses, Fitzsimmons wrote in an American Medical News article to be published this week. "The abortion-rights folks know it, the anti-abortion folks know it, and so probably does everyone else."

The "everyone else" may or may not include President Clinton, who, in vetoing a congressional ban on partial birth abortions last year, said it pertained to "a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities, which will cause them to die either just before, during or just after childbirth. And these women, among other things, cannot preserve the ability to have further children unless the enormity — the enormous size of the baby's head — is reduced before being extracted from their bodies."

The reference, of course, is to the gruesome procedure whereby the baby is delivered feet-feet first until only his or her head remains in the uterus. Then the skull is punctured, the brain "vaccumed" out and the skull collapsed. The method has been described as "inches away from infanticide," but in practical terms, it's a distinction without a difference.

The value to its practitioners of the "big lie" is that it generally goes unnoticed, while any number of lesser lies divert our attention from fundamental questions. Whether partial birth abortion is performed on a few hundred women each year, as President Clinton said, or a few thousand, as Fitzsimmons now says, is beside the point. The question is, why is it performed at all?

Leading medical authorities, including former Surgeon General C. Everett Koop, have said it is never medically necessary. It is, like other abortion procedures, done for the sole purpose of exterminating an "unwanted" child.

Focusing on the brutality of the partial birth procedure may lead us to believe that other means of killing the preborn child are "humane." Recall that opponents of the partial-birth ban even claimed for a time that the infant is killed by the anesthesia given the mother before the operation.

That claim was quickly denounced as "entirely inaccurate" by the American Society of Anesthesiologists.

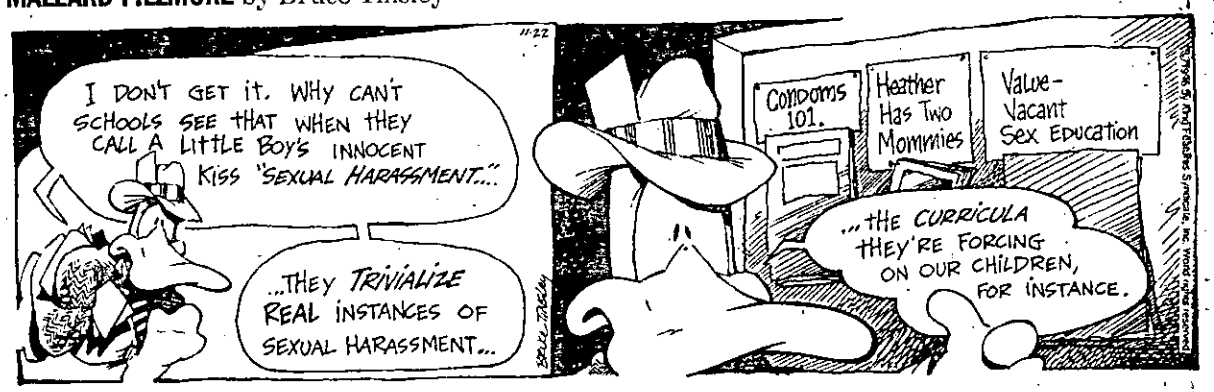
But what if it were true? Are we to believe it is morally acceptable to kill unwanted children if a way can be found to do it painlessly?

The "big lie" in the abortion controversy is the assumption that the state may choose which human lives shall be protected by law and which shall be cast beyond its pale.

The issue is not how many preborn children should be destroyed, or by what method they should be put to death. It is whether a society that promises to be protect both life and liberty can continue to defend the deliberate destruction of human life as a "fundamental right."

That's what Fitzsimmons still calls it, but then he's relatively new to the practice of truth telling and hasn't quite gotten the hang of it. If he did, he'd be out of the "abortion rights" movement and out of a job with the merchants of death.

MALLARD FILLMORE by Bruce Tinsley



The partial-truth abortion debate

JEFF JACOBY

It was news that Ron Fitzsimmons decided to tell the truth. But the truth that he decided to tell was not new.

Fitzsimmons, the executive director of the National Coalition of Abortion Providers, figured prominently in the recent debate over partial-birth abortions. Like other prochoice spokesmen, Fitzsimmons insisted that such abortions take place only a few hundred times a year, and only when the mother is gravely ill or the unborn baby terribly deformed. President Clinton echoed those claims when he vetoed the congressional ban on partial-birth abortions last spring. These abortions, the president said, are "potentially lifesaving, certainly health-saving" measures, restricted to "a small but extremely vulnerable group of women and families in this country, just a few hundred a year."

There was only one thing wrong with that argument. It was false.

Last week, breaking ranks with his pro-abortion allies, Fitzsimmons confessed the truth. He admitted that thousands – not hundreds – of partial-birth abortions take place each year, with the vast majority performed on healthy mothers and healthy fetuses. He acknowledged having "lied through my teeth" when the ban was being debated, recalling one "Nightline" appearance with particular chagrin. "I just went out there and spouted the party line," he told The Washington Post. "I'm not proud of it."

Anyone who repents a lie and embraces the truth deserves credit for his honesty. And there is a measure of bravery in Fitzsimmons's coming clean, for he is sure to be ostracized by prochoice extremists.

But as Fitzsimmons himself makes clear, he is not having second thoughts about the practice of aborting healthy pregnancies. He worries, rather, that by lying about it, prochoice leaders do a disservice to those who perform abortions.

"When you're a doctor who does these abortions and the leaders of your movement . . . say these procedures are done in only the most tragic of circumstances," Fitzsimmons told American Medical News, the newspaper of the American Medical Association, "how do you think it makes you feel? You know they're primarily done on healthy women and healthy fetuses, and it makes you feel like a dirty little abortionist with a dirty little secret."

Dirty, yes. But secret? Hardly.

Partial-birth abortion, or, in medical jargon, "intact dilation and extraction," is an especially grisly way to end a pregnancy. The nearly fully formed fetus is pulled, feet first, through the birth canal until all but the head has been delivered. The doctor then forces a sharp instrument into the back of the skull. A catheter is inserted, and the brain suctioned out. That allows the skull to be crushed, so the head can be easily extracted. "It is as close to infanticide," US Sen. Daniel Patrick Moynihan observes, "as anything I have come upon."

No wonder the prochoice camp swore up and down that partial-birth abortion is exceedingly rare, resorted to only when a pregnancy has gone heartbreakingly wrong. Had the truth gotten out, Clinton would never have vetoed the ban.

Ah, but the truth *did* get out. For those who cared to look, it was in plain view.

Prolife activists told anyone who would listen that partial-birth abortion was widely practiced. They circulated the 1993 testimony of Dr. Martin Haskell, an Ohio physician well known for performing late-in-pregnancy abortions: He said that 80 percent of those abortions were "purely elective." C. Everett Koop, the former surgeon general (and a famed pediatric surgeon), decried "the misinformation campaign conducted by the advocates of partial-birth abortion." Even the AMA's council on legislation, an advisory panel, voted unanimously in support of a ban.

But in the nation's newsrooms, the facts were ignored. With rare exceptions, the prestige media recycled the abortion lobby's whoppers unchallenged. Because most mainstream journalists are unshakably prochoice, most of them never thought to question the prochoice line on partial-birth abortions.

There were a few exceptions. Unwilling to take the abortion advocates' claims on faith, David Brown of The Washington Post interviewed doctors and checked the medical literature himself. What he found was "that the majority of these abortions are performed on normal fetuses," and that "in most cases where the procedure is used, the physical health of the woman . . . is not in jeopardy."

Meanwhile, Ruth Padawer of the Bergen Record demolished the prochoice lobby's claim that no more than 500 partial-birth abortions take place in the United States each year. In just one clinic in New Jersey, she reported – Metropolitan Medical of Englewood – 1,500 such abortions are performed annually. "We have an occasional amnio abnormality," one physician told her, "but it's a minuscule amount. . . . Most are for elective, not medical reasons: people who didn't realize, or didn't care, how far along they were."

In a free society, almost anything is open to debate – even whether the law should permit a healthy fetus, five or six or seven months along, to have its brains sucked out by an abortionist. But of what use is a debate if one side peddles lies, or if the press won't set the record straight? This week, a bill banning partial-birth abortions will be reintroduced in Congress. It would be nice, this time around, if everyone told the truth.

Jeff Jacoby is a Globe columnist.

Confessing to lies about late abortions

3-4-97

Mike Royko

Leading abortion advocates are circling their wagons, and poor Ron Fitzsimmons, once one of them, seems to have been shoved outside the tight circle.

Fitzsimmons is the conscience-stricken head of the National Coalition of Abortion Providers who now admits that he took part in telling Americans the big lie about so-called partial-birth abortions.

During the national debate on the late-term brain-sucking procedure, Fitzsimmons was one of many pro-abortion spokespersons and media dupes who assured the nation that almost all late-term abortions were done to preserve the health of the mother or because the fetus had serious abnormalities.

Now, Fitzsimmons said, "I lied through my teeth," and admitted that most late-term abortions were done for the same reason as early abortions – because women wanted to end pregnancies.

Fitzsimmons' confession was barely out of his mouth when he was whopped by fellow abortion advocates, who held a news conference to say, in effect, that he was being truthful when, he now says, he was lying. But now he is lying when he says he is finally being truthful.

Typical was Kate Michelman, president of the National Abortion and Reproductive Rights Action League. She said: "If he thinks he lied, that's his problem to deal with. We have not lied."

Gloria Feldt, president of Planned Parenthood Federation of America, said Fitzsimmons had been "mixing up gestation with procedure."

Whatever the heck that means.

While they squabble about who did or didn't lie, let's listen to someone else for once – genuine physicians, rather than the pro-abortion lobbyists and other non-medical spin experts who seem to get all the invitations to yap on TV.

One is Dr. Pamela Smith, former director of medical education in obstetrics and gynecology at Mt. Sinai Hospital in Chicago. She recently resigned that post to do anti-abortion public-health work in the community and practice medicine at the Lawndale Health Center.

The only thing that surprised her about Fitzsimmons' confession was that he made it.

"Most of the time, there is nothing wrong with the baby or the mother," she said. "People have known about this for a decade.

"There is a clinic in New Jersey that said of the 3,000 abortions it did last year, 1,500 were late-term.

"So we went from being told that only 200 a year were being done in the entire country to one clinic saying it does 1,500 a year. Obviously, the actual number is in the thousands.

"The media believe what they want to believe. And because a lot of doctors who have testified in support of the partial-birth ban have been pro-life, the knee-jerk response is that it is a pro-life/pro-choice thing.

"There's been all this propaganda that it is done only because women need it. So people said: 'If my wife needs to have this to save her life, she should have it.' The problem is that it is not this procedure versus your wife's life. It's really infuriating to me to hear that women medically need this."

One of the arguments for the late-term procedure is that it helps a woman preserve her fertility. Smith describes that as "fantasy."

The future-fertility risk was one of the excuses offered by President Clinton when he vetoed the bill that would have outlawed the procedure.

Clinton said: "There are a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities which will cause them to die either just before, during or just after childbirth.

"And these women, among other things, cannot preserve the ability to have further children unless the enormous size of the baby's head is reduced before being extracted from their bodies."

Which is bunk, according to Dr. Nancy Romer, chairman of obstetrics at Miami Valley Hospital in Dayton and a clinical professor at Wright State University.

"I don't understand that argument about fertility at all," she said. "We have no idea what happens to women who have this procedure down the road. We don't have a clue. There is no scientific evidence that shows that procedure will preserve the fertility of women."

Dr. Curtis Cook, who specializes in maternal fetal medicine at Butterworth Hospital in Grand Rapids, Mich., said: "I can't think of any situation where the procedure would be preferable over existing techniques. I question why it is not being taught or performed by the majority of people who specialize in these pregnancies."

As for the propaganda campaign that led Clinton to veto the bill outlawing the procedure, Romer believes she understands it:

"Those who opposed the legislation have a much broader agenda, and that is to have totally unrestricted access to abortion. They will defend abortion rights blindly, regardless of the facts of the matter. Any legislation, if it's anti-abortion, they are against it.

"They don't think, 'Is this procedure appropriate, who is doing it and why are they doing it?' They don't care about the details. They won't acknowledge the truth of what we are saying because it defeats their larger agenda."

So the whole battle is going to be fought in Congress one more time. And if a bill passes and gets to Clinton's desk, maybe he can ask the CIA or the FBI to find out who is telling the truth before he makes any more somber pronouncements.

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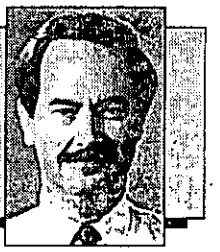
Mike Royko is a columnist for The Chicago Tribune.

Abortion advocates spread lies

Telegraph 3-6-97

Cal Thomas



The admission by a prominent abortion advocate that he lied about the number of babies killed during the procedure called "partial-birth abortion" is surprising only in its candor. Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, said he misled the public because he feared the truth would damage the abortion rights cause.

Recalling a November 1995 appearance on ABC's "Nightline," Fitzsimmons said, "I lied through my teeth" when claiming the procedure was rarely used and that only women who sought such abortions were those whose lives were in danger, or whose unborn children were severely damaged. President Clinton used nearly identical language in explaining his veto of a bill that would have outlawed the procedure.

The White House says it will take another look at the matter in light of Fitzsimmons's comments. But the administration is lock-step with the abortion rights movement, so look for more doublespeak. President Clinton frequently says he wants to make abortions "safe, legal and rare," but has done nothing to limit the procedure even in the most extreme of circumstances, such as partial-birth abortion.

Legal abortion was conceived in a lie. Norma McCorvey, "Jane Roe," claimed to have been raped. She later admitted lying in order to make her case more compelling to the Supreme Court.

The justices who made abortion legal believed testimony that thousands of women were dying from illegal abortions, a "fact" asserted by the National Abortion Rights Action League (NARAL), but later acknowledged to be false by top NARAL official Dr. Bernard Nathanson, who was at the time operating the nation's largest abortion clinic in New York.

To maintain a policy of abortion on demand, proponents have had to continue telling lies. Planned Parenthood, which consistently argues for maintaining the abortion status quo, once told a different story.

In 1965, a Planned Parenthood pamphlet called "Plan Your Children" said of family planning: "Is it abortion? Definitely not. An abortion kills the life of a baby after it has begun. It is dangerous to your life and health. It may make you sterile so that when you want a child you cannot have it. Birth control merely postpones the beginning of life." Was Planned Parenthood lying then, or is it lying now?

On Dec. 11, 1993, NARAL's Kate Michelman was quoted in the Philadelphia Inquirer as saying, "We think abortion is a bad thing. No woman wants to have an abortion." Five days later a NARAL statement claimed that Michelman "has never said – and would never say – that 'abortion is a bad thing.' " But reporter Jodi Enda taped the interview and stood by the quote.

Sandra Cano, the "Mary Doe" in Roe's companion case, Doe vs. Bolton, stated that she never wanted an abortion and signed paperwork she thought was related to a divorce she sought from an abusive husband. The American Civil Liberties Union lawyer that Cano believed was helping with her divorce claimed that her client applied for an abortion but was turned down. Cano says she was lied to and that the lawyers handling the case did not explain to her what was happening and why.

During the partial-birth abortion debate last year, in which proponents claimed it is rarely done, the Bergen County Record reported that doctors in one New Jersey clinic perform 3,000 abortions annually, half of them the partial-birth variety. Rather than admit the truth, abortion proponents attacked the professionalism of the reporter.

Also last year, pro-abortion groups claimed that anesthesia takes the life of the unborn child before the procedure in which its brains are sucked out. Though many physicians denied the claim, the media continued to spread the falsehood as if it were true, as if that would somehow make the procedure more ethically tolerable.

Then there are the daily lies told to women that their unborn child is not a baby, just tissue, and that having an abortion will solve the problems that lead them to seek one. And let's not forget the lie about no one being available to care for the child or the woman after birth.

Another bill needs to be introduced immediately that would outlaw partial-birth abortion before the public forgets that Fitzsimmons has added his name to a growing list of pro-abortion liars.

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Cal Thomas is a syndicated columnist. Readers may write to him c/o the Los Angeles Times Syndicate, Times Mirror Square, Los Angeles, CA 90053.

GEORGE F. WILL

More victims of 'choice'

"RACINE, Wis. – On a cold night last March, Deborah J. Zimmerman, drunk and nearly nine months pregnant, was wheeled into a local hospital for an emergency Caesarean section. As the obstetrics staff pleaded with her to allow attachment of a fetal monitor, Ms. Zimmerman at first refused. Insisting that she did not want to give birth, she told a surgical aide, 'I'm just going to go home and keep drinking and drink myself to death, and I'm going to kill this thing because I don't want it anyways.' Later that night she gave birth to a girl whose blood alcohol level was .199, nearly twice the threshold for a legal finding of intoxication in Wisconsin. . . . Ms. Zimmerman . . . has been charged with attempted murder."

– The New York Times, Aug. 17, 1996

"CORPUS CHRISTI, Texas – A man who drove drunk into a pregnant woman's car was convicted today of killing the woman's baby, who was born a month and a half premature because of the crash. Jurors were not required to consider whether Krystal Zuniga was a person or a fetus at the time of the accident."

– Associated Press, Oct. 17, 1996

"A healthy baby girl only a few hours old was found yesterday in a cardboard box outside an apartment building in Brooklyn."

– The New York Times, Oct. 28, 1996

"COMMACK, Long Island – A cleaner found the body of a newborn in a movie theater restroom this morning, and the authorities said the infant had died of asphyxiation."

– The New York Times, Nov. 19, 1996

"The college student accused of helping his girlfriend kill their newborn son after she gave birth in a Delaware motel room became the subject of a nationwide police search last night after he failed to surrender to face murder charges."

– The New York Times, Nov. 19, 1996

WASHINGTON

Questions come to mind concerning some recent exercises of the right of "choice," the foundation of "reproductive freedom."

About the two 18-year-olds who are charged with having *chosen* to kill their 7½-pound boy, putting his body in a trash bag in the motel's dumpster: Don't young people read newspapers? Don't they know that, thanks to President Clinton, they could have *chosen* to have a doctor suck their baby's brains out, and Delaware would not have *chosen* to charge them with murder?

How did the person who *chose* the Long Island movie theater restroom as the place to discard the asphyxiated baby make that particular *choice*? How does one *choose* that venue over, say, a Starbucks? Has the mother subsequently received any, well, questioning looks from friends, family or co-workers? Pregnant one day, not pregnant the next, when is the baby shower?

Instead of scandalously *choosing* to leave the baby in a box in Brooklyn, why did the woman, if it was she, not *choose*, a few hours earlier, to exercise her presidentially protected (by President Clinton's veto of Congress' ban on the procedure) right to a partial-birth abortion? The baby would have been pulled by its legs almost out of the birth canal, the doctor would have stuck scissors into the base of its skull, opened the scissors to make a hole for a suction tube, and sucked out its brains. No box, no scandal.

How could the Corpus Christi jurors decide that a murder had occurred without deciding whether the victim was a person or a fetus? What was murdered, "fetal material"? The logic of Roe v. Wade, as of partial-birth abortion, is that until birth, a fetus has the legal status and moral standing of hamburger in a woman's stomach. How could the Corpus Christi man, drunk or sober, be guilty of murdering Krystal when Krystal's mother has that presidentially cherished right to *choose* to have Krystal's brains sucked out?

For that matter, why does not Ms. Zimmerman's constitutional "privacy" right – "our bodies, our *choices*" – give her the right to *choose* to kill her fetus with alcohol? Why is a doctor's scissors and suction tube a preferable *choice*?

Meanwhile, back in Delaware, the Delaware law requires prosecutors to seek the death penalty when a homicide victim is under 14. So the two 18-year-olds who are charged with *choosing* to kill their baby just minutes after it was no longer eligible for a partial-birth abortion are themselves eligible for capital punishment.

In Delaware such punishment is by lethal injection. Could Delaware *choose* to execute the two by inserting scissors into the bases of their skulls, opening the scissors, inserting suction tubes and sucking out their brains? Of course not. The Constitution forbids *choosing* cruel and unusual punishments.

George F. Will is a syndicated columnist.

Pilot 7-1-94

THE PILOT • JULY 1, 1994

Our Value System

OK, it's a verbal quibble, but as a sociologist (retired), I must object to John Sullivan's charge that "sociological forces" (6/17, Violence & Values) have led to the decline in social values and behavior patterns he so rightly deplores. Sociology, the discipline devoted to discovering, describing and analyzing the problems that concern him (and all of us, one hopes), may not have provided a solution to those problems but it has been an important "force" in producing the studies which have isolated and identified the causes Sullivan discusses.

In a 1959 article ("In Our Image," *Commonweal*) I anticipated many of the points Sullivan makes. I thought then, and still do, that the issue was best described by Albert Schweizer: "Increasingly there is lost the consciousness that every man is an object of concern for us just because he is a man; civilization and morals are shaken and the advance to fully developed inhumanity is only a question of time." The "return to the woodshed" solution, I argued, (today I would add "third strike life sentences" and capital punishment) is not the answer to juvenile delinquency and crime — the answer lies in re-awakening that "consciousness."

Gordon C. Zahn
Boston, MA

Dr. Koop Speaks Out Against Partial-Birth Abortion

By Helen Alvare

A few weeks ago, former Surgeon General C. Everett Koop sat beside the First Lady at President Clinton' s Rose Garden signing of health care reform legislation. That same day, circulating at high speed through the fax lines of Washington, DC was an interview with Surgeon General Koop in which he had definitively rebutted the president's stance on partial- birth abortion.

President Clinton claimed that this procedure was necessary to preserve some women's health or their ability to have children in the future. He has repeated this claim with such passion, that all who disagree have since been cast as opponents of women. But it turns out that the president, and members of Congress relying on the "women's health rationale" are wrong.

Confirming what dozens of experts in fetal and maternal medicine have been saying for months, Surgeon General Koop told a reporter for the *American Medical News:*

"I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortion 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. It certainly can't be a necessity for the baby. So I am opposed to ... partial birth abortions."

Addressing the specific claim that unborn children with certain disabilities simply *have* to be removed from their mothers and killed via the partial-birth procedure, the reporter who interviewed Dr. Koop asked: "In your practice as a pediatric surgeon, have you ever treated children with any of the disabilities cited in this debate? For example, have you operated on children born with organs outside of their bodies?" Koop answered: "Oh yes indeed, I've done that many times. The prognosis usually is good."

Koop continued by telling the story about the first child he ever operated on, 50 years ago, who was born with organs outside of her body. She went on to become the head nurse in his intensive care unit years later.

We now have a definitive public statement about the centerpiece question in the partial-birth debate, made by the doctor Americans respect most. This could very well be a turning point in the debate.

But our work is cut out for us. Those who support partial-birth abortion in Congress still take refuge behind the emotional, anecdotal accounts of families claiming that this horrific procedure was their *only* answer. A recent demonstration of this would almost be comical if it weren't so disturbing.

I was recently invited to meet with a Congressman who had voted against the partial-birth ban, on the condition that the meeting would take place in the presence of Planned Parenthood lobbyists. While I felt confident of my facts, I also thought that the Congressman and Planned Parenthood would not have made such an invitation if they didn't feel pretty confident themselves. So I prepared like the closet "nerd" I am, reviewing the reams of medical testimony. I noted that the claims for the procedure's "medical necessity" had been voiced only by the families who had the procedure, and only because this was what their doctor had told them. They all had their abortions at the hands of the same doctor; he was not an ob/gyn and was now deceased. Other doctors — all abortionists — had publicly claimed the procedure was necessary but presented no medical evidence whatever. Other doctors and one medical organization — the American College of Obstetricians and Gynecologists — urged the government not to legislate against partial birth abortions, but not on medical grounds. On ideological grounds, they want to keep government out of the abortion business altogether. In other words, on the central medical question in the whole debate, the emperor had no clothes.

Still, never wanting to underestimate the half-billion-dollar-a-year behemoth called Planned Parenthood, I was concerned. Entering the Congressman's office did nothing to allay this: while I had cooled my heels in his outer office for 20 minutes or so, he had been meeting privately with two Planned Parenthood lobbyists and a staff member sympathetic to them. But within 10 minutes, it was clear: Planned Parenthood had nothing to say for itself. No medical argument whatsoever, unless you count its claim that a secret panel of unnamed Planned Parenthood abortionists had concluded to its satisfaction that this procedure ought not to be banned.

A secret panel of Planned Parenthood abortionists . . . versus former Surgeon General Koop and countless other ob/gyns and experts in fetal/maternal medicine. I think I know who can be trusted. But unless you believe in the tooth fairy, you won't wait for your local secular paper to make this comparison. Do it yourself. Do it publicly. Do it often. And the truth will out.

Helen Alvare is Director of Planning and Information for the Secretariat for Pro-Life Activities of the National Conference of Catholic Bishops, Washington, DC.

Wall St Journal 9-19-96

Partial-Birth Abortion Is Bad Medicine

By Nancy Romer, Pamela Smith, Curtis R. Cook and Joseph L. DeCook

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a women's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's Mt. Sinai Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Butterworth Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 300 members.

Notable & Quotable

From "Splitting Up," an essay on divorce by Joseph Adelson, professor of psychology at the University of Michigan, in the September issue of Commentary:

Without exception, when one compares children from intact families with children from one-parent families where a divorce has taken place, the data offer cause for deep alarm:

- Children in such [divorced] situations are twice as likely to drop out of high school, and are much more likely to do poorly in reading, spelling, and mathematics.
- Such children are two to three times more likely to have emotional or behavior problems. They rate higher on dependency, anxiety, and aggressiveness, and lower on self-control. They rate low in peer popularity.
- They also score low in physical health and well-being.
- They show substantially higher crime rates. According to one study reported by Popenoe, "60 percent of rapists, 72 percent of adolescent murderers, and 70 percent of long-term prison inmates come from fatherless homes."
- They suffer much higher rates of both physical and sexual abuse, in the latter case most often carried out by the mother's boyfriend. Single mothers report being much more violent toward their children than do mothers in intact families.

Just The PHACTS, Ma'am

By Susan E. Wills

Pilot Aug 9, 1996

What's a doctor to do when the press repeatedly circulates false medical claims about partial-birth abortion based on abortion industry releases? What are doctors to do when "60 Minutes" interviews them at length, receives reams of documentation, and then, in a brashly deceptive segment — discards their expert medical opinion in favor of an abortionist's? What are they to do when the President of the United States implies that "it's okay [with them] if they rip your body to shreds and you could never have another baby even though the baby you were carrying couldn't live"?

A group of ob-gyns/perinatologists have decided what to do. They have organized the Physicians Ad Hoc Committee for Truth (PHACT) and will speak out under its aegis. On July 24, before a packed hearing room on Capitol Hill, three of the organizers — all respected ob-gyns — systematically refuted the claims that partial-birth abortion could ever be necessary to preserve a mother's life, health or fertility.

Drs. Nancy Romer, Joseph DeCook, and Curtis Cook brought with them what can best be called "living proof" of their claims: four mothers and two fathers whose babies had been diagnosed in utero with many of the same severe disabilities afflicting the babies of the five women President Clinton showcased at his veto event.

Andy Morsman of Oklahoma spoke of his second child, Calvin, who was delivered (stillborn) in a normal delivery at seven months' gestation, without harm to his mother's life, health or fertility. Calvin suffered from a condition called body stalk anomaly in which there is almost a total absence of the front abdominal wall, causing most internal organs to develop outside the abdominal cavity. Denise Morsman is now pregnant with their third child.

Teresa Heineman of Maryland told of her first child, Elizabeth, who was born with a genetic abnormality, 5-p Trisomy. Elizabeth lived two-and-a-half years and learned to smile, laugh, and clap her hands. A healthy son followed, delivered normally. But Teresa's third child, Mary Ann, was diagnosed with hydrocephalus and 5-p Trisomy. Mary Ann survived for five months.

Margaret Sheridan of Maryland learned halfway through her first pregnancy that her son, Gerard, had Trisomy 18, a chromosomal abnormality incompatible with more than a few hours or weeks of life outside the womb. At 40 weeks, Gerard underwent a normal delivery, and died in her arms 45 minutes later. Margaret has since had five normal deliveries of five healthy kids, the last one a strapping 11 and one-half pounds at birth.

Whitney and Bruce Goin of Florida brought their adorable 10-month old son, Andrew, who was also diagnosed with body stalk anomaly. Like the other parents, the Goins were offered the "solution" of late-term abortion. Instead, they decided to give Andrew as long a life as God intended. Following a cesarean delivery and many abdominal surgeries to place his internal organs inside his body, Andrew is thriving. Whitney's doctor has told her that her future babies could be delivered normally.

These parents do not consider themselves heroic. It was just, as Jeannie French put it, "the living out of a mother's and father's love for their children."

The doctors confirmed that the medical treatment these mothers and babies received is "standard medical practice." Partial-birth abortion, on the contrary, was described by Dr. DeCook as "a maverick medical procedure made up by maverick doctors to deliver a dead fetus."

Dr. Romer practices obstetrics at a community hospital in Dayton where she and three perinatologists safely deliver over 6,000 babies a year — including babies with severe impairments. She is dismayed that medical misinformation is treated as truth while the expertise of obstetrical specialists is ignored.

Dr. Curtis Cook, for example, specializes in high-risk pregnancies. He stressed that fetal anomalies do not threaten the life of the mother, and they never require the death of the fetus before delivery. In the direst circumstances the child may have to be separated from the mother, but never has to be killed. Partial-birth abortion has no role in obstetrics, he said. In particular, genetic abnormalities like extra-chromosome Trisomy, pose no risk to the mother, do not require early delivery, and can be delivered normally. Infants with hydrocephalus can be delivered through the birth canal with the aid of cephalocentesis (draining excess fluid from the skull before delivery) or, in the case of an open spine, by cesarean delivery.

Dr. Joseph DeCook, based on 31 years' experience in obstetrics, explained why partial birth abortion poses grave risks to the mother. First, the two-day dilation of the cervix with laminaria involves a considerable risk of infection — the main cause of infertility. He observed that one of the women appearing at the veto event had suffered five miscarriages subsequent to her partial-birth abortion. Second, turning the baby around for a breech delivery is so dangerous that it was abandoned by the medical profession 30 years ago. Dr. DeCook finds it incredible that a dangerous, discredited procedure is now being touted as the safest treatment of choice for women with sick babies. And, what's more, nobody seems to be listening.

Every major news outlet with a Washington office was invited to the congressional briefing. Few bothered to come. It appears that some people can't handle the truth. The veto override votes on partial-birth abortion are likely to occur in September. Let your local papers and your members of Congress know that you know the truth, and challenge them to act on it.

Susan Wills is assistant director for program development, NCCB Secretariat for Pro-Life Activities.

Eddy's article in the current edition

While some researchers believe

interview.

annually for three years. After three

Fetal surgery field making ra

Surgeons are able to make repairs to heart and other organs

By JOHN BARBOUR
The Associated Press

The fetus, that incredible assembly of cells following its own blueprint toward human life, was once a citadel as daunting to doctors as the human brain. Not anymore.

The surgeon's knife is entering the womb to correct errors of nature in the fetus only 23 weeks into pregnancy, a 1-pound humanoid with arms the size of your little finger, a heart the size of a walnut, and tiny lungs that would fit inside the skin of an orange.

These dramatic techniques — and some to come that are even more dramatic — are used to rescue a very few fetuses, just as heart repair and transplants are used for very few newborns.

Not everyone agrees that fetal surgeries are appropriate or even necessary. Rarely, some doctors say, are they so critical that they can't be postponed until after birth with the same results.

But they offer a window to the future, a future that is not very far off.

And they reflect the advances in pediatric surgery over the last decade, a decade that has seen newborn heart transplants become almost commonplace, with doctors reaching into tiny chests to do all kinds of shunts and plumbing repairs, restructuring valves, replacing what nature forgot.

Of the 4 million or so live births each year in the United States, about 200,000 infants have serious defects and about 40,000 of those die. There is a lot of work to do.

Researchers are working now on ways to implant cells or genes into 12-week-old fetuses whose functions

What astonishes the doctors is 'these fetuses heal without a scar.'

Dr. Michael R. Harrison
University of Californi

are limited because of the lack of even a single enzyme or protein; their cells are missing a vital blueprint to make those chemicals and ensure normal growth.

But for the time being, at least, fetal surgery remains anatomical, the fixing of structures gone awry.

The most recent instance: A surgeon in San Francisco opens the womb, makes a 2-inch incision in the chest wall of the fetus below the ribs on the left side.

He finds what the sound-pictures told him he would: The diaphragm that separates the chest and abdominal cavities has not grown properly, a disorder that occurs once in only 2,000 pregnancies.

The organs and intestines from the lower cavity are crushing the developing left lung. He delicately rearranges things, patches the diaphragm to hold everything in the right place, and departs the sanctity of the womb to let the pregnancy progress.

His patient, the mother, delivers a normal baby.

But in six attempts at this kind of surgery, only two fetuses have survived.

What astonishes the doctors is "these fetuses heal without a scar," says the surgeon, Dr. Michael R. Harrison of the University of California, San Francisco.

Now he and his colleagues are trying to find out why. Is it something the youthful cells produce that allows that kind of healing, and what would that mean to the adult world that is not so equipped?

At the very least, Harrison says, it suggests it might be a good idea to correct some serious defects to the fetus before birth "to take advantage of this scarless healing."

He emphasizes how few are the candidates for any of these new advances in pediatric and fetal surgery.

What makes much of it possible is the diagnosis of many ailments shortly after gestation.

In the 1970s, Chinese and Soviet scientists discovered that they could look into the future of the fetus by studying the chorionic villi, the primordial placental cells, the gestational bed in the uterus. They used a needle to enter the uterus very early in pregnancy and using suction they removed some of the villi for study. This is chorionic villi sampling or CVS, developed as an alternative for amniocentesis, which is an analysis of the fluid in the womb, which cannot be done as early.

Concurrent with the refinement of this work was the use of ultrasound to actually picture the fetus in the womb, enabling doctors to see what they were doing.

"I guess the basic idea is that we can do bone marrow transplants a whole lot better before birth," Harrison says.

But what of the rejection problem?

Working with sheep and monkeys, Harrison says, "amazingly the rejection was circumvented if you took stem cells, the blood-forming cells from the liver at a time when the liver acts as the bone marrow."

"We're using fetal cells that won't recognize they are not at home. . . . It seemed like a fantastic script, and it is."

"The alternative strategy is, rather than transplanting the whole cell, why not transplant the gene?" Harrison says. "The gene folks are getting so clever that they are pretty close to being able to do that."

Rejection is still the major problem in newborn heart transplants, and so they are not considered a

FETAL SURGERY Page G2

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lost in a cost analysis, Young said in a telephone interview.

He said he feared recommenda-

to choose the screening strategy that reflects their preferences," according to the association.

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Telegraph 8-12-90

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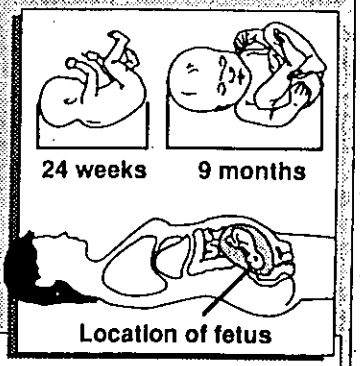
Page G2

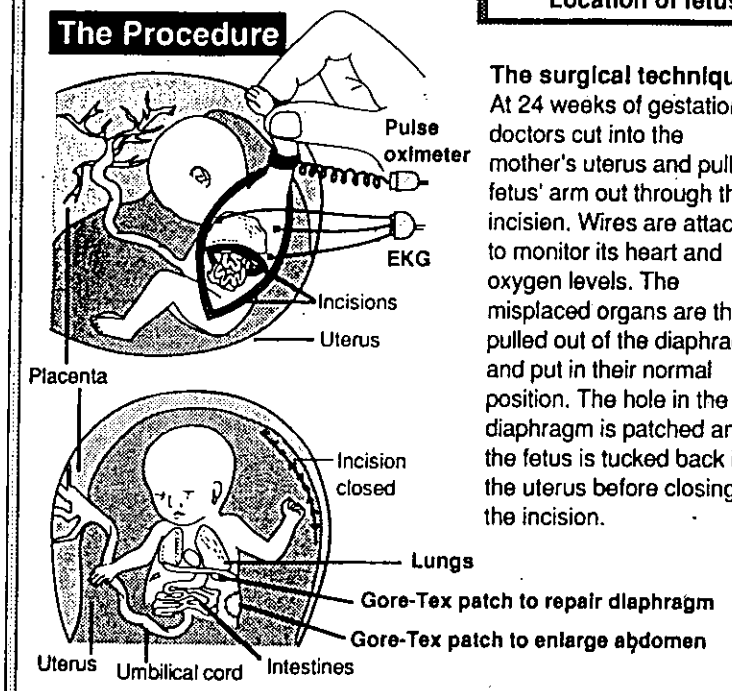
New Surgery Repairs Birth Defect In The Womb

The Patient

The defect: Diaphragmatic hernia occurs when a hole in the diaphragm of the fetus fails to grow shut, allowing the stomach, intestines and other organs to squeeze into the chest cavity, preventing healthy lung development. The child may die at birth because it is unable to breathe.



The Procedure



The surgical technique: At 24 weeks of gestation, doctors cut into the mother's uterus and pull the fetus' arm out through the incision. Wires are attached to monitor its heart and oxygen levels. The misplaced organs are then pulled out of the diaphragm and put in their normal position. The hole in the diaphragm is patched and the fetus is tucked back into the uterus before closing the incision.

Dramatic fetal surgery techniques are used to rescue a very few fetuses, just as heart repair and transplants are used for very few newborns. Of the 4 million or so live births each year in the United States, about 200,000 infants have serious defects and about 40,000 of those die.

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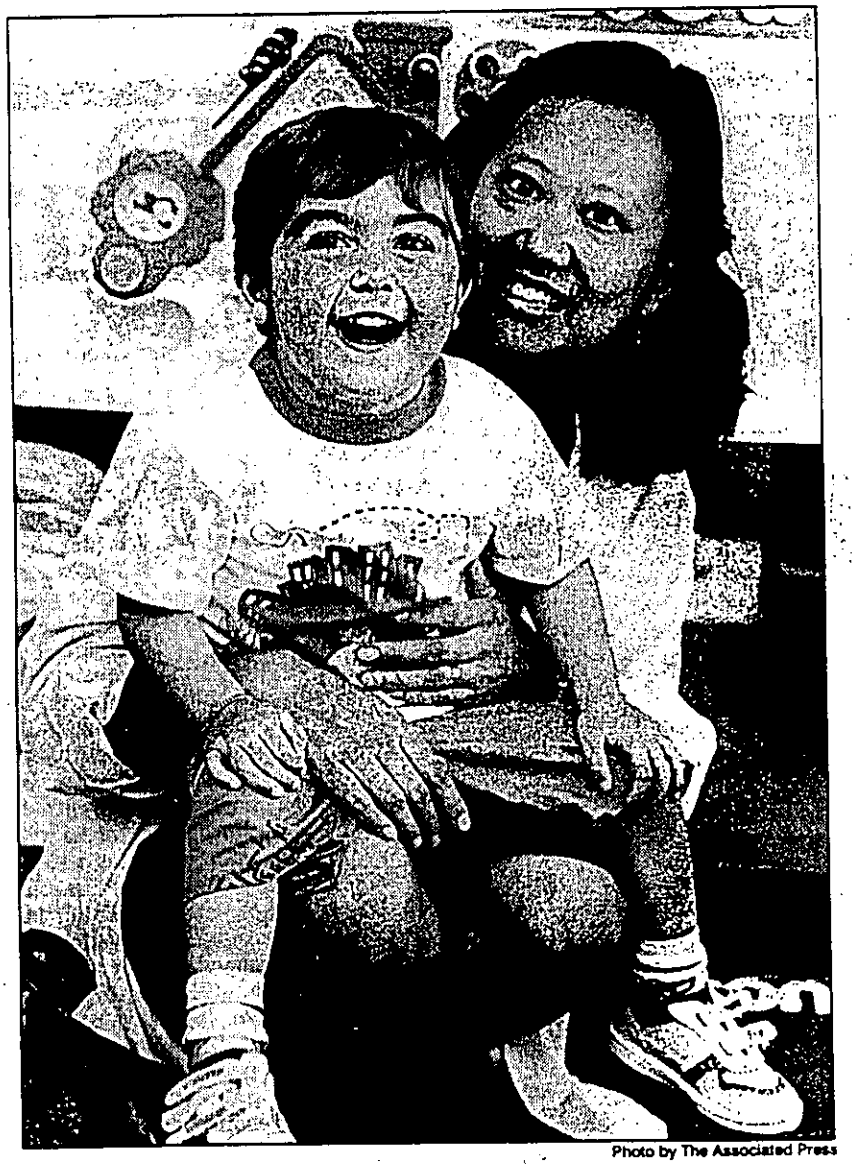

Photo by The Associated Press

Dr. Daphne Hsu plays with her patient, Ingmar Cox, 4, at Columbia-Presbyterian Babies Hospital in New York. The child is recuperating from a heart transplant.

structures are just missing. But we have found great success with a total bypass of the missing right heart, allowing the blood to flow from the veins directly into the lungs.

"That's an exciting area. We've shown you can live without a chamber on the right side."

In short, surgeons have made considerable progress on infant heart repair since doctors in England showed how to inflate a tiny balloon in infant heart valves to force them to enlarge.

"If we look at the scope of operations that have been performed on different kinds of abnormalities, we can do good operations with low mortality in the first year of life, mortalities of two or three percent," Quaegebeur says. "Now there are diseases which are so severe that we don't have a good anatomical correction."

It is conceivable that something might be done in the fetal stage in those cases, he says.

"In the last decade a group of surgeons dedicated to repairing as completely as possible and as early

Harrison and his fellow fetal surgeons think "as early as possible" means in the womb.

Besides correcting the herniated diaphragms, he has entered the uterus to fix blocked bladders so the fetus can urinate. This is important to prevent damage to the kidney and the lungs.

"It took us many years to find out. But the simple answer is most of the amniotic fluid surrounding the fetus is made up of fetal urine. If the block won't let the kid pee, then the fluid goes away, the uterus collapses on the kid and that affects his lung growth."

He is also working on animals to see if it is practical to unblock the ducts in the brain that allow spinal fluid to vent. When blocked, the spinal fluid backs up and produces the enlarged heads of hydrocephalus.

"A couple of very interesting things that will be done, have been done, involve tumors," Harrison says. "One is a benign growth in the lung. It gets so big it impairs lung development. We don't talk about things until they are published, but it is ready."

Along the same lines is a teratoma, a growth that emerges on the fetus' back and sometimes becomes as large as the fetus itself. It kills by stealing the fetus' blood. Harrison says it needs to be removed in the uterus.

There is also the case of the slow heart, apparently because of an electrical block in the heart muscle.

"The kid is perfectly normal in every other way except the heart beats so slowly, about 45 beats a minute, that the kid dies. Now the solution to that would be to implant a pacemaker in the fetus."

Harrison tends to view the developing of a child as a continuum. But the medical profession is reluctant to go that far in treating its patients. There are certain ethical problems that go to the life of the mother.

The origin of 95 percent of the maldevelopment at birth is happenstance, as opposed to inherited genetic problems.

In the complex process that begins with simple cell division, then to differentiation, nature makes rare mistakes, a miracle in itself.

Of all the things that go wrong, the heart is the most correctable. The toughest part of heart transplantation is the availability of hearts.

If surgeons differ on when and how, they do not differ much on their personal involvement or their dedication or their vulnerability.

For Quaegebeur, the expert in newborn surgery: "I am better at it now than I was a few years ago. I still have problems when I have to go back and speak to the parents. Bringing good news is easy and even then you can't become involved emotionally. . . . It's more difficult, naturally, when you have to bring bad news. It still troubles me. I am not emotionally detached.

"When I'm doing the surgery, it is a different matter. You are in this heart and with that surgical team. You are not with the family. You are trying to get everything done and that means you have to remain professional."

For fetal surgeon Harrison: "We don't give up. We work as hard as we can until we succeed. Or the fetus dies."

SIMPLE

New life for anti-abortion bill

Telegraph 3-6-97

By DARLENE SUPERVILLE
The Associated Press

■ Admitted lie about late-term procedure renews opponents' confidence in legislation.

WASHINGTON – Emboldened by the admitted lie of a key abortion rights supporter, congressional Republicans renewed the push Wednesday for legislation banning a certain late-term abortion procedure.

A principal GOP leader in the anti-abortion movement said President Clinton, who vetoed the bill last year, should "have a chance to get it right" now that activist Ron Fitzsimmons says that he lied.

Abortion rights supporters pledged to keep fighting the bill.

"The facts have not changed; they've just been discovered by the media and now the general public," said Rep. Charles Canady, R-Fla., the prime House sponsor. "And the outrage about partial-birth abortion which began as a strong current is now at flood stage."

Fitzsimmons, executive director of the National Coalition of Abortion Providers in Alexandria, Va., said last week he lied in 1995 when he said just a few hundred of the abortions were performed annually – and then only to save the mother's life or abort deformed fetuses.

He now says several thousand are performed yearly, and not only in the third trimester, but on some healthy women in the middle of pregnancy.

Now, congressional Republicans are calling on Clinton, who supports a woman's right to an abortion, to reverse course and agree to the ban.

"I think we ought to give the president another chance to get it right," said Rep. Henry Hyde, R-Ill., a longtime abortion opponent.

Clinton said he vetoed the bill because it didn't make an exception for the mother's health. But the ban's sponsors say there is no health reason to perform the procedure, in which the fetus is partially delivered through the birth canal and killed when a doctor removes its brain.

The new bill, which is identical to what Congress had passed, does permit use of the procedure if there is no other way to spare the mother's life.

White House spokesman Mike McCurry said Clinton insists that the bill safeguard a woman's health and life. He recalled that Clinton issued the veto in the presence of women who said the procedure saved them and said those memories are "very fresh in his mind still."

Rep. Nita Lowey, D-N.Y., co-chair of the House Pro-Choice Caucus, and other abortion rights supporters charged Republicans were playing politics with women's health. They maintained that the procedure is rarely done.

She also said Fitzsimmons' admission doesn't change the fact that "Republicans don't want a law; they want a political issue."

Kate Michelman, president of the National Abortion and Reproductive Rights Action League, said the bill is an "unacceptable political intrusion into private medical decisions," and promised a strong fight.

The House voted 288-139 to pass the bill, and subsequently voted to override Clinton's veto. The Senate passed it 54-44, but couldn't muster enough support to overturn the veto.

A joint House-Senate committee has scheduled a hearing on the bill for next Tuesday, and the House is expected to vote on it by Easter.

Sen. Rick Santorum, R-Pa., a co-sponsor, said he knew of 62 'yes' votes, enough for Senate passage but still five short of the two-thirds majority needed to override a veto.

Meanwhile, congressional Republicans are getting help from the outside.

The Christian Coalition launched a grassroots campaign in support of the bill Wednesday that will target up to 100 congressional districts in 36 states. The Family Research Council also is running radio ads featuring pleas from GOP conservatives William Bennett and Jack Kemp for Congress to pass the bill quickly.

Santorum said he was confident that lawmakers who knew little about the abortion procedure or who voted against the Republican majority in 1995 would be more willing to examine the issue in light of Fitzsimmons' admission.

Partial-birth abortion is sheer brutality

John Leo

Partial-birth abortions are unsettling even to read about — they are the only version of abortion in which fetuses, either viable or near viability, are partly visible outside the body while alive and inches away from birth before being dispatched.

They are typically performed at 20 to 24 weeks, but sometimes later. The fetus is manipulated so that its feet and sometimes part of its body are outside the mother. The head is left in the uterus. Then the skull is pierced and the brain is suctioned out, causing skull collapse and death.

Why is the head of the fetus left inside the uterus when the removal of the brain takes place? "Avoiding trauma to the cervix" is usually cited as the reason, but the bottom line is legal: Stopping the head just short of birth is a legal fig leaf for a procedure that doesn't look like abortion at all. It looks like infanticide.

Brenda Shafer, a pro-choice registered nurse with 13 years experience, says she witnessed three of these operations during a brief assignment to assist Dr. Martin Haskell at an Ohio abortion clinic in 1993.

She says the three fetuses, two normal and one with Down's syndrome, all three 25 or more weeks along, were alive when Dr. Haskell inserted scissors in their skulls. "I still have nightmares about what I saw," she said in a letter to a pro-life congressman urging passage of the Partial-Birth Abortion Ban Act.

Pro-choicers have greeted the partial-birth issue as the beginning of a new crusade to undermine Roe vs. Wade. For some pro-lifers, it obviously is. But it's also true that a great many Americans, on both sides and in the middle, are deeply troubled by the brutality and questionable morality of this particular procedure.

In the House vote, a dozen pro-choice congressmen, including Ted Kennedy's son Patrick, joined the lopsided majority and voted to ban partial-birth procedures. They did this knowing they face some aggressive retribution from the abortion lobby without gaining any support from the anti-abortion side. "It was a costly vote," said pro-choicer Jim Moran, D.-Va., "I'm not going to vote in such a way that I have to put my conscience on the shelf."

It should be noted that the abortion lobby is having trouble getting its facts straight. After Brenda Shafer made her statement, Dr. Haskell said he didn't recall any such person working at his clinic. An employment card was produced. Then Rep. Pat Schroeder, D.-Colo., and others extracted a non-denial denial from Dr. Haskell's head nurse, saying that Brenda Shafer "would not" have been present at the three abortions she said she saw.

Kate Michelman and other pro-choice lobbyists insisted that partial-birth abortion is confined to extraordinary medical circumstances, and that anesthesia "causes fetal demise — the death of the fetus — prior to the procedure." Not true.

A 1993 interview with Dr. Haskell in an American Medical Association newspaper quotes him as saying that 80 percent of these procedures are elective, and two-thirds occur while the fetus is alive. Dr. Haskell wrote a letter strongly implying he was misquoted. But an audio tape was produced showing that he wasn't.

And Kate Michelman said: "It's not only a myth, it's a lie" that partial-birth abortions are used to eliminate fetuses for minor defects such as cleft palates. But abortion practitioner Dr. James McMahon had already told Congress he had personally performed nine of these procedures solely because of cleft palates.

Compared with the pro-choice lobby, the O.J. defense looks obsessively ethical and tightly focused on verifiable truth.

In an article last month in The New Republic, pro-choice feminist Naomi Wolf wrote that "with the pro-choice rhetoric we use now, we incur three destructive consequences . . . hardness of heart, lying and political failure."

She wrote: "By refusing to look at abortion within a moral framework, we lose the millions of Americans who want to support abortion as a legal right but still need to condemn it as a moral iniquity."

The partial-birth issue is a good time for pro-choicers to reclaim the moral framework that Wolf says they have relinquished. This repellent procedure goes way too far.

No other Western nation, to my knowledge, allows it. It was unanimously condemned by the American Medical Association's council on legislation. (The full association later decided to duck the issue and take no position.)

Pro-choicers who defend it reflexively because it may lead to other legislation are in the exact position of gun lobbyists who shoot down bans on assault weapons because those bans may one day lead to a roundup of everybody's handguns.

It's a refusal, on tactical grounds, to confront the moral issue involved — more of the abstract hardness that Wolf writes about.

Killing a 5- or 6-month-old fetus that's halfway down the birth canal raises a moral issue way beyond that of ordinary abortion. It's perfectly possible to support a woman's right to abort and still think that the anything-goes ethic of this horrific procedure has no place in a culture with any reverence left for life.

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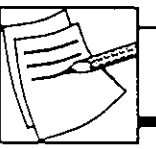
John Leo is a syndicated columnist. Readers may write to him c/o Universal Press Syndicate, 4900 Main St., Kansas City, MO 64112.

LETTERS TO THE EDITOR



Why taxpayers want cap

To the Editor:

This is in response to an article in the Wednesday, Nov. 8, issue of The Tele-

We want the cap. We want better managed, more efficient programs. We are not money trees. We are workers who work darn hard for our money, a good portion of which is given to the city for it to man-

■ Offset the 5.5 percent annual increase by PSNH, starting mid-year 1996.

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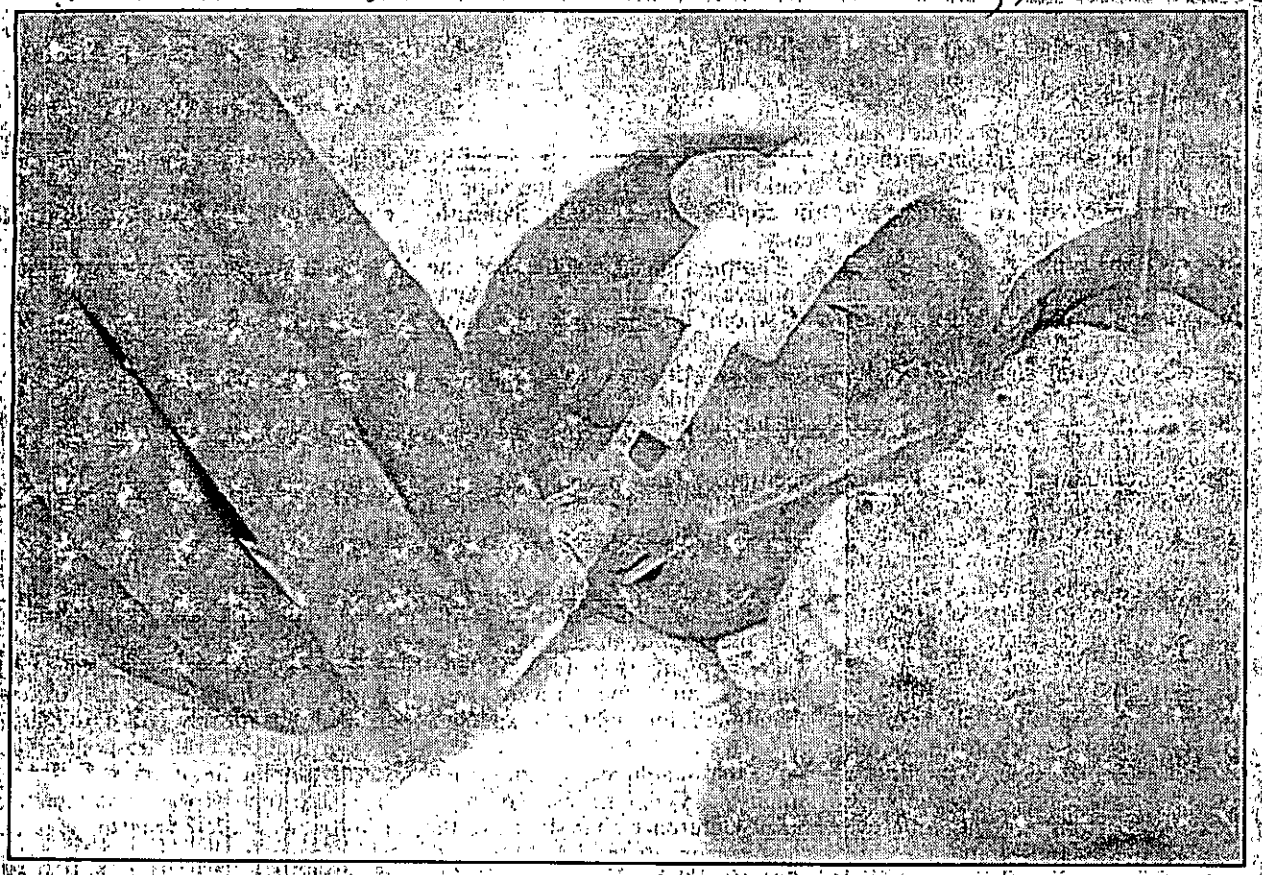


Photo by The Associated Press

A nurse comforts a 2½-pound premature infant at the Dartmouth-Hitchcock Medical Center Intensive Care Nursery on Wednesday.

Neonatal unit marks birthday

■ Dartmouth medical center to welcome 1,000 former patients who were born premature.

By DAVID TIRRELL-WYSOCKI
Associated Press Writer

LEBANON — Today's 21st birthday bash will be packed with guests who weren't given much chance of having any birthdays.

The Neonatal Intensive Care Nursery at Dartmouth-Hitchcock Medical Center is having the party, and has been trying to reach all of the thousands of patients who struggled for life there as tiny, premature infants.

Some weighed little more than a mug of coffee.

Organizers expect about 1,000 former patients, whom they call graduates.

"Graduation connotes an achievement and something that is to be rewarded," Nursing Director Karen Shea-Ricci said. "These small babies went through a difficult experience and deserve to be rewarded here."

The nursery has grown from two incubators in the adult Intensive Care Unit in 1972 to a specialized section with 30 today.

It is the state's only intensive care nursery, and serves infants from 30 community hospitals in New Hampshire and eastern Vermont.

Dr. George Little helped organize it 21 years ago, when neonatology, the specialized care of newborns, was in its infancy.

"Now, we have a much better system and the care we are able to offer has gone beyond what I envisioned when I first came," he said.

"When I came, we rarely had survivors of babies that were less than 3½ pounds. Now we have 50 percent survival in babies between roughly 1.1 and 2.2 pounds.

"That's the big change, and more children are surviving with fewer handicaps," Little said.

Now, it is not uncommon for babies born three months early to survive, without major complications.

Chris Tonkovich of Wilder, Vt., was three months premature when he was born in the nursery.

Now 15, he reflects on the hospital and the people who helped him survive.

"I'm very grateful for what they did, and without them, I don't think I would be around right now to talk to you," he said.

Tonkovich volunteers at Dartmouth-Hitchcock, and often visits the nursery.

"It makes me excited because there are people at the hospital willing to put in their time to help these kids out," he said.

Tonkovich can't attend the celebration because he is competing in a Special Olympics sponsored by United Cerebral Palsy. The handicap is a result of his premature birth.

He and his parents were featured in an Associated Press series about the nursery 11 years ago. At the time, Wendy Tonkovich, his mother, recalled doctors giving her and her husband, James, the option of trying to save their baby, or letting him go.

"It was a difficult and emotional time," she said this week. "I thank God we had the intensive care nursery there and the physicians that had that God-given talent to save Chris.

"He has turned into everything plus that we'd ever hoped."

Telegraph 2-17-90

Choice is available before conception

To the Editor:

Before I finished reading the first column of Mr. Tom Grilli's article concerning abortion on page E1 of your Feb. 11, 1990 issue, I knew I should pass along the following, figuring the error slipped by your proofreader.

Paragraph 3, change: "abortion . . . option for a woman who wishes to avoid pregnancy," to: "abortion . . . option for a woman who wishes to end a pregnancy."

Half way through the article, I realized we weren't talking just a few word changes.

Tom, I offer you these thoughts.

1. Storks don't deliver babies. And pro-choice folks don't really like to talk about the part sexual intercourse plays in the business of choice. Women are not forced (except in cases of rape and incest) to become pregnant. They have the choice to become or not become pregnant; the choice is saying yes or no to sexual relations.

2. The embryo/fetus is composed of human cells as you and I are. The adult human has more cells that are more specialized than, in turn, the human child, infant, fetus and embryo. The unborn cannot sustain life outside his/her mother's womb during pregnancy. So, too, infants and toddlers are not highly survivable without parental protection. The natural dependency on the mother to sustain life does not diminish the human essence of the unborn and is not a justification for ending that human life.

3. Your article mentions our forefathers' agreement on freedom from religious persecution. Our forefathers also believed in "certain unalienable rights, that among these are life, liberty and the pursuit of happiness." I believe a woman's right includes the "liberty and pursuit of happiness" to have or not have sexual relations. It is my contention that once a human life is created as a result of the woman's (and a man's) choice to have sexual relations, the woman's rights do not extend to denying the unborn his/her right to life.

Tom, I hope you will appreciate these views as having a better scientific and logical foundation than anything you'll hear from the pro-choice camp. Convenient as their position may be, the pro-choice position is fraught with half-truths and non-sequiturs. "In the end, truth will out."

Bill Cashman

Two Big Myths About Abortion

Kitrina Winther (Letters, Feb. 14) perpetuates some dangerous myths about abortion. The fundamental myth is her view that "The question of when life begins is a personal and often religious belief." Medical technology has confirmed uniformly and unanimously what the American Medical Association knew in 1871 (Transactions of the AMA, vol 22. (1871) p. 258): life begins at conception. They who assert otherwise are the ones imposing religious views; no amount of evidence will change their minds.

The second myth is that "[t]he abortion decision . . . comes only after long hours. . . ." Former abortuary operators admit that abortion is a pressure product sold to a woman in a crisis situation. All too often the abortion is sold at the same time that the pregnancy test comes back positive. The woman is not told the truth about her baby, barely told anything about the serious potential consequences to her, and rarely told about alternatives such as The Nurturing Network. The purpose of the right-to-lifers outside the abortuary is then obvious: correct these inequities. Let the woman know there are people who genuinely care, who are willing to help her (even to face a father whom the operator wants the woman to believe would do something very unpleasant to her).

The abortuary trespass is nothing more than a different use of the '60s "sit-in," of Rosa Parks sitting in the "wrong" section of the bus, of blacks sitting "illegally" at a lunch counter in North Carolina. Just sitting, not doing. Peaceful, not violent. Illegal, but nothing close to the hysterical rantings of pro-abortion zealots. And that is why various other protest groups—even those despising right-to-lifers—sided with the right-to-lifers in the RICO case. One does not have to like the protest, but one has no right to overreact against the protesters.

LARRY BICKFORD

San Jose, Calif.

WSJ 15 Feb 1990

Freedom to say no

To the Editor: 2-10-90

I would like to share with your readers a letter I wrote to Faye Wattleton, Presdent of Planned Parenthood, after I received an unsolicited mailing:

I recently received your literature: "Campaign to Keep Abortion Safe and Legal."

I am part of the majority who believes in women's reproductive freedom and rights and free choice. Every woman has the right to choose to have or not to have sexual intercourse.

My husband and I have a normal 8-year-old daughter and a handicapped 4-year-old daughter. We have chosen to have another child. I am due in June. I have exercised my rights and free choice, now the rights of my preborn child take precedence. His/her life is the result of my free choice rights, now he/she has rights — the right to life.

I'm not sure how my name made your mailing list. Perhaps the majority of pro-choice/pro-life Americans will receive your mailing and include you in their prayers.

In your campaign material, you hae taken some quotes out of context from pro-life activists and sensationalized them in order to support your description of these people as "ruthless fanatics," "anti-choice extremists," "militlant anti-abortionists" — just to mention a few of the terms you used.

You declare that pro-lifers are a minority, yet polls show otherwise. You state that everthing Planned Parenthood has worked for may be reversed if pro-lifers succeed. Well, I hope so.

Premarital sex, "unwanted" pregnancies, abortions, sexually transmitted diseases, dysfunctional sex practices, and confused teenagers have reached all time highs.

Don't you think somebody is wrong here? Yes, it's time to fight for our rights — the rights of life and freedom which only morality can guarantee.

Think through your position in a calm and objective manner. See the truth about our society and where it's heading. God bless.

Diane Casavant
Hudson

2 Mo Old

Same Foot
6 Mo. in UTRO

Note Big Toe

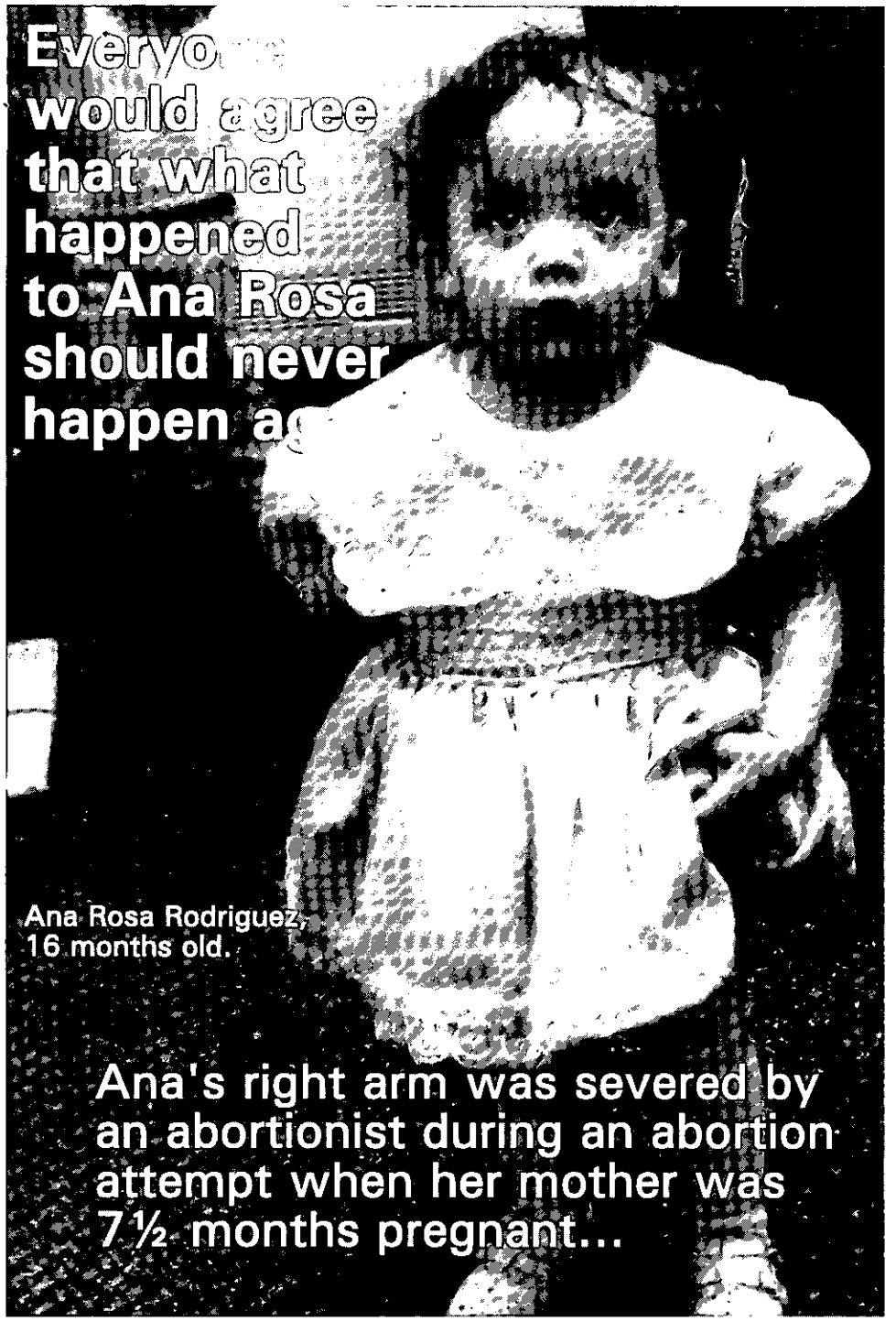


Photo © New York Post 1993

Ana Rosa's Story...

In October, 1991, little Ana Rosa Rodriguez lost her right arm in a "failed" abortion attempt. Her mother was 7½ months pregnant.

Miraculously, Ana Rosa survived the abortion attempt.

Under a New York law which prohibits abortion after 24 weeks, the abortionist, Abu Hayat, was convicted of performing an illegal abortion.

Hayat has been convicted, *but* Ana Rosa's tragic experience could happen again if the radical "Freedom of Choice Act" (FOCA) is passed.

Why?
Because under (FOCA), New York's law would be invalid.
Abortionists like Hayat would remain in business and babies like Ana Rosa would have no "choice!"

In fact...
FOCA would force all fifty states to allow abortion on demand, even for sex selection, as many times as the mother desires, ***even in the final months of pregnancy!***

If passed, the radical "Freedom of Choice Act" (FOCA) would also...

- prevent a requirement that a woman seeking an abortion receive information on the development of her unborn child and on alternatives to abortion.
- prevent a requirement for a 24-hour consideration period prior to abortion.
- allow your daughter to have an abortion without your consent or knowledge.
- allow use of your tax dollars to fund abortions (U.S. House version).
- force all hospitals, including private and religious, to perform abortions (U.S. House version).

Stop FOCA now!

Congressmen Dick Swett and Bill Zeliff are UNDECIDED on the radical FOCA! Call or write . . .

Cong. Dick Swett
House Office Building
Washington, DC 20515
1-202-225-5206

Cong. Bill Zeliff
House Office Building
Washington, DC 20515
1-202-225-5456

Tell them FOCA is a terrible abuse of human rights. Tell them most Americans agree that unborn babies like Ana Rosa should not have their human right violated. Urge them to vote against FOCA.

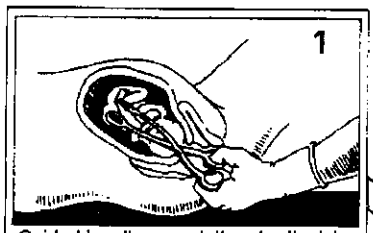
OR, dial *Western Union* TOLL FREE at 1-800-258-2222. Ask for Hot Line #9381 to send a pre-written FOCA telegram message to your two Senators and Congressman. You will be billed $8.30 on your phone bill for all three telegram messages. This Hot Line is available seven days a week, 24 hours a day.

For more information, please contact:
New Hampshire Right to Life
P.O. Box 421
Merrimack, NH 03054

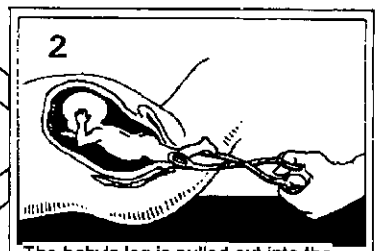
National Right to Life Committee
419 - 7th Street, N.W. / Suite 500
Washington, DC 20004

Under the radical "Freedom of Choice Act" (FOCA), the new late-term D & X abortion procedure will flourish. With the D & X procedure, which is currently being used in the United States to destroy unborn babies from the fourth to ninth months of pregnancy, abortionists work to be sure that babies like Ana Rosa do not survive.

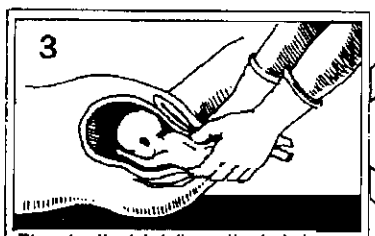
D & X Abortion Procedure



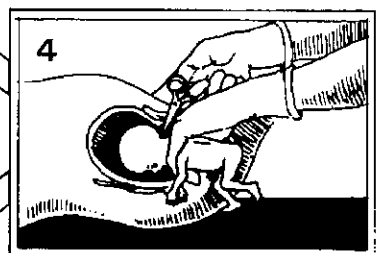
Guided by ultrasound, the abortionist grabs the baby's leg with forceps.



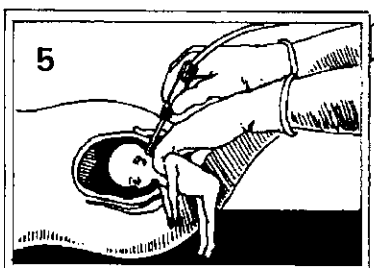
The baby's leg is pulled out into the birth canal.



The abortionist delivers the baby's entire body, except for the head.



The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.



The scissors are removed and a suction cathether is inserted. The child's brains are sucked out. The baby is then "evacuated."

New abortion procedure described at a September 13, 1992 "Risk Management Seminar" sponsored by the National Abortion Federation, the trade association of the largest abortion facilities in the United States.

Illustrations adapted from drawings appearing in the February issue of "Life Advocate."

N.H. Reproductive Rights Coalition Contacts

National Abortion and Reproductive Rights Action League of New Hampshire
Contact: Peg Dobbie, Executive Director (228-1224)

New Hampshire Civil Liberties Union
Contact: Claire Ebel, Executive Director (225-3080)

New Hampshire Family Planning Council
Contact: Maureen Kelley, Executive Director (224-4394)

New Hampshire Women's Lobby
Contact: Sheila Evans, Lobbyist (224-9105)

Planned Parenthood of Northern New England
Contact: Margaret Landsman, N.H. Public Affairs Dir. (225-2925)

Concord Feminist Health Center
Contact: Patti Baum, Health Worker (225-2739)

Feminist Health Center of Portsmouth
Contact: Brigit Ordway, Health Worker (436-6171)

Do you want government interfering in the practice of medicine and intruding into women's private lives?

If HB 768 passes, the government will have more say about a woman's pregnancy than she or her doctor will.

What does House Bill 768 do?

HB 768 bans a specific medical procedure known as intact dilatation and evacuation (intact D&E), except "to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury" and where "no other medical procedure will accomplish that purpose." In the medical community, the procedure is also referred to as intact dilatation and extraction (intact D&X).

Does this bill meet legal standards?

No. **This bill is unconstitutional.** The United States Supreme Court, in the 1973 *Roe v. Wade* decision, defined a woman's constitutional right to choose abortion. The Court said that the government cannot restrict a woman's decision prior to fetal viability. After viability, the government may restrict a woman's right to choose but must make exceptions for a woman's life and health.

- ***HB 768 restricts abortion before fetal viability***
- ***HB 768 does not make any exception for a woman's health***

Is it common for government to ban specific medical procedures?

No. It is unprecedented. Similar attempts to ban intact D&E's are being made in Congress and in other states.

Supporters of the ban call it a "partial birth" abortion. Why do we call this procedure intact D&E?

Supporters of a ban have adopted non-medical terminology to frighten and mislead people. Intact D&E is the correct medical terminology for the procedure.

Here are just two of the many stories of women who had intact D&E's and have spoken out against legislation in other states:

Sophie Horak, Batavia, Illinois. *Sophie and her husband, Bob, wanted a large family. In October, 1992 they were thrilled to learn that she was expecting her second child. In her fifth month of pregnancy, however, a routine ultrasound revealed a severe heart defect. The Horaks eventually traveled to California for in utero surgery to save their son Joey, but further testing by specialists found more complications. Surgery would not be possible, and Joey would not survive. Sophie and Bob wanted to spare their son any suffering, and agreed with their doctors' advice that terminating the pregnancy through intact D&E was the most appropriate medical option. After ending the pregnancy, the Horaks took their son home to Illinois for a Catholic funeral.*

✧ ✧ ✧ ✧ ✧ ✧ ✧ ✧ ✧

Coreen Costello, Agoura, California. *In 1995, seven months pregnant with her third child, Coreen and her husband Jim found out that a lethal neuromuscular disease had left their much-wanted daughter unable to survive. Her body had stiffened and was frozen, wedged in a transverse position. In addition, amniotic fluid had puddled and built up to dangerous levels in Coreen's uterus. Devout Christians and opposed to abortion, the Costellos agonized for over two weeks about their decision and baptized their daughter in utero, naming her Katherine Grace. Finally, Coreen's increasing health problems forced them to accept the advice of numerous medical experts that the intact D&E was, indeed, the best option for Coreen's own health. In 1996, Coreen gave birth to a healthy son.*

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When are intact D&E's performed?

Intact D&E's are usually performed after 20 weeks. This means that the procedure is used both before and after viability. Viability, the point at which the fetus could live outside the womb, is a determination that can only be made by a physician and usually occurs between 23 and 28 weeks.

- **89% of all abortions occur within the first 12 weeks of pregnancy***
- **99% of all abortions occur within the first 20 weeks of pregnancy***
- **No doctors are known to perform abortions after 20 weeks in New Hampshire**

Can women choose something other than an intact D&E?

According to a policy statement by the American College of Obstetricians and Gynecologists (ACOG), one of several professional medical organizations that endorse this procedure, intact D&E can minimize cervical trauma, blood loss, the risk of infertility and other health problems. Every case is different and sometimes, for some women, the intact D&E is the best way to ensure that a woman will survive and be able to have children in the future. Alternatives such as a caesarian section are more likely to lacerate the uterus and cervix, putting the woman's health and ability to bear more children at greater risk. ***"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."****

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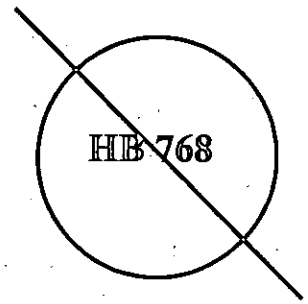
*The Alan Guttmacher Institute (AGI, Sept. 25, 1996)
**Statement of Policy, American College of Obstetricians and Gynecologists, January 12, 1997

Reproductive Rights Coalition
18 Low Ave.
Concord, NH 03301

☆ Oppose HB 768

- **House Bill 768 intrudes where government does not belong**
- **House Bill 768 puts women's lives and health at risk**
- **House Bill 768 is unconstitutional**



Distributed by the National Abortion and Reproductive Rights Action League of N.H., the N.H. Civil Liberties Union, the N.H. Family Planning Council, and Planned Parenthood of Northern New England

Let Families Decide

On March 24, 1995, Coreen Costello was seven months into her third pregnancy when ultrasound revealed her fetus had a severe and fatal neurological disorder. The fetus had been unable to move for two months. The head was swollen with fluid and the body was stiff. A conservative Republican, Coreen participated in "Walks for Life" and never thought she'd be faced with such a decision. The Costellos decided, with their doctor, that an abortion was the safest option for Coreen's health and future fertility. The procedure Coreen needed would be banned by this bill.

"We are the families who love and want our babies. We are the families who will forever have a hole in our hearts...It deeply saddens me that you [Senators] are making a decision having never walked in our shoes."

—Coreen Costello

At 32 weeks into her much-wanted pregnancy, Vikki Stella learned that her fetus had nine severe abnormalities — including a fluid-filled cranium with no brain tissue at all. Vikki, a mother of two, and her husband consulted a series of specialists, who offered no hope. For Vikki, a diabetic, the safest procedure to protect her health and preserve her fertility was an abortion. Today, Vikki is again pregnant. She was outraged when the doctor who saved her "life, health and sanity," the doctor whose picture she still keeps on her refrigerator, called and told her the procedure that saved her life was in danger of being banned.

"[I]'ve been told mothers like me all want perfect babies... [My son] wasn't imperfect—he was incompatible with life. The only thing keeping him alive was my body. He could never have survived outside my womb."

—Vikki Stella

Richard and Claudia Ades were devastated. Their first child, due in three months, was diagnosed with a fatal chromosomal disorder, which, among other problems, caused extensive brain damage and serious heart complications. The fetus was also severely deformed and given no chance of living. The Ades decided for the sake of their family and future children to end the pregnancy. The procedure Claudia needed would be banned by this bill.

"Although I never imagined I'd have to make a decision like this, I can honestly tell you that for many reasons we feel very blessed. First, we were able to find out when we did. Second, that we had access to the finest medical care in the world. Third, we live in a place where our right to make that choice has not been compromised...yet."

—Claudia Ades

Eighteen months ago, Viki Wilson, a nurse, and her physician—husband Bill were expecting their third child. Early tests showed the pregnancy to be normal. But, in the eighth month, ultrasound showed the fetus had a fatal condition — two-thirds of the brain had formed outside the skull. Carrying the pregnancy to term would imperil Viki's life and health. In consultation with their doctor, Viki and Bill made the heartbreaking decision to have an abortion. The procedure Viki needed would be banned by this bill.

"I strongly believe that this decision should be left within the intimacy of the family unit. We are the ones who have to live with our decision."

—Viki Wilson, R.N.

Last fall, Tammy Watts and her husband were elated by the news of her pregnancy. But after a routine ultrasound in the seventh month, the Watts learned their fetus was suffering from a devastating chromosomal disorder and would not live. Knowing the fetus was going to die, the Watts made the most difficult decision of their lives and had an abortion. The procedure Tammy needed would be banned by this bill.

"Until you've walked a mile in my shoes don't pretend to know what this is like for me. Everybody has got a reason for what they have to do. Nobody should be forced into having to make the wrong decision. That's what would happen if this legislation is passed."

—Tammy Watts

Erica Fox was 22 weeks pregnant on October, 19, 1995, when doctors discovered her fetus had stopped growing, had suffered severe heart damage and was going to die in terrible pain. Erica and her husband took their doctor's advice and decided an abortion would be the option that would best protect Erica's ability to have children in the future.

"Did I just decide in my fifth month that I was tired of being pregnant? No! No! No! ... [This was] the most traumatic incident of my life...So, imagine my horror, when during my recuperation, I turn on C-SPAN and see the House of Representatives vote to make this very same procedure illegal."

—Erica Fox

List of Materials in Your House Bill 768 Packet

1) Brochure on House Bill 768--Questions and Answers

2) House Bill 768

3) Statement from American College of Obstetricians and Gynecologists

4) Statistics on Abortions from the Alan Guttmacher Institute

5) "Let Families Decide"—personal stories

6) *New York Times* Editorial (3/3/97): "Reopening an Abortion Debate"

7) Ellen Goodman's syndicated column (3/6/97): "A partial-truth abortion debate"

8) Background on recent news stories on late term abortion

9) N.H. Reproductive Rights Coalition Contacts

1997 SESSION

97-0523
01/02

HOUSE BILL ***768-FN***

AN ACT relative to certain abortions.

SPONSORS: Rep. K. Smith, Rock. 29

COMMITTEE: Judiciary and Family Law

ANALYSIS

This bill prohibits certain abortions unless the mother's life is at risk.

- -

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

LBAO
97-0523
Revised 2/4/97

FISCAL NOTE

AN ACT relative to certain abortions.

1 **FISCAL IMPACT:**

2 The Department of Health and Human Services determined this bill will have no fiscal impact
3 on state, county or local revenues or expenditures.
4

5 **METHODOLOGY:**

6 The Department indicated this bill will make changes in statutory language which will not have
7 any fiscal impact.

97-0523
01/02

STATE OF NEW HAMPSHIRE

In the Year of Our Lord One Thousand Nine Hundred and Ninety-Seven

AN ACT relative to certain abortions.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Subparagraph; Prohibition Added. Amend RSA 329:17, VI by inserting after subparagraph (k) the following new subparagraph:

(l) Has violated RSA 329:32, relative to performing certain abortions.

2 New Section; Certain Abortions Prohibited. Amend RSA 329 by inserting after section 31 the following new section:

329:32 Certain Abortions Prohibited.

I. Except as otherwise provided in paragraph II, a physician or an individual performing an act, task, or function under the delegatory authority of a physician shall not perform a partial-birth abortion, even if the abortion is otherwise permitted by law.

II. A physician or an individual described in paragraph I may perform a partial-birth abortion if the physician or other individual reasonably believes that performing the partial-birth abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose.

III. This section does not create a right to abortion.

IV. Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

V. In this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species homo sapiens at any time before complete delivery from a pregnant woman.

(c) "Partial-birth abortion" means an abortion in which the physician or individual acting under the delegatory authority of the physician performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

3 Effective Date. This act shall take effect January 1, 1998.

ACOG *Statement of Policy*

As issued by the ACOG Executive Board

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 established 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. When abortion is performed 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. A preliminary figure published by the CDC for 1994 is 5.6%. The CDC does not collect data on the specific method of abortion, so it is unknown how many of these were performed using intact D & X. Other data show that second trimester transvaginal instrumental abortion is a safe procedure.

continued. . .

The American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920 • Washington, DC 20090-6920 Telephone 202 638 5577

Terminating a pregnancy is performed 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. 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. An intact D & X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision. 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 dangerous.**

Approved by the Executive Board
January 12, 1997

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 460
Washington, DC 20036
Telephone: 202 296-4012
Fax: 202 223-5756
e-mail: policyinfo@agi-usa.org

When Do Abortions Take Place?

Recent press reports have contributed to confusion over when abortions occur. The data are straightforward and remain consistent over the years.

Of the 1.5 million abortions in the United States each year:

- Half take place within the first eight weeks of pregnancy*,
- 89% within the first twelve weeks, and
- 99% within 20 weeks.

No national data exist on abortions past 20 weeks – when the dilation and extraction procedure is sometimes used -- but according to 1988 data compiled from 14 states by the Centers for Disease Control:

- ½ of one percent of all abortions take place at 21-22 weeks,
- 3/10ths of one percent occur at 23-24 weeks, and
- 6/100ths of one percent past 24 weeks.

*measured from the woman's last menstrual period

9/25/96

THE NEW YORK TIMES, MONDAY, MARCH 3, 1997

Reopening an Abortion Debate

Republicans in Congress are expected to reintroduce legislation this week to ban the abortion procedure that they describe as "partial birth abortion" but whose technical name is "intact dilation and extraction." Both houses of Congress passed the bill last year, but it was vetoed by President Clinton after a heated debate that pitted the gruesomeness of the procedure against the right of women to choose the best means of abortion in consultation with their doctors.

The debate last year was marred by distortions and evasions on both sides, and recent comments by Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, have reignited the controversy. Mr. Fitzsimmons now says that he lied in 1995 when he claimed that the procedure was used very rarely and only in cases where the mother's life was in danger or in cases of fetal abnormalities.

The anti-abortion forces will no doubt use his comments to tar pro-choice advocates who fought the bill last year. President Clinton is now in the awkward spot of having to justify last year's veto, which he defended on grounds that the procedure was used only rarely and only for critical health reasons. But no one can claim honesty here. Both sides manipulated the facts.

The procedure is one of a few that doctors use to abort fetuses after 20 weeks of gestation. It involves dilating the cervix, pulling the fetus partially into the birth canal and collapsing the skull. There is no firm count, but it is likely that a few thousand abortions using this method are performed every year on women with healthy fetuses. The great majority of those abortions are done before 24 weeks of gestation — in other words, in the second trimester — before the fetus is viable outside the womb. Abortions performed in that time frame are legal and constitutionally protected from undue state intrusion, which would seem to preclude banning an accepted medical procedure.

However, neither anti- nor pro-abortion groups chose to focus on the use of the procedure in the second trimester. Instead, supporters of a ban consistently preached against its use in the eighth and ninth months of pregnancy in blatant attempts to mislead the public into believing that healthy babies were being aborted just before birth with this procedure. They also presumably wanted to downplay the fact that the greatest impact of a ban would occur during the period when women have a constitutionally protected right to an abortion.

The pro-choice groups responded by arguing that only a few hundred of these "late term" abortions — by which they apparently meant third-trimester abortions — were done each year, to protect the mother's health or because of fetal abnormalities. They were correct in that respect. But they were silent on the thousands performed in the second trimester, perhaps because they feared that the public would find using this method to abort a 23-week-old fetus equally distasteful.

The less-than-honest quality of the debate has been disheartening. But the squabbling over numbers should not obscure the principle at stake. A ban on the procedure is still an unacceptable political invasion of private medical decisions and an attempt to limit access to abortion.

CONCORD MONITOR Thursday, March 6, 1997

A partial-truth abortion debate

Limiting unwanted pregnancies is still the answer

Ellen Goodman
Syndicated columnist

Boy, do we hate being lied to. If you want to see the "pack mentality" of journalists in full operation, lie to one of us, sit back, and wait for the howl.

This sound wave broke over Ron Fitzsimmons, the executive director of the National Coalition of Abortion Providers, when he admitted that he had "lied through my teeth" about so-called partial-birth abortions.

He had said – through his teeth – that only a few hundred such procedures were performed a year when he knew – in his head–that there were several thousand. He had said they were performed only on deformed fetuses or endangered women, when he knew they were performed on healthy fetuses and healthy women.

This confession put the pro-life forces one up in the mutual game of "gotcha." Fitzsimmons provided the propellant for pro-life folks who promptly reintroduced a congressional bill banning the procedure.

Now, I have never spoken to Fitzsimmons. Indeed one of the bizarre footnotes to his confession is that his lie to ABC never made it on the air. But he sent me scurrying through the history of the conflict.

Did anybody, everybody, lie? Well, let's say that in the long dance of disinformation, there was a whole lot of spinning going on.

The spin cycle began when the term "partial-birth abortion" was invented by a savvy pro-life wordsmith to describe intact dilation and evacuation. It went public in 1995 when pro-life members of the 104th Congress introduced drawings of full-term perfect Gerber babies being aborted.

The message was that droves of women carried their pregnancies up to the due date and then decided on abortion rather than childbirth. Indeed, at one point, an ad by the National Conference of Catholic Bishops implied that a woman would choose this procedure to fit into her prom dress. (So far, no bishop has repented.)

The pro-choice folks then countered with their most sympathetic scenario. They brought forth women with wanted pregnancies who faced horrific choices in the third trimester.

Somewhere in this spin cycle, the difference between "late" abortions and third-term abortions, between one set of numbers and another, was, willfully or not, as tangled up as a pair of socks. Especially in the public mind.

But long before Fitzsimmons's confession, the merry-go-round had slowed. The facts became more visible. Fact One: There are about 450 intact D&Es done annually in the third trimester, when they are only permitted by law to protect the life and health of the mother. Fact Two: There are estimated to be several thousand done "late" in the second trimester, between 20 and 24 weeks, when abortion is a legal, constitutionally protected right. Fact Three: "Partial-birth abortion" is gruesome but no more so than the alternatives.

Last October, I wrote a column about this "Partial-Truth Abortion Debate." It's a moniker that still holds.

But when all is said and recanted, this whole debate is not really about numbers. Nor is it really about one abortion procedure vs. another.

This partial-truth abortion debate comes out of our deep discomfort about abortion, especially the 'late' second-term abortions. In Roe v. Wade, the Supreme Court acknowledged that the more developed a fetus, the greater its claim. That absolutely matches the common moral sensibility. Even Kate Michelman of NARAL shares that discomfort, "If the problem is late second-trimester procedures, we need to get at that and figure out what conditions cause women to have abortions after 20 weeks."

Some are women who had to wait for genetic tests, like amniocentesis. Some are teen-agers who didn't know or refused to acknowledge their pregnancy. Some faced the obstacles of money or of distance from a shrinking number of clinics.

If I could make a trade-off that would limit late second-trimester abortions for healthy women with healthy fetuses in return for freely and widely available abortion in the first trimester, I would be sorely tempted.

But since we're talking about deals, the best trade-off is to limit abortion by limiting unintended pregnancies. That's such a universal belief, it's sounds like a cliche.

Or is it universal?Remember last month, when the FDA finally backed the morning-after pill, saying the emergency contraceptive could make a serious dent in the yearly count of 2.3 million unintended pregnancies and 1 million abortions? Did the pro-life forces offer a chorus of hurrahs? Not exactly. Judie Brown of the American Life League and others were on the air talking about this too as the "murder" of "unborn children."

Anybody want to take this one out for a spin?

N.H. Reproductive Rights Coalition

•National Abortion and Reproductive Rights Action League of N.H. •N.H. Family Planning Council• •N.H. Civil Liberties Union•N.H. Women's Lobby •Planned Parenthood of Northern New England• •Concord Feminist Health Center•Feminist Health Center of Portsmouth•

To: Members of the House Family Law and Judiciary Committee
From: Peg Dobbie, Executive Director of NARAL-NH, Member of Reproductive Rights Coalition
(603) 228-1224
Date: March 7, 1997
Re: Background on Recent News Stories on Late-Term Abortion

A pro-choice lobbyist for independent abortion providers announced last week that he lied about the number of so-called "partial birth abortions." The announcement further confused the facts about legislation to ban the abortion procedure. The current firestorm compelled the Republican leadership in Congress to introduce quickly new legislation to ban the "partial birth abortion" procedure, despite the confusion. Federal legislation to ban the procedure was introduced in the House this week, and the Senate Judiciary Committee has scheduled hearing on the bill next Thursday.

When the debate about the legislation to ban this procedure began almost two years ago, allegations were made that women were having abortions for frivolous reasons in the third trimester—after fetal viability. That is a very serious charge. *Roe v. Wade* makes clear that after viability, states may prohibit abortions except when a woman's life or health is at risk. Forty-one states, including the District of Columbia, do so.

Proponents of the legislation talked about women committing "infanticide," aborting their babies "three inches from birth." The drawings they used in print ads, on network news shows and on influential talk shows showed healthy, fully-formed Gerber-like babies. The ads stated that a woman would have an abortion in the 7th, 8th or 9th month because she "won't fit into a prom dress, hates being 'fat,' or can't afford a baby and new car" (by the National Conference of Catholic Bishops—NCCB, *The Washington Post*, March 25, 1996) and that "this is infanticide" (also by the NCCB, *The Washington Times*, January 22, 1997). Congressional statements and anti-choice commentaries were designed to leave the same impression:

> Newt Gingrich said on "Meet the Press" in September, 1996, "Virtually every pro-choice American and every pro-life American agrees that aborting a child in the eighth or ninth month the way a partial-birth abortion does is wrong."
>
> Senator Bob Smith of New Hampshire said on the Senate floor December 4, 1995, "There we have it, Mr. President, 8 ½ months, bring the child 80 percent into the world, making sure that you bring it out feet first so that it cannot breathe first, and kill it. That is exactly what we are doing. That is what an elective abortion is, not for medical reasons. Once in a while that is done. But that is not what we are talking about here in 80 percent of the cases."
>
> George Will analogized this procedure to parents abandoning or killing newborns (*The Washington Post*, November 24, 1996).

(MORE)

The national pro-choice leadership responded to these charges with the facts about third-trimester abortion. They brought forth women who had the intact dilatation and extraction (intact D&E) procedure in that state of pregnancy. This procedure most closely matches the bill description of "partial birth abortion." These women terminated wanted pregnancies that had gone tragically awry in order to protect their life, their health or their future fertility. Their stories have not changed. The facts about third- trimester abortion have not changed. President Clinton vetoed the bill to ban this procedure because it did not include an exception to protect the health of women facing such circumstances.

In responding to the erroneous claims made by supporters of the abortion ban, we may have given rise to the misrepresentation that the procedure was only done in the third trimester. That was not our intention.

The intent of the legislation has been clear from the beginning. The bill would outlaw the procedure in the second and third trimesters, both before and after fetal viability. The bill allows no exception to protect the health of the woman. It presents a direct constitutional challenge to *Roe v. Wade* and it sets the dangerous precedent of allowing government to dictate medical procedures and practice to doctors.

Anti-choice forces have now moved the target and focused the debate on use of this procedure in the second trimester. They are using "revelations" by a pro-choice lobbyist to try to discredit the pro-choice movement. In doing so, they are playing down their ultimate goal of banning all abortions under all circumstances. But as Arizona Right to Life General Counsel, John Jakubczyk, told the *Arizona Republic* on September 27, 1996, "By going after partial-birth abortions, we're trying to show the extreme radical view of the pro-abortion lobby. But no, that procedure isn't what we care most about. Our goal is to stop the killing of unborn children at any stage of development."

What the Law Says

The Supreme Court held in *Roe v. Wade*, and reaffirmed as recently as 1992 *in Planned Parenthood v. Casey*, that a woman has a constitutional right to choose whether or not to have an abortion before viability. After viability—when the fetus can live outside the womb—states may prohibit abortions except when necessary to protect a woman's life and health. In *Roe* and *Casey,* the Supreme Court struck a compromise that balanced a woman's right to decide whether or not to have an abortion and the state's interest in protecting potential life.

Part of the confusion in the recent debate is a result of the fact that the intact D&E procedure is used both before and after viability. Current law makes a distinction between what states can regulate before and after viability. States may ban abortions after viability except to preserve a woman's life or health, but not before viability.

(MORE)

How Many Abortions Occur and When

Although we do have information about when abortions are performed, there is no national data on the number of intact D&E procedures performed. Neither the Centers for Disease Control and Prevention (CDC) nor the Alan Guttmacher Institute (AGI), which is recognized by the CDC as having the most comprehensive statistics on abortions, has that data, before or after fetal viability. Statements by the pro-choice lobbyist at issue about how many of these procedures are performed are based on anecdotes and speculation.

What we do know is that according to AGI, in 1992 there were over 1.5 million abortions.
Of these:

- 89% of all abortions took place within 12 weeks of pregnancy measure from the woman's last menstrual period (roughly the first trimester).
- 99% occurred within 20 weeks.
- .04% took place after 26 weeks (roughly the third trimester). It is estimated that about 600 abortions occurred after 26 weeks.

The intact D&E procedure is most generally used after 20 weeks and is one of several methods of abortion used late in pregnancy. The use of this procedure, therefore, is very limited in comparison to the number of abortions performed by other methods earlier in pregnancy.

There also are no statistics on women's reasons for obtaining abortions before viability. It is known that some abortions occur in the second trimester as a result of amniocentesis or ultrasound detection of fetal anomalies. Others are the result of state restrictions that delay a woman's ability to obtain an abortion. And others are for private personal reasons that under *Roe* are left to a woman to decide. The U.S. Supreme Court, in striking a balance between a woman's right to choose and protecting potential life, has also protected women from governmental interrogation as to the reasons she seeks an abortion.

We hope that this information will be useful as you consider this legislation. If you have questions, please call Peg Dobbie at 228-1224.

###

30 MILLION

BABIES TO DATE

1996 - 31,606,000

1997 - 33,212,000

1998 - 34,818,000

1999 - 36,424,000

2000 - 38,030,000

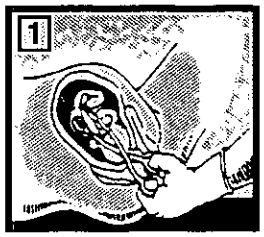
Seeing A Late Can Change Your Life

"I stood by the doctor's side and watched him perform a partial-birth abortion on a woman who was six months pregnant. The baby's heartbeat was clearly visible on the ultrasound screen. The doctor delivered the baby's body and arms, everything but his little head. The baby's body was moving. His little fingers were clasped together. He was kicking his feet. The doctor took a pair of scissors and inserted them into the back of the baby's head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks that he might fall. Then the doctor opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out. Now the baby was completely limp.

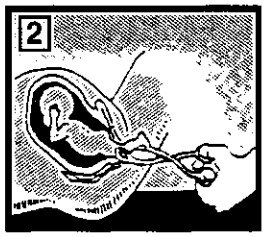
I never went back to the clinic. But I am still haunted by the face of that little boy. It was the most perfect, angelic face I've ever seen."

Brenda Pratt Shafer, R.N.

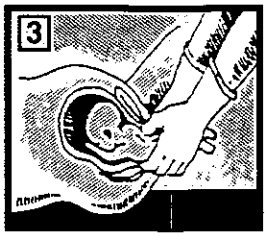
Partial-Birth Procedure



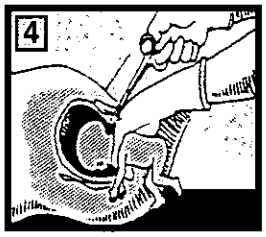
Guided by Ultrasound, the abortionist grabs the baby's legs with forceps.



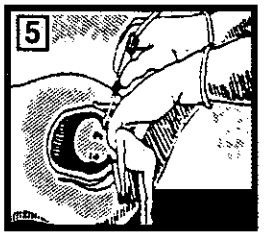
The baby's leg is pulled into the birth canal.



The abortionist delivers the baby's entire body, except for the head.



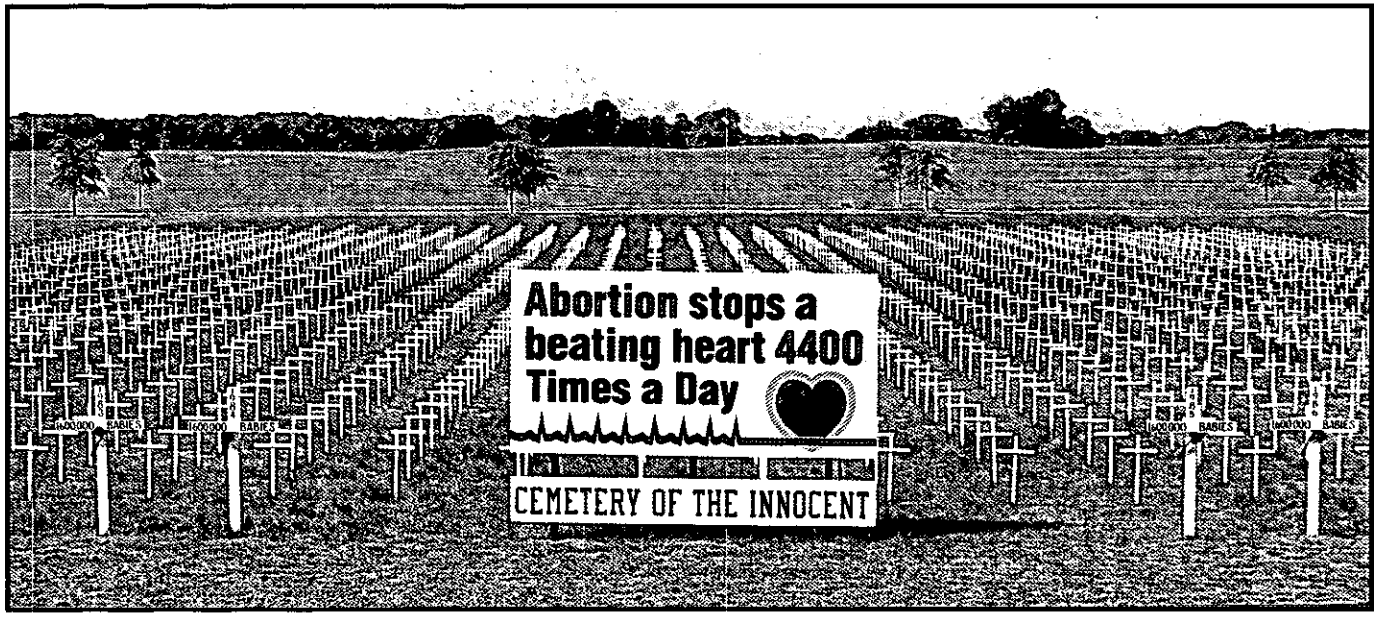
The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.



The scissors are removed and the suction tube is inserted. The child's brains are sucked out causing the skull to collapse. The dead baby is then removed.

The medical drawings, above, depict the partial-birth abortion procedure. These procedures have been validated as technically accurate by medical experts on both sides of the abortion issue. The partial-birth abortion procedure is used after 20 weeks (4 1/2 months) of pregnancy — often to six months, and later.

Source: National Right to Life Educational Trust Fund



This "Cemetery of the Innocent" at I-55 in Cape Girardeau, Missouri graphically symbolizes the 4400 deaths by abortion performed daily in the USA. The crosses were erected for President Clinton's visit to Cape Girardeau after the Democratic Convention. The President avoided the crosses by taking another route.

"I Want Abortions Safe and Rare"

President Bill Clinton

from his acceptance speech at the Democratic Convention, 1996

4,400 Daily
1,606,000 Annually

You call that *RARE*, Mr. President?

For more information, contact:
Massachusetts Citizens For Life
529 Main Street, Boston, MA 02129
617-242-4199

Write or call:

The Honorable _____
The Honorable _____
U.S. Senate
Washington, D.C. 20510

The Honorable _____
U.S. House of Representatives
Washington, D.C. 20515

Or call the U.S. Capital Switchboard at (202) 224-3121 for legislators.

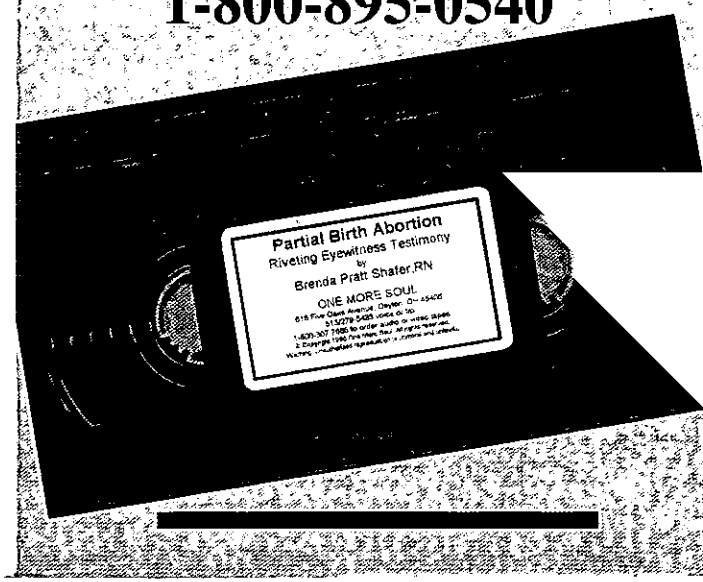
RIVETING EYEWITNESS TESTIMONY

Brenda Pratt Shafer, R.N. gives a personal account of the partial-birth abortion she witnessed.

A FREE video is available — call or write:

FAMILIES FOR LIFE
354 S. Silver Springs Road
Cape Girardeau, MO 63703
(573) 335-0665 or

1-800-895-0540



MIKE ROYKO

BOSTON HERALD 3/4/97

Lies about late-term abortions

Leading abortion advocates are circling their wagons, and poor Ron Fitzsimmons, once one of them, seems to have been shoved outside the circle.

Fitzsimmons is the conscience-stricken head of the National Coalition of Abortion Providers who now admits that he took part in telling the big lie about so-called partial-birth abortions.

Fitzsimmons was one of many pro-abortion spokespersons and media dupes who assured the nation that almost all late-term abortions were done to preserve the health of the mother or because the fetus had serious abnormalities.

Now, Fitzsimmons said, "I lied through my teeth." And that most late-term abortions were done for the same reason as early abortions — because women wanted to end pregnancies.

Let's listen to someone else for once — genuine physicians, rather than the pro-abortion lobbyists and other non-medical spin experts who seem to get all the invitations to yap on TV.

One is Dr. Pamela Smith, former director of medical education in obstetrics and gynecology at Mt. Sinai Hospital in Chicago. She recently resigned that post to do anti-abortion public-health work in the community.

The only thing that surprised her about Fitzsimmons' confession was that he made it.

"Most of the time, there is nothing wrong with the baby or the mother," she said. "People have known about this for a decade.

"There is a clinic in New Jersey that said of the 3,000 abortions it did last year, 1,500 were late-term.

"So we went from being told that only 200 a year were being done in the entire country to one clinic saying it does 1,500 a year. Obviously, the actual number is in the thousands."

One of the arguments for the procedure is that it helps a woman preserve her fertility. Smith describes that as "fantasy."

The future-fertility risk was one of the excuses offered by President Clinton when he vetoed the bill that would have outlawed the procedure.

Clinton said: "There are a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities which will cause them to die either just before, during or just after childbirth.

"And these women, among other things, cannot preserve the ability to have further children unless the enormous size of the baby's head is reduced before being extracted from their bodies."

Which is bunk, according to Dr. Nancy Romer, chairman of obstetrics at Miami Valley Hospital in Dayton and a clinical professor at Wright State University.

"I don't understand that argument about fertility at all," she said. "We have no idea what happens to women who have this procedure down the road."

Dr. Curtis Cook, who specializes in maternal fetal medicine at Butterworth Hospital in Grand Rapids, Mich., said: "I can't think of any situation where the procedure would be preferable over existing techniques."

As for the propaganda campaign that led Clinton to veto the bill outlawing the procedure, Romer believes she understands it:

"Those who opposed the legislation have a much broader agenda, and that is to have totally unrestricted access to abortion. They will defend abortion rights blindly, regardless of the facts of the matter. Any legislation, if it's anti-abortion, they are against it."

So the whole battle is going to be fought in Congress one more time. And if a bill passes and gets to Clinton's desk, maybe he can ask the CIA or the FBI to find out who is telling the truth before he makes any more somber pronouncements.

BEVERLY BECKHAM

BOSTON SUNDAY HERALD 2/2/97

No testimony can hide horror of partial-birth abortions

Most of them, the ones who don't make the headlines, are well-meaning people. Please, let us help you, is what both sides say.

One side says, have your baby, and we'll find him a good home. The other side says, don't worry. It'll be over shortly.

A woman in her 30s offers a pretty girl and her young man doughnuts and coffee, and also shows them a portfolio she has put together of couples — she and her husband are included — eager to adopt. Think about it, she says. Please?

Another woman in her 30s, one of the few abortionists in her state, holds the hand of a woman who has come to see her, and assures her that it's OK, that she didn't wait too long, that the procedure can still be done safely.

Hate doesn't fuel these people, empathy does. The haters make the headlines and we fixate on them, maybe because it's easier to think that all pro-lifers are rosary bead-carrying zealots and all pro-choicers are immoral fools.

Most are just people trying to do what they believe is best. What gets lost, of course, are the facts. Proof of this came Wednesday when pro-abortion-rights lobbyist Ron Fitzsimmons admitted that he lied before Congress last year when he testified that only about 450 late-term, partial-birth abortions were performed annually. The number, he said, was more like 3,000 or 4,000. Fitzsimmons was afraid that telling the truth would damage the abortion-rights cause.

In part because of his testimony, President Clinton vetoed legislation that would have banned partial-birth abortions. The numbers Clinton heard were low, the testimonies of women who've had partial-birth abortions wrenching, and Clinton, apparently, went with his heart.

'Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby.'

He obviously never did the math because if he had, he would have caught Fitzsimmons' lie. The Centers for Disease Control estimates there are about 1.5 million abortions a year in the United States. The Alan Guttmacher Institute says 1 percent of these are performed after 21 weeks. That's a total of 15,000 late-term abortions.

Clinton also must have dismissed as hyperbole testimony by experts who described in detail the grisly mechanics of partial-birth abortions. Maybe, like many of us, he simply couldn't believe what he heard.

Brenda Shafer is a registered nurse who worked at an Ohio abortion clinic for three days in September 1993. All her life she was "very pro-choice." "I had even told my two teenage daughters ... that if one of them ever got pregnant at a young age, I would make them get an abortion." After witnessing three late-term abortions, she changed her mind. The following is an excerpt of a letter she wrote to her congressmen.

"The woman was six months pregnant (26½ weeks). A doctor told her that the baby had Down's syndrome and she decided to have an abortion. She came in the first two days to have the laminaria inserted and changed, and she cried the whole time. On the third day she came in to receive the partial-birth procedure ...

"Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen I could see the heart beating. I asked Dr. Haskell, and he told me that 'Yes, that is the heartbeat.' As Dr. Haskell watched the baby on the ultrasound screen, he went in with forceps and grabbed the baby's legs and brought them down into the birth canal. Then he delivered the body and the arms, all the way up to the neck.

"At this point, only the baby's head was still inside. The baby's body was moving. His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside. Dr. Haskell took a pair of scissors and inserted them into the back of the baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out ...

"Next, Dr. Haskell delivered the baby's head, cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he'd used. I saw the baby move in the pan. I asked another nurse and she said it was just 'reflexes.' "

Just reflexes. Just to save the mother. Just a few. These are just some of the lies we've been led to believe.

BOSTON HERALD
3/6/97

SUZANNE FIELDS

Celebrate right, Pat Moynihan

Sen. Daniel Patrick Moynihan and I were born on the same day of the same month if not (to be sure) in the same year. I know this because he canceled a big bash birthday fund-raiser this month — he thinks it an inappropriate time to raise campaign money.

How refreshing. How almost incredible.

Unlike the president who continues to attend fund-raisers while decrying "the system," Mr. Moynihan bends to public perception, observing on "Meet the Press" that fund-raising "is not an attractive way to live."

Once again the senator can be credited for reading the mood of the people. In an aside, he throws out a rhetorical question to Orrin Hatch who is being interviewed along with him: "What has happened to us?" The question should haunt us every one.

That is the question that not only underlines the current fund-raising controversies, but goes to the heart of what is left of our collective conscience. It forces us to confront the unseemliness (a euphemism used by commentators and legislators cautious in their judgments until illegality is proved) of a president and vice president exploiting their high office by grubbing like panhandlers for money to reassure re-election so they can continue panhandling.

Moynihan has never shied away from an examination of moral purpose, and he applies his question to another moral issue — partial-birth abortions. Moynihan, to the despair of pro-lifers, is pro-choice, but not the right to choose infanticide. He voted to ban them last year, but the president promptly vetoed the legislation.

"Now we have to know that it is not just close to infanticide," he says, "it *is infanticide* and one would be too many."

When Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, admitted that he was "lying through my teeth" when he said these abortions were rare, seldom performed late in a pregnancy and rarely on healthy women about to give birth to healthy babies, the ground shifted dramatically under the great abortion debate.

Pro-life and pro-choice advocates cannot often find a specific place where they can agree, but partial-birth abortion may turn out to be that place. Fiscal conservatives may also use this occasion to show the family-values folk that they do, too, care about more than merely money.

Steve Forbes, whose campaign slogan last year was "Hope, growth and opportunity," has launched a radio ad campaign to support a ban of partial-birth abortions. "No civilized nation should allow such a horrible procedure," he says.

Jack Kemp, who has always been pro-life (although he's more publicly identified with economic concerns), has joined William Bennett and the conservative Family Research Council to pressure Congress to enact this ban.

It's bad enough to dismiss the corrupt fund-raising techniques with the lame excuse that "everybody does it." But what can be said in defense of infanticide? Our addiction to legalisms simply doesn't work.

What is so sad is that we must debate such a gruesome procedure. Killing a baby by piercing its skull with scissors and sucking out its brain is nothing less than murder even if the head of the developed child is still in the mother's body.

Honest men and women of good will can debate the ethics of a first-trimester abortion, given all the complex questions that accompany a mother's choice, such as whether she may be carrying a rapist's child or even the child of a blood relative.

The pro-choice movement has been particularly hard on pro-lifers accused of faking statistics. What can they say now when they discover that their statistics have been faked?

Pat Moynihan is 70 years old this week. That means he's accumulated more than a little wisdom. A fine birthday commemoration would be a ban on the partial-birth abortion as a celebration of his life — and of ours, and of Americans to come.

FILE COPY

WSJ 9-19-96

Partial-Birth Abortion Is Bad Medicine

By Nancy Romer, Pamela Smith, Curtis R. Cook and Joseph L. DeCook

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a women's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's Mt. Sinai Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Butterworth Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 300 members.

Notable & Quotable

From "Splitting Up," an essay on divorce by Joseph Adelson, professor of psychology at the University of Michigan, in the September issue of Commentary:

Without exception, when one compares children from intact families with children from one-parent families where a divorce has taken place, the data offer cause for deep alarm:

- Children in such [divorced] situations are twice as likely to drop out of high school, and are much more likely to do poorly in reading, spelling, and mathematics.
- Such children are two to three times more likely to have emotional or behavior problems. They rate higher on dependency, anxiety, and aggressiveness, and lower on self-control. They rate low in peer popularity.
- They also score low in physical health and well-being.
- They show substantially higher crime rates. According to one study reported by Popenoe, "60 percent of rapists, 72 percent of adolescent murderers, and 70 percent of long-term prison inmates come from fatherless homes."
- They suffer much higher rates of both physical and sexual abuse, in the latter case most often carried out by the mother's boyfriend. Single mothers report being much more violent toward their children than do mothers in intact families.

Citizens for Life, Inc.
The New Hampshire Affiliate
of National Right To Life Committee, Inc.

FILE COPY

STATEMENT BY ROGER STENSON, EXECUTIVE DIRECTOR:

TO: House Committee on Judiciary and Family law

DATE; March 7, 1997

SUBJ: House Bill 768

INTRODUCTION

My name is Roger Stenson. I am the executive director of Citizens for Life the New Hampshire affiliate of the National Right to Life Committee. I am here to testify in favor of New Hampshire's Partial-Birth Abortion Ban - House Bill 768.

New Hampshire is one of over 30 states which has introduced and is now considering enacting such legislation. Michigan has already done so. These initiatives are a result of President Clinton's veto of a federal ban in April of last year. We believe they reflect a consensus on the part of most Americans that this abortion procedure should, indeed must, be outlawed if we are to continue to consider ours a civilized nation.

This bill is about a particular abortion method. In a partial-birth abortion, the abortionist pulls a living baby feet-first out of the womb and into the birth canal, except for the head, which the abortionist purposely keeps lodged just inside of the cervix (the opening of the womb). The abortionist then stabs the base of the baby's skull with surgical scissors, with a hollow metal tube called a trochar, or some other surgical instrument. He then inserts a catheter or tube into the baby's

P.O. Box 756 • North Hampton, NH 03862 • office (603) 964-9546 • fax (603) 964-9759

skull and removes the baby's brain with a powerful suction machine. This causes the skull to collapse, after which the abortionist completes the delivery of the now-dead baby. Dr. Martin Haskell, who performs abortions in Dayton Ohio, gave an instructional presentation of this type of abortion at a 1992 National Abortion Federation Conference in Dallas. His step by step account was the basis from which illustrations of the procedure were made. In an interview with the American Medical Association on July 5, 1993, Dr. Haskell verified these drawings as "technically accurate." These illustrations are within your legislative packets and can be obtained either from the National Right to Life Committee or from Citizens for Life (in fact, almost all the documentation referenced is available from either organization upon request).

A QUESTION OF CIVILIZATION

There is much talk today about a loss of "values", a growing coarseness and vulgarity in our public life, and the possible social problems that have resulted therefrom: inner city violence, out of wedlock births, substance abuse, to name a few. Those topics are, of course, outside the scope of these hearings. But this type of abortion procedure, the partial birth abortion, does confirm, in my view, that we are losing our hold on civilization. That is, human beings do not do this to each other in a civilized society. It is simply too savage an act.

In fact, it is disturbing that we are even debating whether or not partial birth abortions should be permissible. It is

incredible that some defend this type of abortion as a "right", though it has been described as one-fifth abortion, four-fifths infanticide. To allow partial birth abortions, where all but the head of a child has been delivered, then the base of the child's skull is stabbed and her brains are literally sucked out, to allow this in New Hampshire is to allow a descent into barbarism. Your support for a partial birth abortion ban is not just a "pro-life" vote. It is a vote for civilization.

IMPORTANT DOCUMENTARY: "MEDIA MATTERS"

In this sad fight, misinformation abounds. For this reason, I would like to address the most common arguments advanced in favor of the legality of this savage act: 1) that the method is medically necessary to preserve a mother's life or health; 2) that the procedure is only used on severely disabled infants; 3) that the law is not needed because no partial birth abortions are done in this area.

But first, I must draw your attention to an important documentary that touches on our topic. It is a production funded in part by the Corporation for Public Broadcasting called Media Matters. A full twenty-minute segment is devoted to studying the press coverage of the partial birth abortion debate at the federal level. That segment was called Partial Truth. It is important because it detailed how quickly the press, and therefore most likely the general public, accepted unsubstantiated claims regarding the reasons for this type of abortion (that it is only for severely deformed children, which

is not true), the number performed in our country (it was said that only around 500 nationwide are done when we know at least 1500 a year were performed at one facility alone) and the age of the child in utero on which it was most frequently done (the procedure is usually performed in the fifth and sixth months of pregnancy, sometimes later). If you have not already seen it, I would encourage you to do so and perhaps ask your public broadcasting station to run it, or run it again, so that you can.

As a response to that documentary, I would say the following: we have documentation on partial birth abortions from at least two doctors who admit to having done thousands of them (the aforementioned Dr. Haskell of Ohio, who has performed well over 1000, and Dr. McMahon of California who admitted to having done thousands). Since the debate erupted in Congress, others have discovered more doctors who do this procedure. For example, Ruth Padawer of The Record, a newspaper in Bergen, New Jersey, was told in independent interviews with two doctors at a single abortion clinic that approximately 1500 partial birth abortions a year were performed in that clinic alone.

LIES ADMITTED

Indeed, Ron Fitzsimmons, the executive director of the National Coalition of Abortion Providers, a trade association for the abortion industry, has come out with remarkable statements admitting that he "lied through my teeth" and that he "just went out there and spouted the party line." It is now out in the open all over the American news media that the vast majority of partial birth abortions are done on healthy babies with healthy

mothers. Mr. Fitzsimmons summed it up by saying:

"When . . . the leaders of your movement appear before Congress and go on network news and say these procedures are done in only the most tragic of circumstances, how do you think it makes you feel?" He answered his own question: "Like a dirty little abortionist with a dirty little secret."

ADDRESSING THE ARGUMENTS

I turn now to the arguments advanced in favor of keeping partial birth abortions legal.

The Mother's Life and Health

It is said that this procedure may be needed to protect the life or health of the mother. New Hampshire's bill, like the federal one, does not prohibit this method in the event it is needed to save the mother's life and no other procedure will suffice. So there should be no debate about a life of the mother situation: the ban doesn't apply there.

As to a mother's health, our former Surgeon General, Dr. C. Everett Koop, and hundreds of other specialists, have attested to the fact that "partial birth abortion is never medically necessary to protect a mother's health or future fertility." Never. "On the contrary," these doctors continued, "this procedure can pose a significant threat to both [the mother's] immediate health and future fertility." Indeed, these physicians organized themselves into the Physicians Ad Hoc Coalition for Truth (PHACT) precisely to address this false claim about partial birth abortion and specifically in response to President

Clinton's acceptance of that claim at his veto ceremony in April of last year when he surrounded himself with 5 women on whom Dr.McMahon had performed partial birth abortions. Even one of these five women, Claudia Crown Ades, later acknowledged: "My procedure was elective. This is considered an elective procedure, as were the procedures of ... all the other women who were at the White House yesterday. All of our procedures were considered elective." [Taped interview on WNTM radio, April 12, 1996.]

Even absent this medical evidence, the lay person should realize: If all of a baby has been delivered except her head, then surely the mother can be dilated a touch more to allow the child's head to come out. Congressman Hyde of Illinois posed just this question in a Dear Colleague Letter of March 27, 1996: "Now, if the entire baby has been delivered alive, except for the head, supposedly without jeopardy to the mother, why can't the doctor simply deliver the head as well, without killing the baby?" When Dr. Haskell was asked, Congressman Hyde remarked that the answer was both candid and chilling. Haskell responded: "The point here is you're attempting to do an abortion ... not to see how do I manipulate the situation so that I get a live birth instead."

New Hampshire's bill has a life of the mother exception, but, rightly, no health exception. It should be passed as is.

Partial Birth Abortions for Disabled Infants

Others have contended that the method is used only for children with severe disabilities who will live short and

painful lives.

Again, available evidence and the admitting of lying by Mr. Fitzsimmons contradicts this: Dr. Haskell admitted in a taped interview with American Medical News in 1993: "I'll be quite frank: most of my abortions are elective in the 20 - 24 week range. In my particular case, probably 20% are for genetic reasons. And the other 80% are purely elective."

Similarly, Dr. McMahon, in a written submission to the House subcommittee on the Constitution, provided a break down of his abortion practice where **over one third were for neither fetal nor maternal medical indications**. Of those for maternal indications, "depression" was the most common reason. And, the category of "fetal flaws" included such flaws as a cleft lip.

One of the doctors interviewed by Ruth Padawer stated: "[M]ost are for elective, not medical, reasons: people who didn't realize, or didn't care, how far along they were."

The Washington Post, in an investigative report, concluded: "It is possible - and maybe even likely - that the majority of these partial-birth abortions are performed on normal fetuses, not on fetuses suffering from genetic or other developmental abnormalities. Furthermore, in most cases where the procedure is used, the physical health of the woman whose pregnancy is being terminated is not in jeopardy ... instead, the "typical" patients tend to be young, low income women, often poorly educated or naive, whose reasons for waiting so long to end their pregnancies are rarely medical."

But, more importantly, it is disconcerting that a method of

abortion, considered "gruesome" even by its supporters, is defended particularly for use on disabled infants. What message are we sending to Americans with disabilities?

How Many Partial Birth Abortions?

Finally, we are told that a partial birth abortion ban is not needed since no such abortions take place in a given state.

As is stated above, the exact number of partial birth abortions in this country is unknown. We do know that two practitioners alone were responsible for thousands and that a clinic in New Jersey performs 1500 a year. [Not incidentally, Gov. Christie Todd Whitman also declared that New Jersey did not need a partial birth abortion ban because none were performed in her state. Shortly thereafter, Ruth Padawer published her story in the New Jersey Record. New Jersey's partial birth abortion ban bill was voted favorably out of committee the week of February 3, 1997.]

The National Abortion Federation noted in the New York Times that more doctors are recently reporting using this method. One doctor quoted said that **not only has he done it and taught it for the last 10 years,** but that he knows doctors in other cities that do the same. [Tamar Lewin, "Wider Impact is Foreseen for Bill to Ban Type of Abortion," The New York Times, Nov. 6, 1995, p.A10].

All this indicates that the practice is spreading.

Query: Is there **evidence** that the method is **not** used?

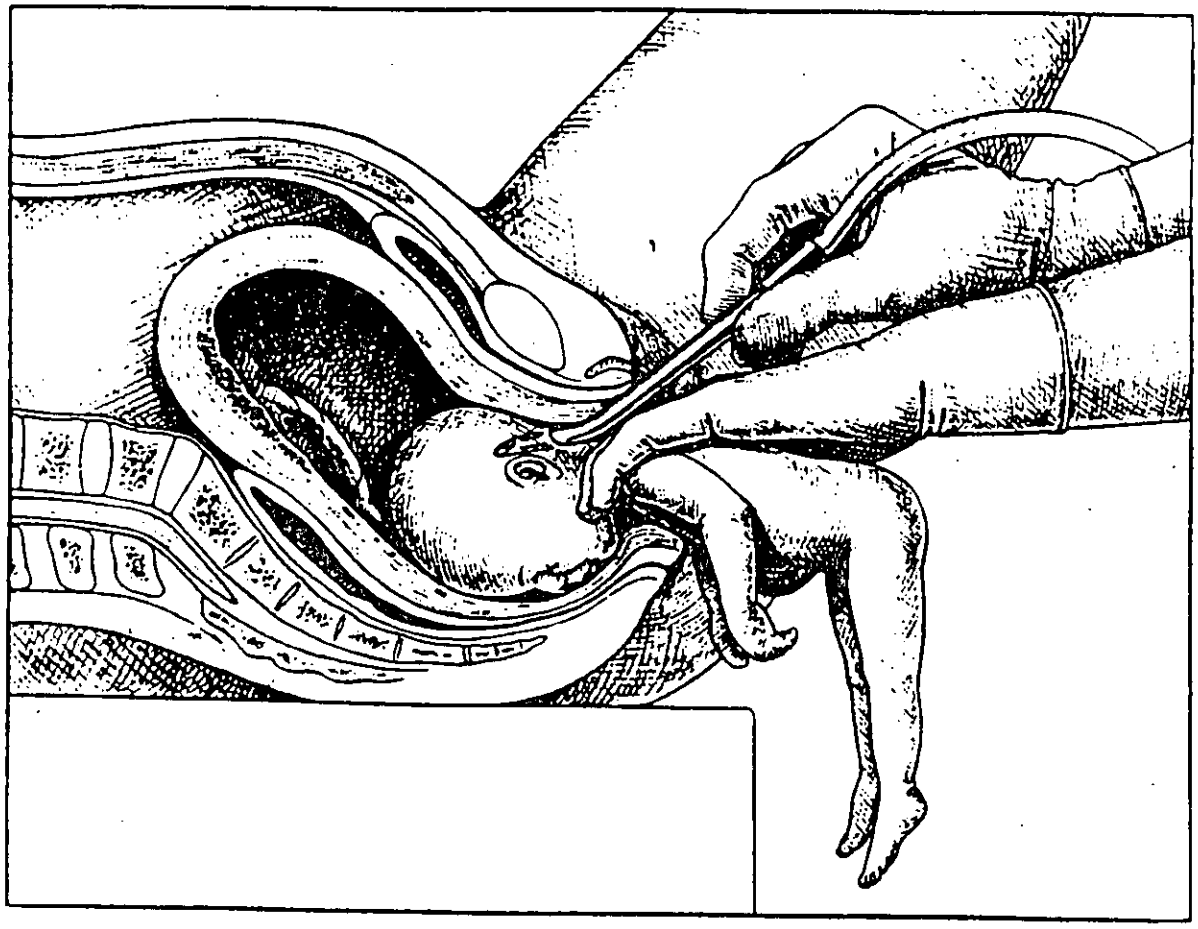
And if the procedure really doesn't occur in this state, or any other for that matter, why not ban it for the day it might?

CONCLUSION

Again, it is a travesty of justice and of our civilization that we must debate the acceptability of partial birth abortions. When abortion advocates falsely claimed that the child in utero was dead before such an abortion began (alleging that anesthesia or disease had killed them), Jean A. Wright, professor of pediatrics and anesthesia at Emory University, had to testify that this was not so. She added that any child, developed enough to be a "candidate" for this procedure, would be sensitive to pain - perhaps more sensitive than even a full-term infant. She stated: "This procedure, if it was done on an animal in my institution, would not make it through the institutional review process. The animal would be more protected than this child is." That really says it all. Today, we treat dogs with more respect and care than we treat tiny human beings. And if that is not a loss of civilization, nothing is.

I urge you to support New Hampshire's Partial Birth Abortion ban, for the sake of civilized society.

STEP 5



"[T]he surgeon then forces the scissors into the base of the skull... [H]e spreads the scissors to enlarge the opening. The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient."

Text from Martin Haskell, M.D.
Dilation and Extraction for Late Second Trimester Abortion

BOSTON SUNDAY HERALD, MARCH 2, 1997

FILE COPY

BEVERLY BECKHAM

No testimony can hide horror of partial-birth abortions

Most of them, the ones who don't make the headlines, are well-meaning people. Please, let us help you, is what both sides say.

One side says, have your baby, and we'll find him a good home. The other side says, don't worry. It'll be over shortly.

A woman in her 20s offers a pretty girl and her young man doughnuts and coffee, and also shows them a portfolio she has put together of couples — she and her husband are included — eager to adopt. Think about it, she says. Please?

Another woman in her 30s, one of the few abortionists in her state, holds the hand of a woman who has come to see her, and assures her that it's OK, that she didn't wait too long, that the procedure can still be done safely.

Hate doesn't fuel these people, empathy does. The haters make the headlines and we fixate on them, maybe because it's easier to think that all pro-lifers are rosary bead-carrying zealots and all pro-choicers are immoral fools.

Most are just people trying to do what they believe is best. What gets lost, of course, are the facts. Proof of this came Wednesday when pro-abortion-rights lobbyist Ron Fitzsimmons admitted that he lied before Congress last year when he testified that only about 450 late-term, partial-birth abortions were performed annually. The number, he said, was more like 3,000 or 4,000. Fitzsimmons was afraid that telling the truth would damage the abortion-rights cause.

In part because of his testimony, President Clinton vetoed legislation that would have banned partial-birth abortions. The numbers Clinton heard were low, the testimonies of women who've had partial-birth abortions wrenching, and Clinton, apparently, went with his heart.

'Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby.'

He obviously never did the math because if he had, he would have caught Fitzsimmons' lie. The Centers for Disease Control estimates there are about 1.5 million abortions a year in the United States. The Alan Guttmacher Institute says 1 percent of these are performed after 21 weeks. That's a total of 15,000 late-term abortions.

Clinton also must have dismissed as hyperbole testimony by experts who described in detail the grisly mechanics of partial-birth abortions. Maybe, like many of us, he simply couldn't believe what he heard.

Brenda Shafer is a registered nurse who worked at an Ohio abortion clinic for three days in September 1993. All her life she was "very pro-choice." "I had even told my two teenage daughters ... that if one of them ever got pregnant at a young age, I would make them get an abortion." After witnessing three late-term abortions, she changed her mind. The following is an excerpt of a letter she wrote to her congressmen.

"The woman was six months pregnant (26½ weeks). A doctor told her that the baby had Down's syndrome and she decided to have an abortion. She came in the first two days to have the laminaria inserted and changed, and she cried the whole time. On the third day she came in to receive the partial-birth procedure ...

"Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen I could see the heart beating. I asked Dr. Haskell, and he told me that 'Yes, that is the heartbeat.' As Dr. Haskell watched the baby on the ultrasound screen, he went in with forceps and grabbed the baby's legs and brought them down into the birth canal. Then he delivered the body and the arms, all the way up to the neck.

"At this point, only the baby's head was still inside. The baby's body was moving. His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside. Dr. Haskell took a pair of scissors and inserted them into the back of the baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out ...

"Next, Dr. Haskell delivered the baby's head, cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he'd used. I saw the baby move in the pan. I asked another nurse and she said it was just 'reflexes.' "

Just reflexes. Just to save the mother. Just a few. These are just some of the lies we've been led to believe. □

BOSTON HERALD, SATURDAY, MARCH 1, 1997

MIKE ROYKO

Media and pols swallow abortion lie

When I started this job a few decades ago, a veteran columnist at the next desk offered advice. One rule was: "Never write about a subject when you're mad. Wait until you calm down."

Sensible words, and I usually try to follow them.

But on this day, there weren't nearly enough hours left until my deadline for me to calm down about a whopper of a lie that a public figure named Ron Fitzsimmons has finally admitted telling.

Fitzsimmons runs the National Coalition of Abortion Providers.

And he says his conscience has nagged him into admitting "lying through my teeth" when he made public statements in 1995 that the controversial "partial birth abortion" was rarely used. And that it was used only when a woman's life was in danger or the fetus was already severely damaged.

You probably remember the big debate on this issue. Those against this late-term procedure wanted it outlawed because they said it killed healthy, normal fetuses that were well into full development.

And the procedure is barbaric, they said. The fetus is partially delivered feet first, then a device is used to suck its brain out to collapse the head.

Fitzsimmons now admits that most such abortions are done on women who are healthy and fetuses that are healthy, not because the woman is in danger or the fetus is unhealthy. The abortion is performed for the same reason as other abortions: the woman wants it.

Fitzsimmons says he and others lied because the truth might have hurt the cause of abortion rights.

They were right. If it hadn't been for those lies, eagerly accepted and passed along as gospel by the printed press and broadcast news, President Clinton would not have dared veto a bill that outlawed the procedure. And Congress wouldn't have buckled and failed to override his veto.

That's what is so infuriating: the silence of those in the medical field who knew it was a lie but failed to thunderously refute it.

And the willingness of the press to accept the lie and pass it along as fact. If more sheep are cloned, don't be surprised if some come out looking like journalists.

A few physicians spoke up. Two wrote a piece for the op-ed page of The Wall Street Journal that shredded the line peddled by people like Fitzsimmons. But they were ignored, probably because the Journal's opinion sections are viewed by the rest of journalism as hopelessly conservative.

The press swallowed the lies like worms by a bass because the lies fit so neatly into what is sometimes referred to as a "world view" that is shared by those in the mainstream news media.

Part of that view seems to be that anyone who questions the need for the vast number of abortions performed each year is some kind of right-wing, bomb-tossing, gun-toting religious nut.

It isn't the first big lie that the media have bought and resold.

Some years ago, gay organizations and public health people launched an intense "We're All at Risk" campaign. This meant that we were all equally vulnerable to the threat of AIDS.

Common sense and existing evidence said otherwise: If you didn't have anal intercourse with a man or borrow a needle from a dopehead, what put you at risk?

But those who launched the propaganda campaign later admitted that they believed the fear would create sympathy for gays and spur increased spending on AIDS research.

Eventually, a few skeptical reporters shot holes in the campaign. But not until others who questioned it had been labeled bigots and homophobes. One journalist who wrote a book on the subject lost his newspaper job, and his book, despite impressive hardcover sales, couldn't attract a paperback publisher. It was politically correct censorship.

More recently, there was the media hysteria over the burning of black churches. Remember? Night riders were thought to be galloping all over the country, burning black churches. A massive racist conspiracy, possibly inspired by the oratory of political conservatives like Pat Buchanan.

Proposals were made to use federal funds to rebuild churches. Rich do-gooders kicked in money to organizations that made the most victimization noise.

Turned out it was more smoke than fire. After the nation's press spread the arson story, calmer heads took a closer look. Most of the fires weren't arson. No conspiracy. Black arsonists as well as white arsonists were arrested, proving that a nut is a nut, regardless of color. It was as if no one in an American newsroom knew that an old wooden rural church can actually have bad wiring. Not when Jesse Jackson is dishing out his quotes about the second coming of the Ku Klux Klan.

Now we have Fitzsimmons blowing the whistle on himself. His conscience? Or was it that the truth was going to come out anyway?

2

BOSTON HERALD, THURSDAY, FEBRUARY 27, 1997

Backer admits lie on partial-birth aborts

By DONNA ABU-NASR
Associated Press

WASHINGTON — A prominent abortion-rights supporter conceded yesterday he lied when he said partial-birth abortions are performed rarely and only to save a mother's life or to abort malformed fetuses.

But Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers in Alexandria, Va., said he still supports the procedure and does not regret waiting almost a year and a half to recant his lie.

He said he had lied because he feared the truth would damage the cause of abortion but now he is convinced that the debate on the issue must be based on the truth.

Pro-abortion groups have been arguing strongly that partial-birth abortions are uncommon. They claim about 500 are carried out every year, and performed only on women with unhealthy fetuses. But Fitzsimmons put the number at 3,000 to 4,000 every year, out of about 1.8 million total abortions in the United States each year.

> 'I regret doing that one interview and not being totally candid.'
>
> — Ron Fitzsimmons

The procedure involves extracting a fetus through the birth canal, feet first, and then suctioning out the brain. Congress last year passed a bill to ban the procedure, which opponents say borders on infanticide, but President Clinton vetoed it.

In explaining his veto, Clinton said the procedure was used on "a few hundred women every year" whose fetuses are "about to be born with terrible deformities."

Fitzsimmons originally insisted the procedure was rare in a November 1995 interview for the ABC show "Nightline."

But he said he waited this long to admit he was lying because doing press releases "is just not my style. ... When a reporter asked me the question ... I just was totally candid."

Asked whether he regretted not doing this before, he said: "No, no, no. I regret doing that one interview (with ABC) and not being totally candid."

Fitzsimmons is not the first to suggest that abortion-rights supporters had understated the frequency of the procedure.

A report in The Record of Hackensack, N.J., last September said doctors at just one clinic in suburban Englewood estimated using the controversial procedure in about half of the 3,000 abortions they perform each year on women in their 20th to 24th weeks of pregnancy. A normal pregnancy is about 40 weeks.

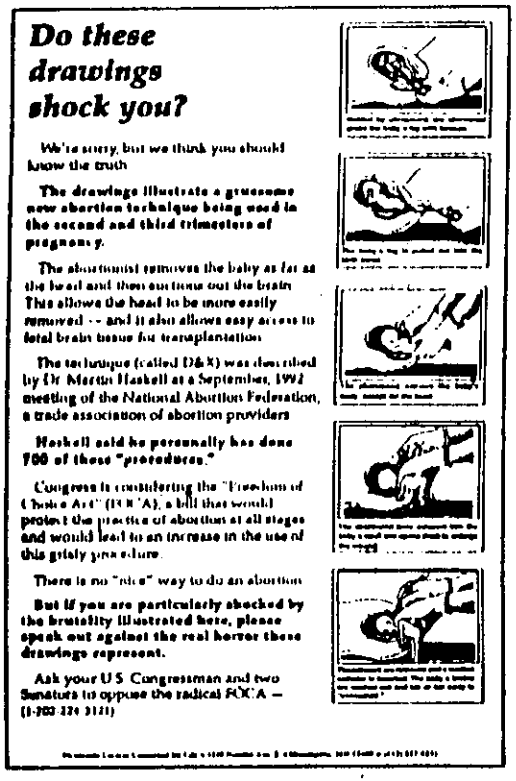
The Record report bolstered claims by abortion opponents that the procedure is used by women who make a late decision to terminate their pregnancies, without compelling medical reasons.

3

American Medical
NEWS
AMERICAN MEDICAL ASSOCIATION JULY 5, 1993

Shock-tactic ads target late-term abortion procedure

Foes hope campaign will sink federal abortion rights legislation



Do these drawings shock you?

We're sorry, but we think you should know the truth.

The drawings illustrate a gruesome new abortion technique being used in the second and third trimesters of pregnancy.

The abortionist removes the baby as far as the head and then suctions out the brain. This allows the head to be more easily removed -- and it also allows easy access to fetal brain tissue for transplantation.

The technique (called D&X) was described by Dr Martin Haskell at a September, 1992 meeting of the National Abortion Federation, a trade association of abortion providers.

Haskell said he personally has done 700 of these "procedures."

Congress is considering the "Freedom of Choice Act" (FOCA), a bill that would protect the practice of abortion at all stages and would lead to an increase in the use of this grisly procedure.

There is no "nice" way to do an abortion.

But if you are particularly shocked by the brutality illustrated here, please speak out against the real horror these drawings represent.

Ask your U.S. Congressman and two Senators to oppose the radical FOCA — (1-202-224-3121)

Abortion opponents hope this ad and a similar brochure will sway Congress against the "Freedom of Choice Act"

By Diane M. Gianelli
AMNEWS STAFF

WASHINGTON — In an attempt to derail an abortion-rights bill maneuvering toward a congressional showdown, opponents have launched a full-scale campaign against late-term abortions.

The centerpieces of the effort are newspaper advertisements and brochures that graphically illustrate a technique used in some second- and third-trimester abortions. A handful of newspapers have run the ads so far, and the National Right to Life Committee has distributed 4 million of the brochures, which were inserted into about a dozen other papers.

By depicting a procedure expected to make most readers squeamish, campaign sponsors hope to convince voters and elected officials that a proposed federal abortion-rights bill is so extreme that states would have no authority to limit abortions — even on potentially viable fetuses.

According to the Alan Guttmacher Institute, a research group affiliated with Planned Parenthood, about 10% of the estimated 1.6 million abortions done each year are in the second and third trimesters.

Barbara Radford of the National Abortion Federation denounced the ad campaign as disingenuous, saying its "real agenda is to outlaw virtually all abortions, not just late-term ones." But she acknowledged it is having an impact, reporting scores of calls from congressional staffers and others who have seen the ads and brochures and are asking pointed questions about the procedure depicted.

Abortion rights forces call the campaign a 'disingenuous' effort to outlaw all abortions.

The *Minneapolis Star-Tribune* ran the ad May 12, on its op-ed page. The anti-abortion group Minnesota Citizens Concerned for Life paid for it.

In a series of drawings, the ad illustrates a procedure called "dilation and extraction," or D&X, in which forceps are used to remove second- and third-trimester fetuses from the uterus intact, with only the head remaining inside the uterus.

The surgeon is then shown jamming scissors into the skull. The ad says this is done to create an opening large enough to insert a catheter that suctions the brain, while at the same time making the skull small enough to pull through the cervix.

"Do these drawings shock you?" the ad reads. "We're sorry, but we think you should know the truth."

The ad quotes Martin Haskell, MD, who described the procedure at a September 1992 abortion-federation meeting, as saying he personally has performed 700 of them. It then states that the proposed "Freedom of Choice Act" now moving through Congress would "protect the practice of abortion at all stages and would lead to an increase in the use of this grisly procedure."

Accuracy questioned

Some abortion-rights advocates have questioned the ad's accuracy.

See ABORTION, page 21

Abortion

Continued from page 3

A letter to the *Star-Tribune* said the procedure shown "is only performed after fetal death when an autopsy is necessary or to save the life of the mother." And the Morrisville, Vt., *Transcript*, which said in an editorial that it allowed the brochure to be inserted in its paper only because it feared legal action if it refused, quoted the abortion federation as providing similar information. "The fetus is dead 24 hours before the pictured procedure is undertaken," the editorial stated.

But Dr. Haskell and another doctor who routinely use the procedure for late-term abortions told *AMNews* that the majority of fetuses aborted this way are alive until the end of the procedure.

Dr. Haskell said the drawings were accurate "from a technical point of view." But he took issue with the implication that the fetuses were "aware and resisting."

Radford also acknowledged that the information her group was quoted as providing was inaccurate. She has since sent a letter to federation members, outlining guidelines for discussing the matter. Among the points:

- Don't apologize: this is a legal procedure.
- No abortion method is acceptable to abortion opponents.
- The language and graphics in the ads are disturbing to some readers. "Much of the negative reaction, however, is the same reaction that might be invoked if one were to listen to a surgeon describing step-by-step almost any other surgical procedure involving blood, human tissue, etc."

Late-abortion specialists

Only Dr. Haskell, James T. McMahon, MD, of Los Angeles, and a handful of other doctors perform the D&X procedure, which Dr. McMahon refers to as "intact D&E." The more common late-term abortion methods are the classic D&E and induction, which usually involves injecting digoxin or another substance into the fetal heart to kill it, then dilating the cervix and inducing labor.

Dr. Haskell, who owns abortion clinics in Cincinnati and Dayton, said he started performing D&Es for late abortions out of necessity. Local hospitals did not allow inductions past 18 weeks, and he had no place to keep patients overnight while doing the procedure.

But the classic D&E, in which the fetus is broken apart inside the womb, carries the risk of perforation, tearing and hemorrhaging, he said. So he turned to the D&X, which he says is far less risky to the mother.

Dr. McMahon acknowledged that the procedure he, Dr. Haskell and a handful of other doctors use makes some people queasy. But he defends it. "Once you decide the uterus must be emptied, you then have to have 100% allegiance to maternal risk. There's no justification to doing a more dangerous procedure because somehow this doesn't offend your sensibilities as much."

Brochure cites N.Y. case

The four-page anti-abortion brochures also include a graphic depiction of the D&X procedure. But the cover features a photograph of 16-month-old Ana Rosa Rodriquez, whose right arm was severed during an abortion attempt when her mother was 7 months pregnant.

The child was born two days later, at 32 to 34 weeks' gestation. Abo Hayat, MD, of New York, was convicted of assault and performing an illegal abortion. He was sentenced to up to 29 years in prison for this and another related offense.

New York law bans abortions after 24 weeks, except to save the mother's life. The brochure states that Dr. Hayat never would have been prosecuted if the federal "Freedom of Choice Act" were in effect, because the act would invalidate the New York statute.

The proposed law would allow abortion for any reason until viability. But it would leave it up to individual practitioners — not the state — to define that point. Postviability abortions, however, could not be restricted if done to save a woman's life or health, including emotional health.

The abortion federation's Radford called the Hayat case "an aberration" and stressed that the vast majority of abortions occur within the first trimester. She also said that later abortions usually are done for reasons of fetal abnormality or maternal health.

But Douglas Johnson of the National Right to Life Committee called that suggestion "blatantly false."

"The abortion practitioners themselves will admit the majority of their late-term abortions are elective," he said. "People like Dr. Haskell are just trying to teach others how to do it more efficiently."

Numbers game

Accurate figures on second- and third-trimester abortions are elusive because a number of states don't require doctors to report abortion statistics. For example, one-third of all abortions are said to occur in California, but the state has no reporting requirements. The Guttmacher Institute estimates there were nearly 160,000 second- and third-trimester abortions in 1988, the last year for which figures are available.

About 50,000 of those occurred in the 16- to 20-week period, with 10,660

See ABORTION, next page

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Abortion

Continued from preceding page

at week 21 and beyond, the institute says. Estimates were based on actual gestational age, as opposed to last menstrual period.

There is particular debate over the number of third-trimester abortions. Former Surgeon General C. Everett Koop, MD, estimated in 1984 that 4,000 are performed annually. The abortion federation puts the number at 300 to 500. Dr. Haskell says that "probably Koop's numbers are more correct."

Dr. Haskell said he performs abortions "up until about 25 weeks" gestation, most of them elective. Dr. McMahon does abortions through all 40 weeks of pregnancy, but said he won't do an elective procedure after 26 weeks. About 80% of those he does after 21 weeks are nonelective, he said.

Mixed feelings

Dr. McMahon admits having mixed feelings about the procedure in which he has chosen to specialize.

"I have two positions that may be internally inconsistent, and that's probably why I fight with this all the time," he said.

"I do have moral compunctions. And if I see a case that's later, like after 20 weeks where it frankly is a child to me, I really agonize over it because the potential is so imminently there. I think, 'Gee, it's too bad that this child couldn't be adopted.'

"On the other hand, I have another position, which I think is superior in the hierarchy of questions, and that is: 'Who owns the child?' It's got to be the mother."

Dr. McMahon says he doesn't want to "hold patients hostage to my technical skill. I can say, 'No, I won't do that,' and then they're stuck with either some criminal solution or some other desperate maneuver."

Dr. Haskell, however, says whatever qualms he has about third-trimester abortions are "only for technical reasons, not for emotional reasons of fetal development."

"I think it's important to distinguish the two," he says, adding that his cutoff point is within the viability threshold noted in *Roe v. Wade*, the Supreme Court decision that legalized abortion. The decision said that point usually occurred at 28 weeks "but may occur earlier, even at 24 weeks."

Viability is generally accepted to be "somewhere between 25 and 26 weeks," said Dr. Haskell. "It just depends on who you talk to.

"We don't have a viability law in Ohio. In New York they have a 24-week limitation. That's how Dr. Hayat got in trouble. If somebody tells me I have to use 22 weeks, that's fine. . . . I'm not a trailblazer or activist trying to constantly press the limits."

Campaign's impact debated

Whether the ad and brochures will have the full impact abortion opponents intend is yet to be seen.

Congress has yet to schedule a final showdown on the bill. Although it has already passed through the necessary committees, supporters are reluctant to move it for a full House and Senate vote until they are sure they can win.

In fact, House Speaker Tom Foley (D, Wash.) has said he wants to bring the bill for a vote under a "closed rule" procedure, which would prohibit consideration of amendments.

But opponents are lobbying heavily against Foley's plan. Among the amendments they wish to offer is one that would allow, but not require, states to restrict abortion — except to save the mother's life — after 24 weeks.

AMERICAN MEDICAL NEWS

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Barbara Bolsen, Editor

July 11, 1995

The Hon. Charles T. Canady
Chairman, Subcommittee on the Constitution
Committee on the Judiciary
U.S. House of Representatives
2138 Rayburn House Office Bldg.
Washington, D.C. 20515-6216

Dear Representative Canady:

We have received your July 7 letter outlining allegations of inaccuracies in a July 5, 1993, story in American Medical News, "Shock-tactic ads target late-term abortion procedure."

You noted that in public testimony before your committee, AMNews is alleged to have quoted physicians out of context. You also noted that one such physician submitted testimony contending that AMNews misrepresented his statements. We appreciate your offer of the opportunity to respond to these accusations, which now are part of the permanent subcommittee record.

AMNews stands behind the accuracy of the report cited in the testimony. The report was complete, fair, and balanced. The comments and positions expressed by those interviewed and quoted were reported accurately and in-context. The report was based on extensive research and interviews with experts on both sides of the abortion debate, including interviews with two physicians who perform the procedure in question.

We have full documentation of these interviews, including tape recordings and transcripts. Enclosed is a transcript of the contested quotes that relate to the allegations of inaccuracies made against AMNews.

Let me also note that in the two years since publication of our story, neither the organization nor the physician who complained about the report in testimony to your committee has contacted the reporter or any editor at AMNews to complain about it. AMNews has a longstanding reputation for balance, fairness and accuracy in reporting, including reporting on abortion, an issue that is as divisive within medicine as it is within society in general. We believe that the story in question comports entirely with that reputation.

Thank you for your letter and the opportunity to clarify this matter.

Respectfully yours,

Barbara Bolsen

Barbara Bolsen
Editor

Attachment

7

American Medical News transcript - page 1

Relevant portions of recorded interview with Martin Haskell, MD:

AMN: Let's talk first about whether or not the fetus is dead beforehand...

Haskell: No it's not. No, it's really not. A percentage are for various numbers of reasons. Some just because of the stress — intrauterine stress during, you know, the two days that the cervix is being dilated. Sometimes the membranes rupture and it takes a very small superficial infection to kill a fetus in utero when the membranes are broken. And so in my case, I would think probably about a third of those are definitely are (sic) dead before I actually start to remove the fetus. And probably the other two-thirds are not.

AMN: Is the skull procedure also done to make sure that the fetus is dead so you're not going to have the problem of a live birth?

Haskell: It's immaterial. If you can't get it out, you can't get it out.

AMN: I mean, you couldn't dilate further? Or is that riskier?

Haskell: Well, you could dilate further over a period of days.

AMN: Would that just make it... would it go from a 3-day procedure to a 4- or a 5-?

Haskell: Exactly. The point here is to effect a safe legal abortion. I mean, you could say the same thing about the D&E procedure. You know, why do you do the D&E procedure? Why do you crush the fetus up inside the womb? To kill it before you take it out?

Well, that happens, yes. But that's not why you do it. You do it to get it out. I could do the same thing with a D&E procedure. I could put dilapan in for four or five days and say I'm doing a D&E procedure and the fetus could just fall out. But that's not really the point. The point here is you're attempting to do an abortion. And that's the goal of your work, is to complete an abortion. Not to see how do I manipulate the situation so that I get a live birth instead.

AMN, wrapping up the interview: I wanted to make sure I have both you and (Dr.) McMahon saying 'No' then. That this is misinformation, these letters to the editor saying it's only done when the baby's already dead, in case of fetal demise and you have to do an autopsy. But some of them are saying they're getting that information from NAF. Have you talked to Barbara Radford or anyone over there? I called Barbara and she called back, but I haven't gotten back to her.

Haskell: Well, I had heard that they were giving that information, somebody over there might be giving information like that out. The people that staff the NAF office are not medical people. And many of them when I gave my paper, many of them came in, I learned later, to watch my paper because many of them have never seen an abortion performed of any kind.

AMN: Did you also show a video when you did that?

American Medical News transcript - page 2

Haskell: Yeah. I taped a procedure a couple of years ago, a very brief video, that simply showed the technique. The old story about a picture's worth a thousand words.

AMN: As National Right to Life will tell you.

Haskell: Afterwards they were just amazed. They just had no idea. And here they're rabid supporters of abortion. They work in the office there. And...some of them have never seen one performed...

Comments on elective vs. non-elective abortions:

Haskell: And I'll be quite frank: most of my abortions are elective in that 20-24 week range... In my particular case, probably 20% are for genetic reasons. And the other 80% are purely elective...

Second Trimester Abortion: From Every Angle

Fall Risk Management Seminar

September 13-14, 1992

Dallas, Texas

Presentations, Bibliography & Related Materials

NATIONAL ABORTION FEDERATION

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second trimester abortion to avoid necessary delays for instillation methods.[1] The North Carolina Conference in 1978 established D&E as the preferred method for early second trimester abortions in the U.S.[2, 3, 4]

Classic D&E is accomplished by dismembering the fetus inside the uterus with instruments and removing the pieces through an adequately dilated cervix.[5]

However, most surgeons find dismemberment at twenty weeks and beyond to be difficult due to the toughness of fetal tissues at this stage of development. Consequently, most late second trimester abortions are performed by an induction method.[6, 7, 8]

Two techniques of late second trimester D&E's have been described at previous NAF meetings. The first relies on sterile urea intra-amniotic infusion to cause fetal demise and lysis (or softening) of fetal tissues prior to surgery.[9]

The second technique is to rupture the membranes 24 hours prior to surgery and cut the umbilical cord. Fetal death and ensuing autolysis soften the tissues. There are attendant risks of infection with this method.

In summary, approaches to late second trimester D&E's rely upon some means to induce early fetal demise to soften the fetal tissues making dismemberment easier.

PATIENT SELECTION

The author routinely performs this procedure on all patients 20 through 24 weeks LMP with certain exceptions. The author performs the procedure on selected patients 25 through 26 weeks LMP.

The author refers for induction patients falling into the following categories:

Previous C-section over 22 weeks
Obese patients (more than 20 pounds over large frame ideal weight)
Twin pregnancy over 21 weeks
Patients 26 weeks and over

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DESCRIPTION OF DILATION AND EXTRACTION METHOD

Dilation and extraction takes place over three days. In a nutshell, D&X can be described as follows:

Dilation
MORE DILATION
Real-time ultrasound visualization
Version (as needed)
Intact extraction
Fetal skull decompression
Removal
Clean-up
Recovery

Day 1 - Dilation

The patient is evaluated with an ultrasound, hemoglobin and Rh. Hadlock scales are used to interpret all ultrasound measurements.

In the operating room, the cervix is prepped, anesthesized and dilated to 9-11 mm. Five, six or seven large Dilapan hydroscopic dilators are placed in the cervix. The patient goes home or to a motel overnight.

Day 2 - More Dilation

The patient returns to the operating room where the previous day's Dilapan are removed. The cervix is scrubbed and anesthesized. Between 15 and 25 Dilapan are placed in the cervical canal. The patient returns home or to a motel overnight.

Day 3 - The Operation

The patient returns to the operating room where the previous day's Dilapan are removed. The surgical assistant administers 10 IU Pitocin intramuscularly. The cervix is scrubbed, anesthesized and grasped with a tenaculum. The membranes are ruptured, if they are not already.

The surgical assistant places an ultrasound probe on the patient's abdomen and scans the fetus, locating the lower extremities. This scan provides the surgeon information about the orientation of the fetus and approximate location of the lower extremities. The tranducer is then held in position over the lower extremities.

The surgeon introduces a large grasping forcep, such as a Bierer or Hern, through the vaginal and cervical canals into the corpus of the uterus. Based upon his knowledge of fetal orientation, he moves the tip of the instrument carefully towards the fetal lower extremities. When the instrument appears on the sonogram screen, the surgeon is able to open and close its jaws to firmly and reliably grasp a lower extremity. The surgeon then applies firm traction to the instrument causing a version of the fetus (if necessary) and pulls the extremity into the vagina.

By observing the movement of the lower extremity and version of the fetus on the ultrasound screen, the surgeon is assured that his instrument has not inappropriately grasped a maternal structure.

With a lower extremity in the vagina, the surgeon uses his fingers to deliver the opposite lower extremity, then the torso, the shoulders and the upper extremities.

The skull lodges at the internal cervical os. Usually there is not enough dilation for it to pass through. The fetus is oriented dorsum or spine up.

At this point, the right-handed surgeon slides the fingers of the left had along the back of the fetus and "hooks" the shoulders of the fetus with the index and ring fingers (palm down). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down.

along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening.

The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.

The surgeon finally removes the placenta with forceps and scrapes the uterine walls with a large Evans and a 14 mm suction curette. The procedure ends.

Recovery

Patients are observed a minimum of 2 hours following surgery. A pad check and vital signs are performed every 30 minutes. Patients with minimal bleeding after 30 minutes are encouraged to walk about the building or outside between checks.

Intravenous fluids, pitocin and antibiotics are available for the exceptional times they are needed.

ANESTHESIA

Lidocaine 1% with epinephrine administered *intra*-cervically is the standard anesthesia. Nitrous-oxide/oxygen analgesia is administered nasally as an adjunct. For the Dilapan insert and Dilapan change, 12cc's is used in 3 equidistant locations around the cervix. For the surgery, 24cc's is used at 6 equidistant spots.

Carbocaine 1% is substituted for lidocaine for patients who expressed lidocaine sensitivity.

MEDICATIONS

All patients not allergic to tetracycline analogues receive doxycycline 200 mgm by mouth daily for 3 days beginning Day 1.

Patients with <u>any</u> history of gonorrhea. chlamydia or pelvic inflammatory disease receive additional doxycycline. 100mgm by mouth twice daily for six additional days.

Patients allergic to tetracyclines are not given proplylactic antibiotics.

Ergotrate 0.2 mgm by mouth four times daily for three days is dispensed to each patient.

Pitocin 10 IU intramuscularly is administered upon removal of the Dilapan on Day 3.

Rhogam intramuscalarly is provided to all Rh negative patients on Day 3.

Ibuprofen orally is provided liberally at a rate of 100 mgm per hour from Day 1 onward.

Patients with severe cramps with Dilapan dilation are provided Phenergan 25 mgm suppositories rectally every 4 hours as needed.

Rare patients require Synalogos DC in order to sleep during Dilapan dilation.

Patients with a hemoglobin less than 10 g/dl prior to surgery receive packed red blood cell transfusions.

FOLLOW-UP

All patients are given a 24 hour physician's number to call in case of a problem or concern.

At least three attempts to contact each patient by phone one week after surgery are made by the office staff.

All patients are asked to return for check-up three weeks following their surgery.

THIRD TRIMESTER

The author is aware of one other surgeon who uses a conceptually similar technique. He adds additional changes of Dilapan and/or laminaria in the 48 hour dilation period. Coupled with other refinements and a slower operating time, he performs these procedures up to 32 weeks or more.[10]

SUMMARY

In conclusion, Dilation and Extraction is an alternative method for achieving late second trimester abortions to 26 weeks. It can be used in the third trimester.

Among its advantages are that it is a quick, surgical outpatient method that can be performed on a scheduled basis under local anesthesia.

Among its disadvantages are that it requires a high degree of surgical skill, and may not be appropriate for a few patients.

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REFERENCES

[1] Cates, W. Jr., Schulz, K.F., Grimes D.A., et al: The Effects of Delay and Method of Choice on the Risk of Abortion Morbidity, *Family Planning Perspectives*, 9:266, 1977.

[2] Borell, U., Emberey, M.P., Bygdeman, M., et al: Midtrimester Abortion by Dilation and Evacuation (Letter), *American Journal of Obstetrics and Gynecology*, 131:232, 1978.

[3] Centers for Disease Control: *Abortion Surveillance 1978*, p. 30, November, 1980.

[4] Grimes, D.A., Cates, W. Jr., (Berger, G.S., et al, ed): Dilation and Evacuation, *Second Trimester Abortion–Perspectives After a Decade of Experience*, Boston, John Wright–PSG, 1981, p. 132.

[5] *Ibid*, p. 121-128.

[6] *Ibid*, p. 121.

[7] Kerenyi, T.D. (Bergen, G.S., et al, ed): Hypertonic Saline Instillation, *Second Trimester Abortion– Perspectives After a Decade of Experience*, Boston, John Wright–PSG, 1981, p. 79.

[8] Hanson, M.S. (Zatuchni, G. I., et al, ed): Midtrimester Abortion: Dilation and Extraction Preceded by Laminaria, *Pregnancy Termination Procedures, Safety and New Developments*, Hagerstown, Harper and Row, 1979, p. 192.

[9] Hern, W.M., *Abortion Practice*, Philadelphia, J.B. Lippincott, 1990, p. 127, 144-6.

[10] McMahon, J., personal communications, 1992.

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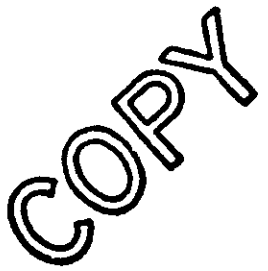
1783 Oakland Hills Drive
Franklin, OH 45005



July 9, 1995

Congressman Tony Hall
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Hall:

I read in the paper that you have sponsored a bill in Congress to make a law against what you call partial-birth abortions. I encourage you to do everything you can to pass this law as soon as possible. I saw three of these partial-birth abortions up close in 1993. It was the most horrifying experience of my life.

I am a registered nurse with 13 years of experience. In September, 1993, I was working for a nursing agency. My employer asked me if I would accept an assignment to the Women's Medical Center, which is an abortion clinic in Dayton, run by Dr. Martin Haskell. I accepted the assignment because I was at that time very pro-choice. I had even told my two teenage daughters, who at that time were ages 14 and 17, that if one of them ever got pregnant at a young age, I would make them get an abortion. They disagreed with me on this and one of them even wrote an essay for a high school class about our differing views on the issue.

I worked as an assistant nurse at Dr. Haskell's clinic for three days. On the first day, we assisted in some first-trimester abortions, which is all I'd expected to be involved in. (I remember that one of the patients was a fifteen-year-old girl who was having her third abortion.)

On the second day, I saw Dr. Haskell do a second-trimester procedure that is called a D&E (dilation and evacuation). He used an ultrasound first to distinguish the different parts. Then he used forceps to pull apart the baby inside the uterus, bringing it out piece by piece, throwing the pieces in a pan. Also on the first two days, we inserted laminaria to dilate the cervixes of women who would receive late-term abortions a day or two later.

It was one of these cases that especially haunts me. The woman was six months pregnant (26-1/2 weeks). A doctor told her that the baby had Downs' Syndrome and she decided to have an abortion. She came in the first two days to have the laminaria inserted and changed, and she cried the whole time. On the third day she came in to receive the partial-birth procedure. (Dr. Haskell called it "D&X", for dilation and extraction.)

Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen, I could see the heart beating. I asked Dr. Haskell, and he told me that, "Yes, that is the heartbeat." As Dr. Haskell watched the baby on the ultrasound screen, he went in with forceps and grabbed the baby's legs and brought them down into the birth canal. Then he delivered the body and the arms, all the way up to the neck.

At this point, only the baby's head was still inside. The baby's body was moving. His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside. Dr. Haskell took a pair of scissors and inserted them into the back of the

baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out. I almost threw up as I watched him do these things.

Next, Dr. Haskell delivered the baby's head, cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he'd used. I saw the baby move in the pan. I asked another nurse and she said it was just "reflexes."

The woman wanted to see her baby, so they cleaned up the baby and put it in a blanket and handed the baby to her. She cried the whole time, and she kept saying, "I'm sorry, please forgive me." I was crying, too. I couldn't take it. In all my professional years I had never experienced anything like this.

Another case I saw on that third day was a six-month-old (approximately 25 weeks) baby. The mother was over age 40. There was nothing wrong with this baby, she just didn't want it. The doctor used the same procedure, except he didn't use as much medicine to relax the lady as the first lady (who'd been very upset). This baby was also alive. I saw the heartbeat on the ultrasound. (Actually every baby that day still had a heartbeat at the time of the procedure.) This second baby was a little smaller than the first baby. I remember thinking how perfect this child was. This mother did not want to see it. The doctor didn't offer you this option, but if the mother insisted he let them see the baby. Otherwise he sent them back to a little room where another person examined them. A lab came and picked the babies up to dispose of them.

I also saw a third case that day. (I was only assisting in one operating room.) This was a 17-year-old girl. She was approximately 25 weeks. The same procedure was done on this baby.

The Down's Syndrome baby was the only baby that had a defect. And that baby with Down's Syndrome had the most perfect, angelic face I have ever seen. I never realized how perfect these babies really are at this point. When you hear the word "fetus," I think a lot of people think as I did of just a blob of cells, or a mass of something. It was very revealing to me. I don't think about abortion the same way anymore. I still have nightmares about what I saw. Please pass your bill as soon as you can.

Sincerely,

Brenda Shafer RN

Brenda Shafer, R.N.

cc: Congressman Charles Canady

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Feb 27 1997 13:52:43 Via Fax -> 202 224 1353 Abortion Lobby Lies Page 882 Of 882

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The New York Times

VOL. CXLVI . . . . No. 50,715 WEDNESDAY, FEBRUARY 26, 1997 A11

An Abortion Rights Advocate Says He Lied About Procedure

By DAVID STOUT

WASHINGTON, Feb. 25 — A prominent member of the abortion rights movement said today that he lied in earlier statements when he said a controversial form of late-term abortion is rare and performed primarily to save the lives or fertility of women bearing severely malformed babies.

He now says the procedure is performed far more often than his colleagues have acknowledged, and on healthy women bearing healthy fetuses.

Ron Fitzsimmons, the executive director of the National Coalition of Abortion Providers, said he intentionally misled in previous remarks about the procedure, called intact dilation and evacuation by those who believe it should remain legal and "partial-birth abortion" by those who believe it should be outlawed, because he feared that the truth would damage the cause of abortion rights.

But he is now convinced, he said, that the issue of whether the procedure remains legal, like the overall debate about abortion, must be based on the truth.

In an article in American Medical News, to be published March 3, and an interview today, Mr. Fitzsimmons recalled the night in November 1995, when he appeared on "Nightline" on ABC and "lied through my teeth" when he said the procedure was used rarely and only on women whose lives were in danger or whose fetuses were damaged.

"It made me physically ill," Mr. Fitzsimmons said in an interview. "I told my wife the next day, 'I can't do this again.' "

Mr. Fitzsmmons said that after that interview he stayed on the sidelines of the debate for a while, but with growing unease. As much as he disagreed with the National Right to Life Committee and others who oppose abortion under any circumstances, he said he knew they were accurate when they said the procedure was common.

In the procedure, a fetus is partly extracted from the birth canal, feet first, and the brain is then suctioned out.

Last fall, Congress failed to override a Presidential veto of a law that would have banned the procedure, which abortion opponents insist borders on infanticide and some abortion rights advocates also believe should be outlawed as particularly gruesome. Polls have shown that such a ban has popular support.

Senator Tom Daschle of South Dakota, the Democratic leader, has suggested a compromise that would prohibit all third-trimester abortions, except in cases involving the "life of the mother and severe impairment of her health."

The Right to Life Committee and its allies have complained repeatedly that abortion-rights supporters have misled politicians, journalists and the general public about the frequency and the usual circumstances of the procedure.

"The abortion lobby manufactures disinformation," Douglas Johnson, the committee's legislative director, said today. He said Mr. Fitzsimmon's account would clarify the debate on this procedure, which is expected to be renewed in Congress.

Mr. Fitzsimmons predicted today that the controversial procedure would be considered by the courts no matter what lawmakers decide.

Last April, President Clinton vetoed a bill that would have outlawed the controversial procedure. There were enough opponents in the House to override his veto but not in the Senate. In explaining the veto, Mr. Clinton echoed the argument of Mr. Fitzsimmons and his colleagues.

"There are a few hundred women every year who have personally agonizing situations where their children are born or are about to be born with terrible deformities, which will cause them to die either just before, during or just after childbirth," the President said. "And these women, among other things, cannot preserve the ability to have further children unless the enormity — the enormous size of the baby's head — is reduced before being extracted from their bodies." A spokeswoman for Mr. Clinton said tonight that the White House knew nothing of Mr. Fitzsimmons's announcement and would not comment further.

In the vast majority of cases, the procedure is performed on a healthy mother with a healthy fetus that is 20 weeks or more along, Mr. Fitzsimmons said. "The abortion-rights folks know it, the anti-abortion folks know it, and so, probably, does everyone else," he said in the article in the Medical News, an American Medical Association publication.

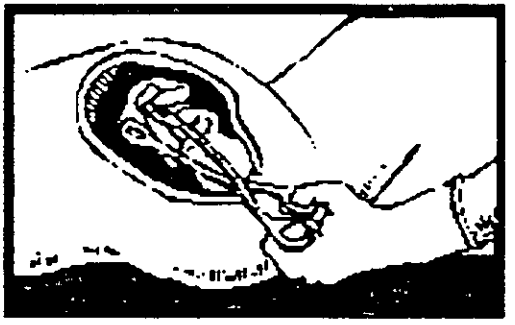
Mr. Fitzsimmons, whose Alexandria, Va., coalition represents about 200 independently owned clinics, said coalition members were being notified of his announcement.

One of the facts of abortion, he said, is that women enter abortion clinics to kill their fetuses. "It is a form of killing," he said. "You're ending a life."

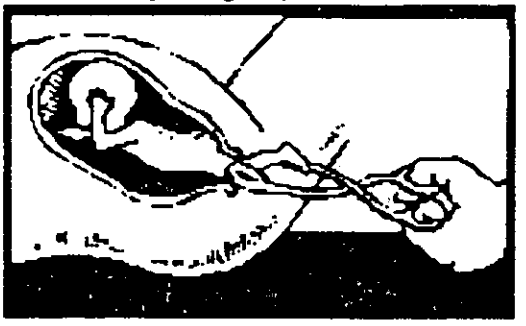
And while he said that troubled him, Mr. Fitzsimmons said he continued to support this procedure and abortion rights in general.

"D&X" or "Dilation and Extraction", (Known as Partial-birth Abortion) is done as follows:

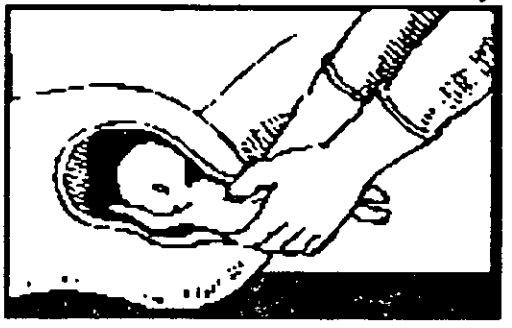
1.Guided by ultrasound, the abortionist grabs the baby's leg with forceps.



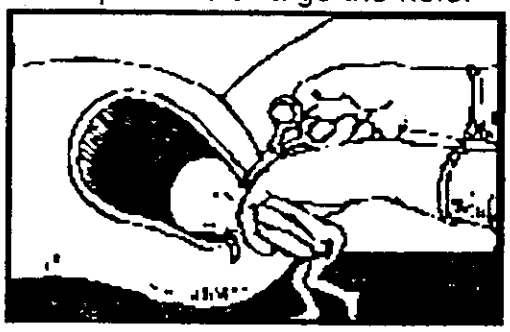
2.The baby's leg is pulled out into the birth canal.



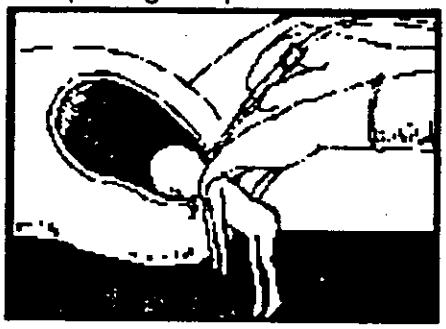
3.The abortionist delivers the baby's entire body, except for the head.



4.The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.



5.The scissors are removed and a suction catheter is inserted. The baby's brains are then sucked out and the head is removed from the womb, completing the procedure.



The abortionist who invented this technique reports that he has performed over 700 of them, and he knows of another abortionist who has used a similar procedure on babies up to "32 weeks and later".

The abortionist "said the drawings were accurate 'from a technical point of view'". -- American Medical News (a publication of the American Medical Association), July 5, 1993, p 21.

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Michael A. Mansfield	40 TENBY DRIVE NASHUA 03062	888-8010
Sarah L. Quinn	21 Indiana Drive Nashua NH 03060	883-6373
Carl A. Streeter Jr.	26 Indiana Dr. Nashua NH 03060	889 1569
Donald R Pace	8 Maplewood Dr Nashua 03062	888 1589
Kevin E Page	16 Granite St Nashua 03060	889-5402
Victor L. Bazzani DC.	340 BROAD ST. NASHUA 03063	889-5400
Lisa Lamzara Bazzani	340 Broad St. Nashua 03063	889-540
Donald C. Gaudette	71 Browning Ave. Nashua 03062	888 2539

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Joan de Vogel	3 Hillcrest Dr Merrimack	429-0258
Bert Tenhave	P.O. Box 416 Merrimack NH	424-4107
Judi Tenhave	PO Box 416 Merrimack NH	424-4107
Lisa Borland	39 Shelburne R. Merrimack NH	424-6509
[illegible]	5 Sharon Ave. Merrimack NH	424-5336
Teresa R. Cabell	4 Ipswich Cir Nashua, NH 03063	
Thomas P. Kaing	1 Danforth Merrimack NH 03054	429 1455
Doris J Foss	55 Wilson Hill Rd. Merrimack, NH 03054	424-3110
~~X Joe Foss~~	55 Wilson Hill Rd Merrimack, NH 03054	424-3110
X JOSEPH M FOSS		
Carolyn Macredie	130 Babbosic Lake Rd. Merrimack NH 03054	424-3427
Dolores Bons	4 PRATT LN MERRIMACK 03054	
John Bahn	85 Pond View D, Merrimack NH	424-8422
Lisa P. Concilson	31 Glastonbury Dr Nashua NH	881-5971
James Concilson	31 GLASTONBURY DR NASHUA NH	881-5971
Deborah A. Levitt	21 Bennington Rd. Nashua N.H.	595-6396
Mary Ann Cole	13 Woodland Dr, Nashua NH 03062	598-4596
Ingalls Cole	13 Woodland, Nashua, 03063-2056	598-4596
Roberta M. Cerrato	129 Shelley Drive Nashua 03062	888-3449
Albert C Cerrato	129 Shelley Dr NASHUA 03062	888-3449

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Michael J Gagnon	22 Cherokee Ave Nashua, NH 03062	882-7709
Daniel E Hogan Daniel E Hogan	71 Watson St Nashua NH 03060	880 8157
Dorothy M. Nice	8 Maywood Dr NH 03060	882-6888
Laura Kane	18 Merrimack St #302 Nashua 03060	883-7037
Stephan Levitt, M.D.	21 Bennington Rd. Nashua 03060	595-6379
Kathy Slater	7 Beebe Lane Merrimack, NH 03054	
Phil Thornton	36 Marlborough Babylon NY 11702	
Robert L McKenna	37 Balcam St Nashua NH 03060	889-0747
Gene Weber	28 Savage Rd Milford NH	

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Joseph St. Laurent	20 Jere. St Nashua N.H.	891-1283
Joann Michaud	19 Capitol Dr. Nashua N.H.	888-0615
Gerry Michaud	19 Capitol Dr. Nashua	888-0615
Mario Cemelis	Hemmings Dr. Litchfield NH	883-2379
John Markiewicz	58 Harbor Ave Nashua, NH	882-3325
Joseph Wittig	2 Summit St Nashua, NH	886-4313
[illegible]	33 Bulova Dr Nashua NH	5585394
G. McCarthy	33 Bulova Dr. Nash. N.H.	886 6394
Rachel Chung	27 High Pine Ave Nashua NH	889-5337
Janice Zeimetz	30 Brinton Dr Nashua NH	886-0443
ROBERT ZEIMETZ	30 BRINTON DR NASHUA NH	886 0443
DONNA GONZALEZ	30 BRINTON DR NASHUA NH	883-5586
MARION ZEIMETZ	30 BRINTON DR NASHUA NH	883-5586
Lucille Vanthas	301 Brook Village Rd Apt 1 Nashua	888-8471
Mary Saramela	3 Parkinson St Nashua, NH	—
Henry Labine	1 PERRY AVE Nashua N.H.	882 470[illegible]
Nathalie Mansfield	62 Lake St. Nashua N.H.	882 0463
Shawn Burns	39 Linda St Merrimack N.H.	424 7258

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NAME/SIGNATURE	ADDRESS	TELEPHONE
David Walden	51 Congress St-A-2 Nashua	882-9780
Clare M. Smith	6 Tumblebrook Lane Nashua NH	883-6194
Mary McKeon	825 Fox Hollow Dr Hudson, NH	880-0642
William J Brodeur	8 AZTEC ROAD NASHUA, N.H	883 9278
Yolande Brodeur	8 Aztec Rd. Nashua	883 9278
E. Dumacher	Thos Bon. Hwy Litchfield	882-0081
Paulette Paine	3 Lori Lane Litchfield NH	889-3437
Robert Paine	" " " " " "	
Mark Lafrenaud	88 Tolles St Nashua NH	886 8541
Lorraine Lyons	1 Parker Dr. Litchfield NH	424 279
Ronald Joseph Paul MacDonald	24 Countryside Dr Nashua N.H	889-9117
[illegible] Cronin	128 Kelley St #1 Manchester NH	626-9847
Maggie Hubert	9 Triple Pl. Nashua N.H	598-3507
Ann Emmons	21 Cottage St Nashua N.H. 03060	
Elizabeth A. Boyd	11 Riviera Rd. Hudson, NH 03051	880-6803
[illegible] Ferzoco	165 Laton Rd.	
Kevin E Gage	16 Granite St Nashua NH 03060	
Shannon Gage	104 Vine St Nashua NH 03060	6038869413
Gary Emmons	21 COTTAGE ST NASHUA NH 03060	I'm Right I'm Here
R. DUMONT	24 GREENWOOD DR NASHUA, NH 03062	

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Lucille Markis	25 Maple Knoll Dr.	Hollis, N.H.
Kathleen A. Markis	"	"
Paul Markis	"	"
Chrissy Zore	265 RT 13 Brookline NH 03033	673-7169
Katy Zore	265 RT13 Brookline NH 03033	673-7169
Mary Zore	265 RT13 Brookline, NH 03033	673-7169
Janet Christie	110 Elm St Nashua, NH 03060	889-4640
Jeannette Christie	110 Elm St. Nashua, N.H. 03060	889-4640
James Janicek Jr	17 Marian Lane Nashua NH 03062	8838457
Georgeann M. Geis	1 Ponemah Rd Amherst, NH 03031	673-6762
Maura Bush	16 Fairmount St Nashua NH 03060	8803542
DALE M PICKETT	PO BOX 396 PURGATORY RD MILFORD NH 03055	673-0025
Eugene T. Doherty	3K APPLE DRIVE NASHUA NH 03060.	8885450
Elizabeth Reynolds	16 Henry Drive Hudson, NH 03051	882-3265
Christine Reynolds	16 Henry Drive Hudson, NH 03051	882-3265
Bridget Reynolds	16 Henry Dr. Hudson NH 03051	882-3265
Mary Reynolds	16 Henry Drive Hudson, NH 03051	882-3265
Carol MacKenzie	3 Kennedy Dr Nashua N.H.	
Stephen J. Keyes	56 Tyler St Nashua	
John F. Scanlan	62 Amherst St. Nashua, NH	886-6362

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NAME/SIGNATURE	ADDRESS	TELEPHONE
J. Barbara Quiggi	4 Hutchinson Rd. Merrimack N.H.	424-7645
Romeo Poulanger	1 Syons St Nashua NH	880-1452
[illegible]	56 Pioneer Dr. Nashua, NH	598-1862
Richard J Zo	265 RT13 Brookline, NH	03033
Lottie Emerson	6 Patton ct. Nashua N.H.	03060
Peter Duprey	10 Wilder St, Nashua, N.H.	03060
Marjorie Frost	41 Temple St Nashua NH	03060
Edith Hogan	34 Dearborn St. Nashua NH	03060
Marvin Graham	9 Leonard ST Nashua N.H	03060
V M Thompson	76 Walden Pond Dr. Nashua	03060
Roger Dionne	11 Cherry St Nashua	03060
Felix Rexed	109 Lille Rd NASHUA	03062
Linda Miller	67 Taylor St. Nashua NH	889-1871
Helen McDuade	5 Quincy St. Nashua NH	03060
Thomas J. Riley	6 Kim Dr. " "	03062
James C. Berry	63 LEDGEWOOD HILLS NASHUA, NH	03062
Dorothy E. Berry	63 Ledgewood Hills Dr. Nashua N.H.	
Helen Rasmussen	9 Mansfield Rd Nashua NH	03062
Mary Howarth	75 Taylor St. Nashua N.H.	03060
[illegible]	118 Manchester St Nashua NH	03060

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NAME/SIGNATURE	ADDRESS	TELEPHONE
David A Denston	24 Erie Circle Nashua	595-7882
Michelle Denston	" " "	"
Lena Robert	37 Coburn Ave Nashua	889-3598
Rosanne Ogonchock	12 Clearview Nashua	888-8145
[illegible]	12 Clearview Nashua	888-8145
Francis Angly	72 Berkeley St Nashua	880-7048
Debra Scanlan	62 Amherst St Nashua	886636
Pauline Doucette	8 Chatham St Hudson	882-4860
Raymond H. Doucette	8 Chatham St Hudson	882-4860
Claire Hrath	15 Taylor St Nashua	883 3346
Dyane L Walton	10 Pinehurst Ave Nashua NH	8883946
David M. Walton	10 Pinehurst Ave Nashua NH	8883945
Donna A. Philbrook	22 Tufts Dr. Nashua, NH	883-0416
Mark W. Pfeifer	46 Royal Crest #4 Nashua NH	8970048
Jamie A. Pfeifer	46 Royal Crest #4 Nashua NH	8970048
Robert A. Gizzi	414 Letchworth Rd Merrimack, N.H.	424-9645
Claire Valach	7 Wason Ave Nashua N.H	8838280
William Reynolds	16 Henry Dr. Hudson	882-3265
Annemarie J. Reynolds	16 Henry Dr. Hudson NH	882-3265
Bridget Marie Reynolds	16 Henry Dr. Hudson NH	882-3265

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Sylvia Moriarty	12 B Holmes St. Nashua	882-0127
Paul D Haty	11 Birchwood Dr Merrimack	424-5758
David M. Haty	54 Sargent Rd Hollis	465-5678
Mary Cutler	17 Delude St. Nashua	888-2298
Susan Cowin	31 Royal Crest Dr Nashua	888-4363
Nancy C. Bathulon	19 Balcom St Nashua	882-8257
Mary E. Albert	20 Shoal Creek Rd, Hudson	595-1345
Lorraine Drouin	172 Ledge St. Nashua, N.H.	882-5219
Mary Barnes, RSM	90 Concord St Nashua, N.H.	598-1753
Linda Merriam	92 Concord St Nashua, N.H.	8892054
Dick Merriam	92 Concord St. Nashua N.H.	8892054
Cecile Lefabre	92 Concord St. Nashua, N.H.	8892054
Norma Urban	123 West Pearl " "	598-4853
Patrick Belanger	3 Heon Ct. Nashua, N.H.	882-8058
Nancy Janiak	17 Marian Ln Nashua NH	883-8457
Benny Neville		
Lorraine Prouty	292 Main Dunstable Rd.	
Griff Nodeau	" " "	882-3966
Thomas L Mundhulla	29 Russell Ave Nashua N.H.	
Cindy St Laurent	20 June St. Nashua N.H.	03060 891-1283

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Leslie Eisenberg	52 Louise Dr. Nollis, NH 03049	595-1668
Jean Sullivan	23 Congress St Nashua NH 03062	889-572[illegible]
William Allard	20 Shoal Creek Rd Hudson, NH 03051	595-1345
[illegible]	51 Berkeley St. Nashua NH 03060	595-87[illegible]
Daniel F. McCarthy	62 Mammoth Rd Londonderry NH 03053	437-1596
Jackie Maynard	191 Ash St. Nashua, NH 03060	
Mary Beaulieu	17 Victor Ave Nashua, N.H 03060	
Roselle Belanger	3 Heron Ct Nashua NH.	882-8058
Muriel Brackett	60 Gilman St Nashua NH	882-2065
Dorothy Rice	23 Belle St. Nashua, N.H,	888-6342
Denise L Cyr	4 Dumpling Way Merrimack	03054
Margaret O'Neill	180 Chestnut St Nashua, N.H	03060
Mary Ferrie	27 Indiana Dr. Nashua NH	03060
Louise Cakely	70 Marbo Ave	03060
Mildred M Bussineau	167 Natcook Rd Merrimack	03054
Orianne Nichols	17 Langholm Dr. Nashua, NH.	03062
Sarah St. Laurent	20 June St. Nashua N.H. 03060	891-1203
Peter St. Laurent	20 June St. Nashua N.H. 03060	891-1203
Mary St. Laurent	20 June St. Nashua N.H. 03060	891-1203
Dave English	80 Tilton St. Nashua N.H.	595-0722

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Kerri Coleman	15 French (Hollis) Mill Rd	(603)-465-2644
[illegible]	39 London Ct Merrimack	(603)-424-7258
Mrs Loretta Lorrence	Tumblebrook Nashua N.H.	
Cheryl Hanscom	8 Apache Rd Nashua, NH	883-4271
Anna Bucci	41 Temple St Nashua NH	598-4498
Loretta Mylcane	3 Bates Dr. Nashua, N.H. 0306	
Jennifer Cupler	43 Congress St Nashua NH 03062	
[illegible]	7 MONZA RD NASHUA, NH 03060	880-1614
Paul [illegible]	19 Glastonbury Dr, Nashua, NH	880-6678
Janet Polanczyk	7 Monza Rd Nashua, NH 03060	880-1614
Albert Thomas	1 Joffre St Nashua 03060	
Julia Thomas	1 Joffre St Nashua "	
Joyce Buckman	Wheeler R Hollis N.H.	
Brenda Brooks	8 Keith Street Nashua	
Paul Brooks	8 Keith St. Nashua N.H.	
Kathleen White	15 Cleveland St Nashua NH 03060	
[illegible]	17 Country Club Est Dover NH 03820	
Archie J. Pelech	124 Hayden Rd Hollis NH 03049	

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Kathy + Dana Georges	61 Groton Rd Nashua NH	880-3725
Sister L. Lorraine Brooks	90 Concord St - Nashua	598-1753
Janet Georges	67 Groton Rd	880-3725
George Georges Jr.	"	"
Brian Fetrowski	23 Russell Ave, Nashua	595-8267
Edward [illegible] Jr.	142 Ash St	882-3590
Ruth A. Bedard	153 West Pearl St	594-9857
Mary Toomey	12 Kenmare Rd - Nashua	888-2832
Martin T. Kelly	70 Harbor Ave Nashua, NH	882-9253
Elaine G. Poulin	3 Nichol Lane Nashua NH 03062	

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Daniel M Lapierre	197 Indian Rock Rd Merrimack N.H.	603 4247827
Paul F. Marcello	10B HAMPSHIRE DR. NASHUA, NH	603-886-0565
Robert W. Mancuso	142 CHESTNUT ST. NASHUA, N.H	603-882-2330
Daniel A. Lapierre	361 Dubuque #2, Manchester, NH	603-625-8319
Edna Stirk	573 Main St. Nashua	888-1079
Sidney E. Stirk	573 Main St Nashua NH	888-1079
Robert D Duhamel	51 Lovejoy Ave Nashua NH	03060

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Lou Brouwley	4 Kipford Way-NA	886-5747
Loretta O'Rourke	7 Lousburg Ly Nashua	888-7861
Margaret T. Dacey	29 Dane St Nashua	888-2637
Cecile D. Hansberry	27 Ridgefield Drive Nashua	882-7515
Emilia Brooks	325 Lake ST Nashua N.H	03086
[illegible]	190 [illegible] St Nashua N.H.	881-9043
Patricia N. Riley	6 Kim Dr, Nashua, NH	888-0147
Christina Dougney	18 Arrow Ln Nashua NH	8862950
Christyler L. Ford	11 Riviera Rd Hudson NH	880-6853

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Donal J. Dignan	22 Woodfield St. Nashua	888-7675
Gillian Carvalho	6 James St Nashua	883-7368
Chris Carvalho	9 Tammy Circle Nashua	595-7372
Joseph L. Carvalho	9 Tammy Cir. Nashua	595-7372
Cindy Butler	3 Inland St Hudson	882-5918
Audrey M Leets	43 Royal Crest Dr Nashua	891-0468
ARTHUR Leets	" "	"
Victor Munk	3 OHIO AVE NASHUA	889 1463
Mary V. Trust	" " "	"
Daniel Galizzan	11-13 Strawberry Bank Rd, Nashua	888-3841
Gloria V Lamoureux	POBOX 607 Merrimack NH	424-9787
Debra L Peterson	4 Lynn St Nashua NH	883-3049
R.F. McInerney	10 KANATA DR. NASHUA, N.H.	883-1860
R.J. Chagnon	8 DURHAM ST NASHUA, NH	598 0596
Donald E Ludman	19 Mitchell St Merrimack NH	424 7818
Debra J Stauber	10 Pettingale Amherst, NH	03031
Wilbur B Stauber	10 Pettingale Amherst NH	03031
Pete Duffy	11 Everest Dr. Merrimack	424-6773
Diane Duffy	11 Everest Dr. Merrimack, NH	424-6773
VIOLET F. LAMOUREUX	11 NOTTINGWOOD LN. MERR, N.H.	429-2485
Raymond J Lamoureux	11 Nottingwood Ln Merr N.H.	429-2485

PETITION TO END PARTIAL BIRTH ABORTION

We, the undersigned residents of New Hampshire, in view of the fact that President Clinton vetoed the Partial Birth Abortion Ban at the federal level and against the overwhelming will of the people, do hereby urge that our representatives in the State legislature enact legislation to end the holocaust of innocents, known as partial birth abortion, in New Hampshire. Our request rests not only on our moral objection to this horrific and inhumane procedure, but also on medical evidence supporting the fact that this is neither an emergency nor final-option procedure, and instead, is most often an elective procedure, misrepresented to expectant parents, and the public at large. We urge your immediate action on this matter.

NAME/SIGNATURE	ADDRESS	TELEPHONE
William E Lawrence	4 Southington St Nashua	888-0122
Carol J Quinn	6 Nightingale Lane, Litchfield, NH	883-1661
[illegible]	69 Kimball Hill Rd Hudson N.H.	
Mary A. Dickey	38 Birchwood Cir. Bedford, NH 03110	472-9824
[illegible]	38 Birchwood Cir. Bedford, NH 03110	472-9824
Thomas Langlais	96 ELLINGWOOD ST. MANCHESTER NH	626-0364
Joanne Langlais	96 ELLINGWOOD ST. MANCHESTER NH	626-0364
[illegible] Brown	12 Patton Nashua	
Mary W. Lyon	12 Hedgewood Hills Dr Nashua, NH 03062	
Mary Brannigan	3 Riverside Circle Nashua, N.H 03062	
Paula Fortin	3 Forest Rd. Hudson N.H. 03051	
Marion Dhiaesson	21 Trout Brook Dr. Nashua, N.H. 03063	
Prescott Fontargis	2 Gerrard Ave Nashua N.H. 03060	
Anne Gendreau	17 Dame Rd. Newmarket NH 03857	
Michael Gendreau	17 Dame Rd. Newmarket NH 03857	
Michael C Lingley	38 Balcom St Nashua NH 03060	
Edward T. Lingley	" " "	
Joan G. Verhoef	5 Astor St Nashua " 03063	
Ronnelle M. Verhoef	" " "	
Gerald F McCarthy	27 Beed St Nashua	03060
Beatrice Lidman	19 Mitchell St. Merrimack	03054

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Elizabeth A. Magee	8 E. Glenwood St	888-7069
David R Magee	8 E Glenwood St	888-7069
Deanna Martin	3 HUGHEY ST. NASHUA	883-3096
Lenny Martin	" "	"
Linda DuFF	14 WESTBROOK DR. "	888-6919
Thomas Duff	" "	"
Adam Duff	" "	"
Evelyn Gurecki	54 Harbor Cove	882-2478
Jeannette Dupuy	10 Wilder St. Nashua, NH.	889-1529
Jeanne DePuchett	P.O. Box 396 Milford NH	673-2634
JORGE M. DEVILLASANTE	5 Appletree Green Nashua	888-0078
[illegible]	12 LITTLEWOOD HILLS Nashua	883-9357
Carol P Miller	67 Taylor St. Nashua, NH	889-1871
Joan Lalham	9 Grand St Nashua NH	883-6433
Arlene Conway	157 E. Dunst Rd	
Stephen J. Hunnigan	73 Turkey Hill Rd Merrimack NH.	429-0502
Janice B. Hunnigan	73 Turkey Hill Rd Merrimack NH.	
Melissa Dillingham	47 Derry Rd Hudson NH	880-6468
Joseph LAlmond	38 Holbrook DR. Nashua, N.H.	883-9351
M. JoAnne Petersen	4 Lynn St Nashua NH	883-3049

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Barbara Dunham	66 Ramsgate Rd	598-3522
Susan Wayne	50 Northwood Dr.	880-8878
Paul Hoyle	10A LEELEY DR.	HUDSON N.H. 881-1901
[illegible]	12½ Charles st	Nashua N.H. 598-1067
Gary Farma	48 Summer St	Nashua NH 881-7290
Ellen M. Davison	11 MAIN St.	Hollis, NH 465-7728
Robert Davison	11 Main St.	Hollis, N.H. 465-7728
Stacy Farmer	48 Summer St	Nashua, NH 881-7290
Joseph Pesmark	10 Chestnut st	milford NH 672 6919
Esther Werner	2-33 Commonwealth III	598-6664
Mary Gurney	7 Francoeur Drive	Mer. NH 673-6437
Ken Gurney	" "	" "
MARK LOBLAW	95 FULTON ST	590-9901
William Connolly	79 Newton Dr	881-3710
Eric Connolly	79 NEWTON DR.	NASHUA NH 03063 881-3710
Margaret. DeLuca	21 Clement St	889-4229
[illegible]	21 CLEMENT ST	883-7372
Ward Shaw	1 Clinton ST Apt #1	886-5410
Carol Ann Lebin	6 Alfonsi Ln Nashua	888-2847
Nathan Young	3 Churchill St. Nashua	888-1116
Bobette Young	3 Churchill St Nashua	888-1116

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NAME/SIGNATURE	ADDRESS	TELEPHONE
John Cotter	357 MAIN ST	595-8245
[illegible]	12 Sherwood	880-7658
[illegible] (P. Fitzgerald)	28 Rockwood Dr	883 2394
Linda Ayer	1 Francemia Dr. Nashua NH	883-3927
Joyce Hoerig	4 Shady Hill Rd. Nashua, NH	883-5071
Joann Falardeau	24 Linden St nashua	882-7351
Winifred Jacobs	215 Northwood Dr. Nashua, NH.	883-4716
Louise Hyland	5 Bolic St Nashua, NH 03062	888-0417

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NAME/SIGNATURE	ADDRESS	TELEPHONE
[illegible]	43 Farmington Rd, Nashua	888-1720
Elizabeth J. Bisonnette	" "	"
Kathleen M. Martin	27 Dodge St Nashua N.H.	
Dillon Martin	27 Dodge St Nashua N.H	
Dorothy G Gaffney	37 Courtland St Nashua N.H	
[illegible]	6 Manchester St Mere. NH	
Kathleen M Farmington	52 Farmington Rd Nashua NH	8880090
Walter O'Roark	43 Granite St. Nashua NH	8820590
Michael Sweeney	10 Aaron Lv Nashua NH	886-2050
Amy Madden	70 Heather Ct Nashua NH	882-4408
Maryll Madden	70 Heather Ct Nashua NH	
Mary Jameson	25 Manza Rd. Nashua NH	880-7909
[illegible]	Belfast No. Ireland	
Elizabeth T Devlin	4 Beannagh Glen Belfast	

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Jack Rosetto	35A Patten Rd Merrimack NH	603-424-4712
Pat Bureau	5 Christopher Rd. Merrimack N.H.	603-429-0515
Norm Bureau	5 Christopher Rd, Merrimack N.H.	603-429-0515
Roxanna Dodson	8 Heritage Dr. Merrimack, NH	603-424-6926
Larry Dodson Jr	8 Heritage Dr Merrimack NH	603-424-6926
Eliane R. Mullens	55 Brookside dr. Merrimack	603-424-483
Aaron Lewis III	55 Brookside dr. Merrimack	(603) 424-483
Rachel Dodson	8 Heritage Dr Merrimack	424-6926
[illegible]	15 Lois Ko Dr. Nashua, NH	603-888-2448
Donna E Belanger	11 Carriage Ln Merrimack	
Donald P Belanger	11 Carriage Ln Merrimack	
Donna A. Gandy	60 Brookside Dr Merrimack	603-429-8326
John Swanson	570 DW HWY MERRIMACK	603-429-0272
Jim Schroder	36 Conard St, Nashua 03060	603-881-7289
Chester Symon	2 WESTBORN DRIVE	603-883-1799

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Kathleen A. Burger	Mrs. John F. Burger P.O. Box 253 Chesterfield, NH 03443	363-4523
John F Burger	JOHN F BURGER PO BOX 253 CHESTERFIELD NH 03443	603-363-4523
Tammy Stockwell	Mr. & Mrs. Stockwell 57 Foley Rd. Chesterfield, NH 03443-3800	603-363-4567
Todd Stockwell		603-363-4567
[illegible]	161 Twin Brook Rd Chesterfield NH 03443	603 363-4312
[illegible]		
Elizabeth Doerrler	PO BOX 746 West Swanzey NH 03469	603-357-9653
Alicia Kuplin	279 Westmoreland Rd. Spofford NH 03462	603-363-4967
Gail Harris	P.O.B. 93 Chesterfield NH 03443	603-363-4135
Crystal Torgel	203 Old Richmond Rd East Swanzey NH 03446	
Kathy VanLichting	268 Fox Ham Rd West Chesterfield NH 03466	603-256-8198
Debbie Miller	441 Poor Ham Rd W Chesterfield NH 03466	256-3119
MARY LAPIERRE/Mary LaPierre	RR3 Box 1755 BRATTLEBORO, VT 05301	(802) 257-9474
Lou Miller	441 Poorham Rd W. Chesterfield, NH 03466	256-3119
Glenn R Perry	2 Carpenter dri Hinsdale NH 03451	336-5032

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Daniel Santos	369 Coffstown Rd	625-4037
Irene Michaud	176 Bryant Rd	622-2972
Rebekah Woodman	3 Dwyer St	429-1998
Wallace G. Woodman III	3 Dwyer St. Merrimack	429-1998

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Andy Sgremetti	26 Farley Road, Hollis, NH	603-880-8685
Richard C Jones	49 Lamson Drive, Merrimack NH	
Alan Johnson	3 Westborn Dr., Merrimack, NH. 03054	
Marcia McGrath	7 Peter Rd. Merrimack NH 03054	
John J. McGovern	35 Robinson Rd Nashua, N.H. 03060-5844	
Martin Tymowicz	6 Douglas Dr Amherst NH 03031	6738757
Kim R. Rig	1 Dayforth Rd Merrimack NH	429-1455

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Virginia Swardosky	Merrimack, N.H.	424-0504
Marc Couture	Merrimack, N.H.	
PAUL E NORWALT	Merrimack N.H.	
Joan Pulskinen	Merrimack N.H.	424-1941
Dorothy Nolan	Merrimack N.H.	
Claudia Jane Norwalt	Merrimack, New Hampshire	
Betty M. Raymond	Merrimack, N.H.	
Donald Dengler	Merrimack, N.H.	882-1591

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NAME/SIGNATURE	ADDRESS	TELEPHONE
Tammie Patterson	12 Woodhawk Litchfield NH	882-9638
Dianne Gordon	13 ~~Address~~ Ayer St. Nashua, NH 03060	886-1340
Marylen Waber	42 South Rd Londonderry NH 03053	432-8028
Kristen E. Hagler	14 Donovan Ct, Merrimack, NH 03054	424-2907
Cheryl A. Bakofsko	8 Bristol Street, Nashua, NH, 03060	886-3830
Robert L. Jackson Jr.	5 Mountainview Street, Nashua, N.H.	886-0583
Nola A. P. Jackson	5 Mountainview Nashua, NH 03060-5013	
Vicki Kendall	1 Francoeur Dr Nashua NH 03063	595-8842
[illegible]	6 Mt. Vernon St, Milford, NH 03060	883-2860
Gary Clinton	17 Hobbs Ave Nashua N.H. 03060	595-8531
Pat Barton	11 Conant Rd. Nashua, NH 03062	880-8970
Timothy Allen	81 Salisbury Rd Mont Vernon, NH 03057	654-5784
Louise Coulombe	5 Bernards Rd. No 34 Merrimack, N.H.	
Joyce Hoenig	4 Shady Hill Rd Nashua NH	883-5071
Brenda Hickey	35 Pine Hill Rd Hollis NH	465 2507
[illegible]	35 Pine Hill Rd Hollis NH	465-2507
[illegible]	41 Congress St #16 Nashua, NH 03062	
Karen Poirier	41 Congress St. Apt. 4 Nashua, NH 03062	598-9261
Keith Poirier	41 Congress St Apt 4 Nashua, N.H. 03062	598-9261
Lenny Patterson	12 Woodhawk Way Litchfield NH	603 882-9638

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NAME/SIGNATURE	ADDRESS	TELEPHONE
[illegible]	713 Harvard St Man	622-3577
Phyllis [illegible]	229 Anebrook Man	625-1015
Gat Blumenhart	703 Maple St Man	668-3018
Phyllis Robertson	520 Hevey St Man.	669-9566
[illegible]	329 RIVER ROAD, MAN	669-7392
Rebecca Paquette	37 Mattil Rd Hook	6223621
Gerald Blumenhart SR	703 Maple St	668-3018
Laurent Morin	252 Frost RD Goffstown	497-4006
Donald Plumpton	170 Greenwood Ch. Manchester	669-7867
[illegible]	5 Sargent Dr. Hooksett NH	623-7578
Cassie Wilson	83 Langdon St #4 Manchester NH	645-1305
Dennis Labbe	57 Falls Rue Manchester NH.	622-0109
John MacGilvary	246 Aaron Dr. Manchester NH	623-6998
Sheila MacGilvary	246 Aaron Dr. Manchester	623-6998
Randall Francis	56 Nathan Cutter Dr. Bedford NH	472-7096
Joyce Francis	56 Nathan Cutter Dr Bedford, NH	472-7066
Bob Francis	56 Nathan Cutter Dr. Bedford NH	472-706
Sharon Lemire	573 Amherst St Manchester NH	669-1121
Wayne Chaney	85 Whitehall rd. Hooksett	622-9936
[illegible]	114 [illegible] Manchester NH	
Carolyn Balicock	91 Church St. Goffstown	641-6365 497-5927
Bob Michaud	176 Bryant Rd Manchester NH	6222972

Voting Sheets

HOUSE COMMITTEE ON JUDICIARY AND FAMILY LAW

EXECUTIVE SESSION on HB 768-FN

BILL TITLE:

DATE: 3/10/97

LOB ROOM:

FILE COPY

Amendments:

Sponsor: Rep. K. SMITH/LETENDRE OLS Document #: 0645h 6-10

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. MIRSKI

Seconded by Rep. COLBURN

Vote: 7-9 LOSES (Please attach record of roll call vote.)

Motions: ~~OTP, OTP/A~~, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. MCGOVERN

Seconded by Rep. CLAY

Vote: 9-7 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Sandra B. Keans, Clerk

JUDICIARY AND FAMILY LAW 1997 SESSION

House Bill # 268-FN

Public Hearings _____ Executive Session 3/10/97

COMMITTEE REPORT: OTP ITL

	YEAS	NAYS
McCarthy, John J., Jr., Chairman		
Woods, Deborah L., V Chairman	✓	✓
Battles-Peirce, Marjorie		
Bickford, David A.	✓	✓
Brown, Julie M.		
Clay, Susan J.	✓	✓
Colburn, Thomas M.	✓	✓
Holden, Carol H.	✓	✓
Jacobson, Alf E.	✓	✓
Keans, Sandra B.	✓	✓
Letendre, Evelyn S.	✓	✓
*Mirski, Paul M.	✓	✓
Reardon, Neil J.	✓	✓
Smith, Kevin H.	✓	✓
Wall, Janet G.		
Allison, David C.	✓	✓
Johnson, Lionel W.	✓	✓
*McGovern, Cynthia A.	✓	✓
Moynihan, Wayne T.		
Pratt, Irene A.		
Richardson, Barbara Hull	✓	✓
Smith, Marjorie K.	✓	✓
TOTAL VOTE	79	97

Appeared in Favor | Appeared in Opposition

Committee Report

COMMITTEE REPORT

COMMITTEE: **Judiciary and Family Law**

BILL NUMBER: HB 768-FN

TITLE:

DATE: 3/10/97

CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote {Type VOTE}.

9-1

Rep. {Type NAME}
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

MAJORITY
COMMITTEE REPORT

FILE COPY

COMMITTEE: **Judiciary and Family Law**

BILL NUMBER: **HB 768-FN**

TITLE: relative to certain abortions.

DATE: 3/10/97 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

The United States Supreme Court has ruled repeatedly that a woman has a constitutionally protected right to obtain an abortion of a nonviable fetus free from government intrusion, and an abortion of a viable fetus if her life or health is at risk. Such medical decisions cannot be made by this, or any, legislature. They must remain where they belong - with the woman, her conscience and her physician. HB 768 places an impermissible and unconstitutional burden on a woman's right to choose.

Vote 9-7.

Rep. Cynthia A. McGovern
FOR THE MAJORITY

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Judiciary and Family Law

HB 768-FN, relative to certain abortions. INEXPEDIENT TO LEGISLATE

Rep. Cynthia A. McGovern for the Majority of **Judiciary and Family Law:** The United States Supreme Court has ruled repeatedly that a woman has a constitutionally protected right to obtain an abortion of a nonviable fetus free from government intrusion, and an abortion of a viable fetus if her life or health is at risk. Such medical decisions cannot be made by this, or any, legislature. They must remain where they belong - with the woman, her conscience and her physician. HB 768 places an impermissible and unconstitutional burden on a woman's right to choose. Vote 9-7.

MINORITY
COMMITTEE REPORT

COMMITTEE: **Judiciary and Family Law**

BILL NUMBER: **HB 768-FN**

TITLE: relative to certain abortions.

DATE: March 10, 1997 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Partial birth abortion is a procedure performed on healthy fetuses and healthy mothers and is generally done in the third trimester of pregnancy. It entails delivering the baby in the breech position until only its head is left in the mother. At this point, scissors are used to open a hole in the upper portion of the baby's neck, a catheter tube is then inserted in the hole created by the scissors in order to suck the baby's brains out, collapsing the skull and permitting delivery of the inert remains. Every doctor testifying at the hearing supported the bill and described the procedure as barbaric, gruesome, and unnecessary. They all agreed that this procedure falls just short of legal infanticide.

Rep. Paul M. Mirski
FOR THE MINORITY

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Judiciary and Family Law

HB 768-FN, relative to certain abortions. OUGHT TO PASS

Rep. Paul M. Mirski for the Minority of **Judiciary and Family Law:** Partial birth abortion is a procedure performed on healthy fetuses and healthy mothers and is generally done in the third trimester of pregnancy. It entails delivering the baby in the breech position until only its head is left in the mother. At this point, scissors are used to open a hole in the upper portion of the baby's neck, a catheter tube is then inserted in the hole created by the scissors in order to suck the baby's brains out, collapsing the skull and permitting delivery of the inert remains. Every doctor testifying at the hearing supported the bill and described the procedure as barbaric, gruesome, and unnecessary. They all agreed that this procedure falls just short of legal infanticide.

Minority Report on HB768 - 4-54

Partial birth abortion is a procedure performed on healthy fetuses and healthy mothers and is generally ~~perform~~ done in the third trimester of pregnancy. It entails delivering the baby in the breech position until only its head is left in the mother. At this point, scizzors are used to open a hole in the upper portion of the babys neck, ~~into which a catheter~~ then into the hole created by the scizzors A catheter tube is inserted ~~to suck the~~ in order to suck the baby's brains out, collapsing the skull and ~~per~~ permitting delivery of the inert remains. Every doctor testifying at the hearing supported the bill and described the procedure as barbaric, gruesome and unnecessary. They all agreed that this procedure falls just short of legal infanticide.

Paul - OK, BUT a lot of your opp. might not help your cause on the floor

OK on Chart

HB 768-FN

The United States Supreme Court has ruled repeatedly that a woman has a Constitutionally protected right to obtain an abortion of a nonviable fetus free from government intrusion, and an abortion of a viable fetus if her life or health is at risk. Such medical decisions cannot be made by this or any legislature. They must remain where they belong — with the woman, her conscience and her physician.

HB 768 ~~provides no exception for a woman's health. The preservation of the life or health of the mother.~~ places an impermissible burden on a woman's ~~[illegible]~~ right ~~to~~ choose.

Inexpedient to Legislate 9-7

Submitted by
Rep. Cynthia G. McGovern

JMc/OK
Chair

truncated

MINORITY
COMMITTEE REPORT

FILE COPY

COMMITTEE: **Judiciary and Family Law**

BILL NUMBER: **HB 768-FN**

TITLE: relative to certain abortions.

DATE: March 10, 1997 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Partial birth abortion is a procedure performed on healthy fetuses and healthy mothers and is generally done in the third trimester of pregnancy. It entails delivering the baby in the breech position until only its head is left in the mother. At this point, scissors are used to open a hole in the upper portion of the baby's neck, a catheter tube is then inserted in the hole created by the scissors in order to suck the baby's brains out, collapsing the skull and permitting delivery of the inert remains. Every doctor testifying at the hearing supported the bill and described the procedure as barbaric, gruesome, and unnecessary. They all agreed that this procedure falls just short of legal infanticide.

Rep. Paul M. Mirski
FOR THE MINORITY

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Judiciary and Family Law

HB 768-FN, relative to certain abortions. OUGHT TO PASS

Rep. Paul M. Mirski for the Minority of **Judiciary and Family Law:** Partial birth abortion is a procedure performed on healthy fetuses and healthy mothers and is generally done in the third trimester of pregnancy. It entails delivering the baby in the breech position until only its head is left in the mother. At this point, scissors are used to open a hole in the upper portion of the baby's neck, a catheter tube is then inserted in the hole created by the scissors in order to suck the baby's brains out, collapsing the skull and permitting delivery of the inert remains. Every doctor testifying at the hearing supported the bill and described the procedure as barbaric, gruesome, and unnecessary. They all agreed that this procedure falls just short of legal infanticide.