Ronald Reagan Presidential Library
Digital Library Collections

This is a PDF from our textual collections.

Collection: Blackwell, Morton: Files
Folder: National Right to Life Committee (1)
Box: 14

To see more digitized collections visit:
https://reaganlibrary.gov/archives/digital-library

To see all Ronald Reagan Presidential Library inventories visit: https://reaganlibrary.gov/document-collection

Contact a reference archivist at: reagan.library@nara.gov

Citation Guidelines: https://reaganlibrary.gov/citing

file

419 7th Street, N.W.
Suite 402
Washington, D.C. 20004

Thought you might be interested in seeing this. Best wishes.

Douglas Johnson
Legislative Director
(202) 638-7936

BOB PACKWOOD
OREGON

Blackmun

United States Senate

WASHINGTON, D.C. 20510

August 10, 1983

Dear Friend:

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

This is the key section of Title IX of the Education Amendments of 1972. We in Congress specifically left the wording of this legislation expansive to allow comprehensive and broad application. Our intention was clear.

Title IX was designed to eliminate sex discrimination from the American educational system. Title IX does not require educational institutions to provide any particular programs, facilities or services; it simply requires that any which are offered be provided on a non-discriminatory basis to women and men alike.

Virtually all school districts and most colleges and universities receive both direct and indirect federal assistance through grants, contracts and loans, including student aid. In 1976, Grove City College, which receives no direct federal funding, refused to comply with Title IX requirements by failing to file an Assurance of Compliance with the then Department of Health, Education and Welfare. The college argued that even though there were students attending Grove City who were receiving federal student loans, this did not constitute "federal financial assistance."

HEW filed suit to terminate grants and loans to students attending Grove City and the court agreed with the position of HEW. Since that time Grove City has lost every court appeal.

Now, Grove City has taken its case to the Supreme Court. Worse, the Administration has filed a brief that makes the narrowest, technical arguments possible for enforcing Title IX against Grove City College. The effect will be to restrict both women's rights and the laws guaranteeing them.

Accordingly, on Monday, August 8, I joined 48 Members of the House of Representatives and two other Senators in filing a

"friend of the court" brief supporting the Department of Education and Title IX. The Supreme Court will not hear this case until the fall term begins in October.

Additionally, I am cosponsoring Senate Resolution 149 -- a measure introduced in both Houses of Congress affirming that Title IX "should not be amended in any manner which will lessen the comprehensive coverage of such title in eliminating gender discrimination throughout the American educational system."

Elimination of discrimination in our educational system is of prime concern to women. Women are making gains in the professional marketplace that would not have been possible without equal educational opportunities. The original intention of Title IX must be retained. I am confident that we will win this battle as we have won so many others this year. The law is clearly on our side.

Cordially,

BOB PACKWOOD

BP/ms

United States Senate
WASHINGTON, D.C. 20510
OFFICIAL BUSINESS

U.S.S.

#31113

POSTMASTER: DO NOT MARK ON OR ABOVE THE LABEL - OCR.

L

File

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

March 25, 1983

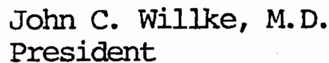
President Ronald Reagan
The White House
Washington, DC 20500

Dear Mr. President:

In recent months I have noticed several articles in the press in which representatives of various feminist organizations were quoted as denigrating your Special Assistant for Public Liaison, Mrs. Dee Jepsen.

It is my observation that these organizations are unhappy with Mrs. Jepsen precisely because she accurately reflects your position on several controversial issues. I have had contact with Mrs. Jepsen on a number of occasions since she assumed her current position, and have always found her to be a loyal, effective, and gracious spokeswoman for your policies. I hope that Mrs. Jepsen will continue to enjoy your highest confidence.

Respectfully submitted,

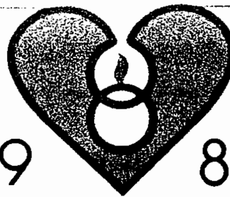


John C. Willke, M.D.
President

JCW/sb

cc: The Honorable Edwin Meese III
Mrs. Faith Whittlesey
Mr. Morton C. Blackwell

June 7, 8 & 9



Kansas City, MO

"Bringing Life to the Heart of America... 19 84 Bringing the Heart of America to Life."

NATIONAL RIGHT TO LIFE CONVENTION

January 11, 1984

Dear President Reagan,

It is my pleasure to invite you to address the annual convention of the National Right to Life Committee. Our three-day meeting will be June 7-9, 1984, at the Hyatt Regency in Kansas City, Missouri.

Your dedication and efforts on behalf of unborn children are well-known among right to life members. At past conventions, your video tape and written messages have been greeted with tremendous enthusiasm.

In this crucial year of 1984, a personal visit would have a positive, far reaching impact on the 2000 plus leaders from across the country who will be attending the convention.

The time or date of your address is open to conform with your schedule. (Enclosed is a basic program outline). The Missouri Republican Convention will be June 8 and 9, in Springfield, Missouri. I am delighted that these two major conventions will be the same weekend.

I do hope that you do include the National Right to Life Convention in your plans for June.

Sincerely,

Kathy Edwards

Kathy Edwards
Convention Chairman

KE:sf

cc: Jean Doyle, President
National Right to Life Committee

Morton Blackwell

Shannon Cave
Missouri Republican Chairman

Robert Gangwere

P.O. Box 876 • Lee's Summit, Missouri 64063 • (816)444-4211

Sponsored by National Right to Life Conventions, Inc.

1/13/84
From Carl Anderson

file Right to Life

HHS Issuance of Final "Infant Doe" Regulations.

The final "Infant Doe" regulations to protect mentally or physically handicapped newborn infants from discrimination in the provision of life sustaining medical care maintain the four principles consistently affirmed by the Administration: (1) the direct applicability of federal civil right laws to these situations (Section 504 of the Rehabilitation Act of 1973), (2) the role of the Department of Health and Human Services as the primary enforcer of this federal civil rights law when necessary; (3) the posting of an informational notice advising affected persons of the applicability of civil rights laws to these situations; and (4) the maintenance of a 24 hour telephone number to which suspected violations may be reported to the federal government.

In regard to posting of notices, the final regulation gives hospitals the option of posting one of two different notices. The first states that it is the policy of the hospital, consistent with federal law, that handicapped newborn infants will not have nutrition or medically beneficial treatment discriminatorily withheld and allows the hospital to indicate on the sign a hospital contact to which violations may be reported in addition to the HHS number. The other sign states simply that federal law prohibits such discrimination. Hospitals may post the first sign if indeed it honestly reflects the policy of the hospital and the hospital has a review procedure to investigate allegations of abuse.

The final regulation specifically rejects recommendations of various medical organizations that the federal government mandate the establishment of review committees to substitute for federal protection of handicapped persons' rights. Instead the regulation encourages hospitals to establish on a voluntary basis Infant Care Review Committees and provides a model for such a committee consistent with Section 504 of the Rehabilitation Act. Under this model the committee must develop general principles which incorporate the recent Statement of Principles of Treatment adopted by numerous medical and disability organizations, principles enumerated by the Department of Health and Human Services found in an appendices to the federal regulations, and the principal articulated by the President's Commission for the Study of Ethical Problems and Biomedical and Behavioral Research that the standard to be applied in treatment decisions is a strict one which focuses solely upon the handicapped patient and excludes consideration of burdens to other members of the family or society at large. Second, the committee must work in cooperation with various disability rights organizations in developing specific treatment guidelines for the care of handicapped newborn patients. Third, the committee must review and make recommendations concerning any ongoing case where there is a

disagreement between the parents and medical personnel or among the medical personnel as to treatment. In such cases the committee must honor the parents wishes for treatment, however, where the committee determines treatment is medically indicated and the parents nevertheless refuse consent for treatment the committee is obligated to report the parents refusal to the appropriate state agency as a case of suspected child neglect. Fourth, the committee is required to regularly conduct retroactive review of past cases to insure that its treatment guidelines are being adhered to. Finally, the committee must keep written records of its deliberations which are reviewable by state and federal investigators and should have among its members at least one representative from a disability rights organization.

The final rule states clearly that the department will not delegate its enforcement responsibility to the committees but may at its discretion obtain the findings of the committee or provide a certain amount of time but no longer than 24 hours for the committee to investigate and transmit its findings to the department. The general principles for the committee's operation, its treatment guidelines and its actual deliberations are all subject to review against the standard set of Section 504 of the Rehabilitation Act.

THE WHITE HOUSE

WASHINGTON

December 13, 1983

JAN 3 1984 DEC 14 1983

EMORANDUM TO: CATHI VILLAPANDO

ROM: Morton C. Blackwell

UBJECT: Hispanic Liaison to the National Right-to-Life Committee

met this afternoon with Mrs. Jean Doyle, President of the
ational Right-to-Life Committee. She strongly urged that
e contact Lyda Figueredo, the Hispanic Liaison for the
ational Right-to-Life Committee. Mrs. Doyle spoke very
ighly of Ms. Figueredo saying that she is a real mover
nd shaker in the Hispanic community and is supportive of
he President's policies.

Ms. Lyda Figueredo
3918 Doral Drive
Tampa, Florida 33614

Telephone: (813) 885-9814

CB:jet

c: Faith Whittlesey

Cathi -
Have you taken care of this?
M.

1/2

Yes - I called her and she is to send me a list of Hispanic women she is organizing on this issue. I asked her to keep me informed and would like to meet with her.

Cathi

THE WHITE HOUSE

WASHINGTON

January 3, 1984

Dear Ms. Figueredo:

It was indeed a pleasure talking with you regarding your efforts with the Right-To-Life Committee.

I commend you for your interest and dedication. Again, I want to assure you that I am ready to assist you with this worthwhile program

On your upcoming trip to Washington, D.C., please call me so we may continue our discussion and to further determine how I can best be of assistance.

Sincerely,

Cathi Villalpando
Special Assistant
to the President

Ms. Lyda Figueredo
3918 Doral Drive
Tampa, Florida 33614

bcc: Morton Blackwell

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

Letter to Dannemeyer

Letter

July 25, 1983

Dear Member of Congress:

The National Right to Life Committee urges your support for the Dannemeyer Amendment to the N.I.H. reauthorization bill (HR 2350), which is scheduled to come to the House floor this week.

Mr. Dannemeyer's amendment is in substance the same as that which he offered to an N.I.H. bill last September 30, which was adopted on a vote of 260-140. Unfortunately, that bill was not acted upon by the Senate.

The now slightly revised Dannemeyer Amendment reads as follows:

> The Director of NIH and the director of any national research institute may not conduct or support research or experimentation, in the United States or abroad, on a living human fetus or infant, before an abortion which the researcher involved knows or has reason to know is intended, or after an abortion, unless the research or experimentation is for the purpose of promoting the survival of, or ameliorating developmental or congenital defects in, such infant.

The Dannemeyer Amendment in intended to prohibit federal funding of experiments which use living unborn children intended for abortion (or even babies who temporarily survive abortion) as "guinea pigs." On May 3, 1983, the House Energy & Commerce Committee rejected the Dannemeyer Amendment on a vote of 24-18, accepting instead language proposed by Mr. Waxman which would codify the administrative regulations currently in effect.

The National Right to Life Committee strongly urges adoption of the Dannemeyer Amendment because the Waxman language contains two major loopholes which would permit federal funding of objectionable experiments using unborn children as subjects.

First, the Waxman language would permit the Secretary of Health and Human Services to waive all restrictions for a given experiment. The current regulations contain such a waiver provision, and during the Carter Administration it was employed to fund an experiment, involving risk, on a group of unborn children intended for abortion. (The experiment was deemed a "success" because it helped refine a pre-natal diagnostic test for sickle-cell anemia. But the only "treatment" is to abort the unborn child who is afflicted with the disease.)

The Waxman language would make the "waiver" provision permanent. There would then be no barrier to prevent a future Secretary of Health from frequently waiving the Waxman "restrictions." Through such waivers the Secretary could authorize even grisly extra-uterine experiments, such as those which were performed (some with N.I.H. support) prior to adoption of the current regulations (see attachments).

It is unethical to perform risky or painful experiments on living human beings, without their consent, when the experiments are not intended to benefit the experimental subjects. An unethical practice does not become ethical simply because it is at times scientifically expedient-- yet the Waxman language would permit otherwise unacceptable experiments to be performed if important medical knowledge could be gained thereby. Such utilitarian logic is no more acceptable as applied to unborn children than it would be if applied to the mentally incompetent or to condemned prisoners.

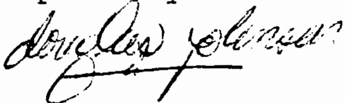
Our second objection to the Waxman language is that it explicitly authorizes federal funding of experimentation on a living unborn child, intended for abortion, if "the risk to the fetus imposed by the research or experimentation is minimal and the purpose of the research or experimentation is the development of important biomedical knowledge which cannot be obtained by other means."

Several questions arise. Who decides what constitutes "minimal risk" for a child who is soon to be aborted? And, what about experiments which cause pain to the unborn child?

There is now evidence that unborn children can experience organic pain beginning as early as eight weeks after conception. Vincent J. Collins, M.D., professor of anesthesiology at the University of Illinois Medical Center in Chicago, recently submitted an affidavit to the U.S. District Court for Northern Illinois in which he stated, "As early as eight to ten weeks gestation, and definitely by 13½ weeks, the human fetus experiences organic pain." On this point, I invite you to study the attached materials-- including affidavits from other medical experts-- which were recently entered into the Congressional Record by Senator Hatch.

In summary, legalized abortion represents a denial of the intrinsic human rights of unborn children. It would be a further degradation of these living members of the human family for Congress to permit federal funding of experiments which use them like laboratory animals. Therefore, we urge you to vote to reject the loophole-ridden Waxman language and to vote for the Dannemeyer Amendment.

Respectfully submitted,



Douglas Johnson
Legislative Director

DJ/sb
enc.

<u>American Journal of Obstetrics and Gynecology</u>, March 1, 1968

(according to the <u>New York Times</u>, this experiment won the Foundation Prize Award from the American Association of Obstetricians and Gynecologists.)

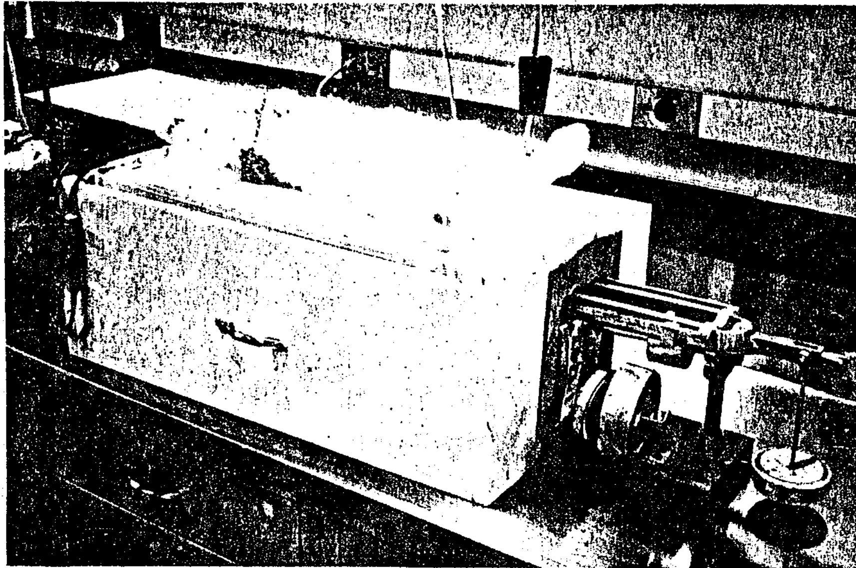


Fig. 3. A rabbit on circuit showing weight monitoring.

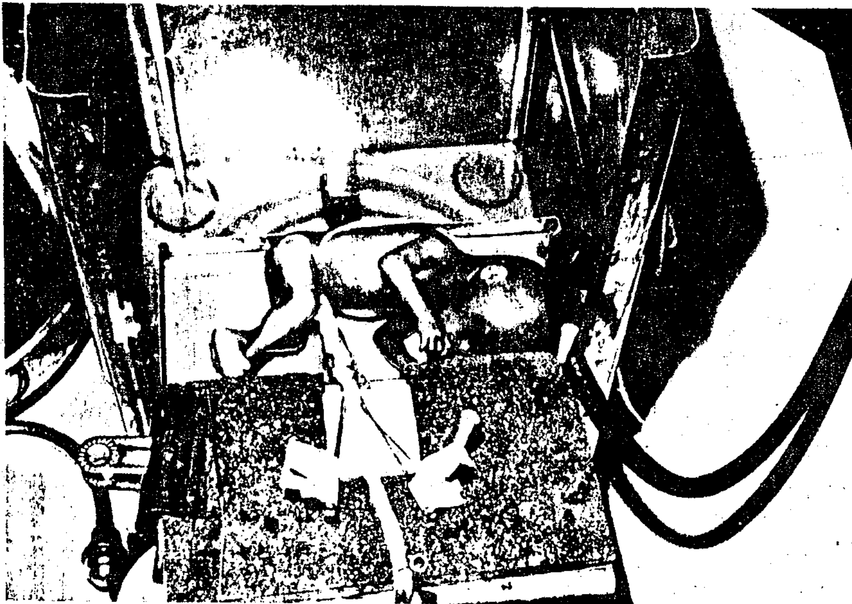


Fig. 4. A human fetus ready to go on circuit.

volumes of blood are involved and the ratio of extra- to intracorporeal volumes is usually 1:2 or 3. In this work the priming volume of the circuit was 290 ml. while that of the rabbit (or newborn of compatible size) was about 150 ml., a reverse ratio of 2:1. Such imbalance would soon lead to over- or under-transfusion and so three safeguards were built in: (1) The afferent and efferent drop counters were placed beside each other so that the flow rates could be observed simultaneously and regulated. (2) The reservoir was graduated and efforts were made to keep the blood level constant; alterations of about 5 ml. could be detected. (3) The animal rested on a continuously weighing table

(over)

Table II. Summary of animal work, showing numbers of rabbits used

To show oxygenation capacity	13	Shown
To show safety of circuit		
Acid-base and hydrogen ion concentration	22	Shown
Hemodynamics	28	Shown
To show acid-base correction		
Respiratory	13	Shown
Metabolic	6	Possibly shown
Long-term survival (of 6)	5	86%
Animals lost (anesthesia, bleeding)	8	

for some animals were used for more than one experiment.)

Human work

Eight fetuses were obtained by hysterotomy for therapeutic terminations of pregnancy. They ranged in weight from 300 to 980 grams, for many of these operations were performed in England where the lower limit of viability is set at 28 weeks. The circuit was primed with modified human adult blood. The cells were washed to remove citrate anticoagulant resuspended in artificial media, with the pH being adjusted to 7.30.

In 7 cases, the gestational sac was removed intact from the uterus, while in the eighth, the fetus was placed in warmed normal saline at the operating table. The fetus was kept under artificial liquor amnii in the tank shown in Fig. 4, thus preventing any respiration. Cannulation of the umbilical vessels (vein and both arteries if possible) was achieved within 12 minutes in all cases. The cannulas were passed well beyond the abdominal wall, along the hypogastric arteries, and hopefully into the internal iliac vessels.

In the smaller fetuses blood flow was poor. The most difficult problem was that of establishing a return flow from the fetus to the circuit via the umbilical arteries. Negative pressures, papaverine, and oxygenated warmed saline were tried, but the best results followed the proper placing of the catheters so that their tips were in the larger arteries. The longest survival in this series came with the largest fetus.

A 14-year-old girl was admitted for termination of pregnancy. When the patient was seen, the uterus was at about 26 weeks' gestational size and hysterotomy was performed. A 980 gram male fetus was delivered in his amniotic sac. Umbilical vein and both arteries were cannulated with no difficulty, about 11 minutes after separation of the placenta. Blood flowed evenly into the umbilical vein but no return occurred from the arteries at first. However, brisk spontaneous flow occurred 22 minutes after birth and the fetus was established on the circuit; he stayed so for 5 hours, 8 minutes. The experiment stopped then because a cannula inadvertently slipped and could not be reintroduced.

For the whole 5 hours of life, the fetus did not respire. Irregular gasping movements, twice a minute occurred in the middle of the experiment but there was no proper respiration. Once the perfusion was stopped, however, the gasping respiratory efforts increased to 8 to 10 per minute. The fetus died 21 minutes after leaving the circuit. Throughout, ECG control was obtained using standard I leads. The pulse rate slowed during the experiment from 120 to 90 beats per minute but was always regular. After stopping the circuit, the heart slowed, became irregular, and eventually stopped. The fetus was maintained at 39 to 42° C. in the water bath. The flow rates varied from 15 to 40 ml. per minute. The fetus was quiet, making occasional stretching limb movements very like the ones reported in other human work.[17]

Though perfusion was fair, oxygenation was poor, for the oxygen bubbles only circulated around the outer parts of the coil so that a large percentage of the extracorporeal blood was not exposed to oxygen. This may have been due to overtight winding of the inner part of the coil, a fault that has not occurred in any other of the 60 coils used.

The acid-base data of this case have been published elsewhere[8] and showed an increasing mixed respiratory and metabolic acidosis. It should be observed that such oxygen as was obtained by the fetus came entirely from the extracorporeal circuit.

Post-abortion fetal study stirs storm

The Supreme Court's landmark abortion decision may have eased one legal and ethical dilemma for American medicine while creating another. The issue is fetal research, and it is a subject every bit as emotionally charged as the abortion controversy itself.

To Right to Life and other anti-abortion groups, the use of the aborted fetus for biomedical research only adds insult to injury—following one crime against life with another. To Rep. Angelo D. Roncallo (R-N.Y.), the matter is serious enough to require legislative prohibition.

The congressman's bill, introduced in April, would make it a federal crime to carry out any research activity on a human fetus or to intentionally take any action to kill or hasten the death of a human fetus in any federally supported facility or activity. The penalty would be ten to 20 years in prison.

But last month, while the National Institutes of Health pondered a rational policy on fetal research—and held in abeyance any requests for support of such research—conferees at the combined meeting in San Francisco of the American Pediatric Society and the Society for Pediatric Research heard at least four reports on work involving human fetal tissue.

No one even raised an eyebrow when Dr. Peter A. J. Adam, associate professor of pediatrics at Case Western Reserve University in Cleveland, reported on a study of "cerebral oxidation of glucose and D-beta hydroxy butyrate (BOHB) in the isolated perfused human fetal head." Dr. Adam's work was done in collaboration with Drs. Niels Raiha, Eeva-Liisa Rahiala, and Martti Kekomaki at the University of Helsinki last summer—and was supported in part by NIH funds.

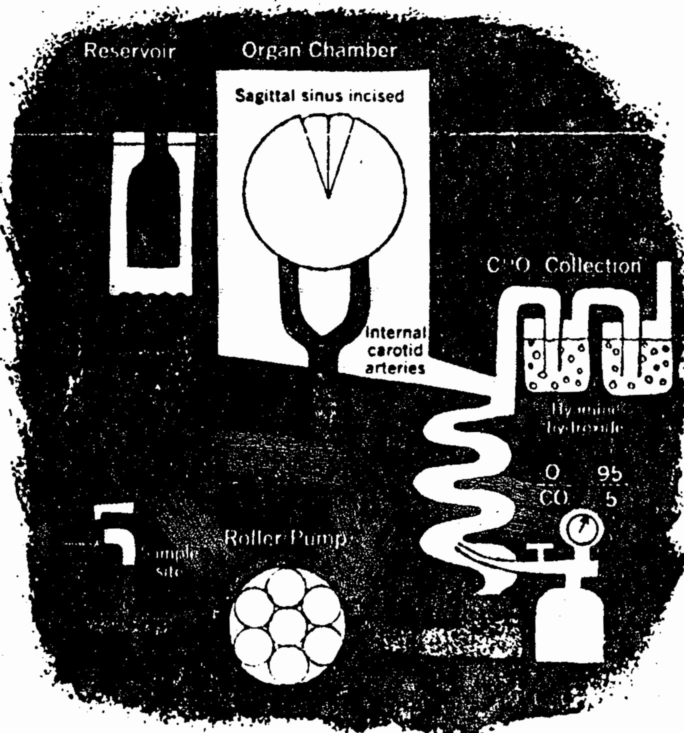
In a study to examine mechanisms by which the fetus is protected in both normal and abnormal pregnancy, the Finnish-American team decided to tackle the question of whether glucose and BOHB can serve equally well as energy sources early in human development. They can, Dr. Adam concluded in his report, adding that the findings also indicate there is no effective physiologic competition between the two fuels and that oxidated brain metabolism apparently accounts for about a third of the total fetal metabolism.

To produce those data, the investigators severed the heads of 12 previable fetuses obtained by abdominal hysterotomy at 12 to 20 weeks' gestation. The heads were then perfused through the internal carotid arteries with recirculating Krebs-Ringer bicarbonate medium containing labeled substrates, and were equilibrated continuously with a gaseous oxygen-carbon dioxide mixture. Venous return was obtained from the incised sagittal sinus, and carbon 14-labeled CO_2, evolved from the labeled substrates, was collected in hyamine hydroxide solution.

According to Dr. Adam, no member of the research team participated in decisions regarding the method of abortion; these were made solely by the attending gynecologist. While hysterotomy used to be a common abortive method in Finland, he says, the more recent use of prostaglandin has reduced the supply of suitable fetuses and has caused the researchers to abandon this line of investigation. Neither ethical nor legal considerations entered into that decision, adds Dr. Adam.

In the view of the Cleveland physician, a policy that would permit abortion but prohibit fetal research would be unethical as well as irrational. "There's still a dearth of information on fetal mortality," he says, "and once society has declared the fetus dead and abrogated its rights, I don't see an ethical problem. . . . In fact, a much greater problem lies in experimentation with infants and children." (See cover story, page 37.)

He considers resistance to fetal research a kind of "ritualistic absolution" but believes much of it can be dispelled if such research is carried out in full public view. "People need to understand that the fetus doesn't have the neurologic development for consciousness or pain and that it also doesn't have the pulmonary system to survive." Legal considerations and the principles of informed consent are irrelevant, declares Dr. Adam. "Whose right are we going to protect when we've already decided the fetus won't live?" ■



With this system of perfusion, the Helsinki team was able to study the metabolism of the human fetal brain.

Mr. HATCH. Those who employ such euphemisms are naturally reluctant to consider the question of fetal pain. I believe that columnist George F. Will said it well in his 1981 column titled "Abortion Does Cause Pain to Its Victims."

Most pro-abortion persons have a deeply felt and understandable need to keep the discussion of abortion as abstract as possible. They become bitter when opponents use photographs to document early fetal development. The sight of something that looks so much like a child complicates the task of trying to believe that there is nothing there but "potential" life. And if fetal pain is acknowledged, America has a problem: its easy conscience about 1.6 million abortions a year depends on the supposition that such pain is impossible.

Mr. President, well over 100,000 abortions a year are performed after the first trimester of pregnancy. At this stage they can no longer be performed with the powerful vacuum device used during the first trimester, because the unborn child is large and has a well-developed skeletal structure. The abortion method now preferred by most abortionists for abortions after the 12th week is called dilatation and evacuation or D&E, for short.

The D&E procedure basically consists of the dismemberment of the living unborn child with powerful forceps. An article coauthored by the former chief of the abortion surveillance division of the Center for Disease Control described the D&E procedure this way:

Ossified parts, such as the skull, must often be crushed. The bone fragments must be extracted carefully to avoid tearing the cervix. Reconstruction of the fetal sections after removal from the uterus is necessary to ensure completeness of the abortion procedure. [Rooks and Cates, "Emotional Impact of D&E vs. Instillation," Family Planning Perspectives, Nov.-Dec. 1977]

Dr. Walter Hern, an abortionist and a nationally recognized expert on the D&E procedure, described it this way in a 1978 address:

There is no possibility of denial of an act of destruction by the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current . . . some part of our cultural and perhaps even biological heritage recoils at a destructive operation on a form similar to our own. [Address, Association of Planned Parenthood Physicians, October 1978]

As the U.S. Supreme Court noted in its June 15, 1983 decision in Planned Parenthood Association against Ashcroft, some abortionists now use this technique "on 28-week pregnancies, well into the third trimester." The technique is considered to have several advantages over the salt-poisoning method, which had formerly been preferred. For one thing, the D&E method never produces the dreaded complication of late-term abortions—a live baby.

Now, obviously being dismembered in such a manner would cause pain—excruciating pain—to all of us. All of us are aware that newborn infants are sensitive to pain. Indeed, long before an infant smiles or speaks, she cries. The infant does not hesitate to communicate to us her distress at hunger pangs, a misplaced diaper pin, or whatever.

The unborn child cannot communicate her pain to us in this way. But there is ample evidence that from an early stage of development—at least by 13½ weeks after conception, and perhaps 1 month earlier—the unborn child is capable of experiencing organic pain.

Mr. President, the State of Illinois has enacted a statute which requires that, in certain circumstances, women seeking abortions be advised of the availability of drugs which could alleviate the pain which the abortion will cause to the unborn child. In defense of this law, several medical experts have submitted affidavits on fetal pain to the U.S. District Court for Northern Illinois (*Charles* v. *Carey*, Nos. 79-C-4541, 79-C-4548). I would like to read a few excerpts from those compelling affidavits.

Consider, first, the following statement by Prof. Vincent J. Collins. Dr. Professor Collins is a leading authority on pain. He is professor of anesthesiology at the University of Illinois Medical Center in Chicago, and chairman of the department of anesthesiology at Cook County Hospital in Chicago.

Dr. Collins told the district court:

As early as eight to ten weeks gestation, and definitely by thirteen and a half weeks, the human fetus experiences organic pain. Between the eighth and tenth weeks the thalamus starts emitting special brain waves in response to noxious stimuli. At that time thalamic function is thereby indicated. Because a functioning thalamus evokes organic suffering, the fetus between eight to ten weeks thus may suffer when exposed to noxious stimuli. But certainly by thirteen and a half weeks the fetus aversively reacts to noxious stimuli with integrated responses at all nervous system levels. The total organic response at that point is more sophisticated than mere reflex. Thus, it is certain that a fetus senses organic pain at least by thirteen and a half weeks gestation.

Induced abortion will cause pain to a fetus with a functioning central nervous system if the method used stimulates the pain receptors and excites the neural pathways. Dilatation and evacuation (D&E) or saline instillation are two abortion methods capable of stimulating pain receptors and exciting neural pathways.

Mr. President, I ask unanimous consent that Professor Collins's entire affidavit be entered into the RECORD.

There being no objection, the affidavit was ordered to be printed in the RECORD, as follows:

AFFIDAVIT OF VINCENT J. COLLINS, M.D., COOK COUNTY, ILL.

Vincent J. Collins, M.D. being duly sworn, deposes and states as follows:

1. I am currently Chairman of the Department of Anesthesiology at Cook County Hospital, Chicago, Illinois, and a Professor of Anesthesiology at the University of Illinois Medical Center in Chicago. I have researched and written extensively on the subject of pain, *i.e.*, its causes, physiology, and control. I am a board-certified Anesthesiologist. A copy of my curriculum vitae is appended to this affidavit.

2. I have read and am familiar with section 6(6) of the Illinois Revised Abortion Statute regarding fetal pain.

3. The statements in this affidavit are based on my medical experience and knowledge, and best medical judgment. As an Anesthesiologist, I am qualified to make judgments concerning the presence of pain and about ways to abolish or alleviate pain.

4. The purpose of this affidavit is to characterize and discuss the presence of organic pain in the fetus and to describe those safe, effective methods available to abolish or alleviate organic fetal pain caused by abortion.

5. In general:

(a) Organic pain results when a noxious force of substance stimulates special pain receptors and that stimulus passes through the neural pathways of the central nervous system to the thalamus;

(b) Noxious stimulation of the central nervous system may produce a reflexive response or a more sophisticated aversive response. Reflexive responses involve only the spinal column: the reaction is simple and direct, i.e., of the type which occurs in the leg when the knee is tapped with a light hammer. The thalamus and cortex are not involved in reflexive responses. On the other hand, aversive responses involve the whole central nervous system, including the thalamus. Aversive responses are the body's attempt to escape from or avert painful stimuli. For a fuller description of these and other aspects of organic pain, see my book Principles in Anesthesiology (Philadelphia: Lea & Febeger, 1976), pp. 906-934.

(c) When an individual reacts aversively to noxious stimuli, it must be concluded that the pain structures of the central nervous system are functioning and that organic pain has been registered.

6. As early as eight to ten weeks gestation, and definitely by thirteen and a half weeks, the human fetus experiences organic pain. Between the eighth and tenth weeks the thalamus starts emitting special brain waves in response to noxious stimuli. At that time thalamic function is thereby indicated. Be-

(over)

cause a functioning thalamus evokes organic suffering, the fetus between eight to ten weeks thus may suffer when exposed to noxious stimuli. But certainly by thirteen and a half weeks the fetus aversively reacts to noxious stimuli with integrated responses at all nervous system levels. The total organic response at that point is more sophisticated than mere reflex. Thus, it is certain that a fetus senses organic pain at least by thirteen and a half weeks gestation.

7. Induced abortion will cause pain to a fetus with a functioning central nervous system if the method used stimulates the pain receptors and excites the neural pathways. Dilatation and evacuation (D&E) or saline instillation are two abortion methods capable of stimulating pain receptors and exciting neural pathways.

8. Pain can be abolished through the use of anesthetics and analgesics. Anesthetics are drugs which prevent the central nervous system from registering pain in either of two ways. First, general anesthetics prevent pain by acting directly on the spinal column, thalamus, and cortex. Robert D. Dripps, James E. Eckinhoff, and Leroy Vandam, Introduction to Anesthesia (Philadelphia: W. B. Saunders Company, 1977), p. 250. Second, local anesthetics act directly on the pain receptors, thus blocking the entrace of painful stimuli into the central nervous system altogether. *Id.* at 251.

9. General anesthetics are an effective means to anesthetize a fetus in utero. In abortions such as D & E, where the procedure is relatively short, a general anesthetic will abolish organic pain for the length of the abortion. Importantly, general anesthetics will cross the placenta from the maternal bloodstream when given to a woman with child. It is known that anesthetics supplied to a woman before childbirth will reach and effect the fetus. As a result, anesthesiologists have developed special methods to resuscitate anesthetized fetuses after birth. Robert D. Dripps, et al., pp. 349-353. Thus, before an abortion, a woman could be given a general anesthetic (such as nitrous oxide, pentothol, or halothane) which is readily available and safe for the woman. The anesthetics, after crossing the placenta, would then act to abolish fetal sensitivity to noxious stimuli and could be effectively used during the course of a D & E abortion.

10. In addition, narcotic analgesics are available to alleviate, if not abolish, fetal organic pain. Demerol, for example, is a safe, effective analgesic; when given orally to the woman, Demoral crosses the placenta and reaches the fetus the same way an anesthetic would. In abortions like saline amnio-infusion, where the fetus is exposed to the corrosive, burning effect of the saline solution for 24 to 48 hours and where anesthetics could not be employed because of the duration of the procedure, Demerol could be effectively and safely employed. If given in 50 milligram amounts to the woman every four to six hours, Demerol will control fetal organic pain throughout the length of the abortion. Again, like anesthetics, narcotic analgesics, including Demerol, would pose no significant health risks to the woman if used properly.

11. In fact, both analgesics and anesthetics are offered routinely to women before childbirth. It would, therefore, be logical and consistent to offer available analgesics and anesthetics to women who abort.

12. In sum, a fetus is sensitive to noxious stimuli at least by thirteen and a half weeks, if not by eight to ten weeks. Abortions such as D & E and saline instillation, if done after thirteen and a half weeks, will certainly cause organic fetal pain. Furthermore, anesthetics, especially general anesthetics and analgesics will cross the placenta and abolish or alleviate fetal sensitivity to noxious stimuli. Effective anesthetics such as nitrous oxide, halothane, and pentothol are widely available, and are safe for the women. Effective analgesics, such as Demerol, are also available and are safe for the woman. Therefore, it is logical, consistent, and good medical practice to offer anesthetics and analgesics to women before those abortions certain to cause fetal pain.

Respectfully submitted,

VINCENT J. COLLINS, M.D.

Mr. HATCH. Also submitting an affidavit to the district court was Dr. William Natviuw, a board-certified obstetrician-gynecologist in Illinois. I would like to read from Dr. Matviuw's affadavit:

In view of the fact that fetal sensitivity to pain exists at least as early as eight weeks, it is obvious that any form of induced abortion which excites pain receptors and/or stimulates the neural pathways will cause organic fetal pain at any time thereafter.

For example, abortions by dilatation and evacuation and saline amnio-infusion represent noxious stimuli capable of causing organic pain in a pain sensitive fetus.

D&E abortions are performed after the 12th week of pregnancy (and are performed up to and including the period of viability) when fetal bones are too large and brittle and the size of the fetus is too great for standard first trimester abortion techniques. D&E involves the progressive dismemberment of the fetus prior to extraction to facilitate removal of the fetal parts from the uterus. The slicing and crushing involved in dismemberment of the fetus in D&E abortions would obviously excite pain receptors and stimulate the neural pathways, thereby evoking an aversive response in a fetus whose central nervous system is functioning.

Abortions by saline amnio-infusion are performed after the 14th week up to and including the period of fetal viability. The procedure involves the insertion of a hypodermic needle into the amniotic sac to remove the amniotic fluid. In return, a hypertonic (highly concentrated) solution of sodium chloride is injected into the sac. The solution disrupts the placenta, causing fetal expulsion in up to 48 hours after the time the solution is injected. During that period, the corrosive effects of the saline burn away the upper skin layers of the fetus. The esophagus and mouth are burned as well when the fetus swallows the saline. By the time the fetus is expelled there is extensive edema and submembranous degeneration. By changing the surface of the fetus in this fashion, saline would excite pain receptors and stimulate the neural pathways of a functioning central nervous system for the length of the abortion or until the fetus dies * * *.

In sum, the fetus at eight weeks possesses at least some of the requisite organic pain structures. By thirteen and a half weeks, the fetus responds aversively to noxious stimuli. The averse response involves the total central nervous system, and is more sophisticated than a mere reflex. Thus, by thirteen and a half weeks, and certainly by the time D&E or saline amnio-infusion abortions are performed, the fetus senses organic pain.

Mr. President, the court also received an affidavit from Dr. Thomas D. Sullivan, who is a board-certified neurologist in the State of Illinois. Dr. Sullivan told the district court:

Any form of abortion which excites nociceptors and/or stimulates neural pathways is a noxious stimulus. Thus, such an abortion would exact organic pain if done on a fetus whose central nervous system is functioning. Dilatation and evacuation, for example, where fetal tissue is progressively punctured, ripped, and crushed, and which is done after 13½ weeks when the fetus certainly responds to noxious stimuli, would cause organic pain in the fetus. Saline amnio-infusion, where a highly concentrated salt solution burns away the outer skin of the fetus, also qualifies as a noxious stimulus.

I, therefore, conclude, based on my best medical judgment: (a) that the human fetus suffers organic pain at least after 13½ weeks of gestation, and (b) that any abortion which excites nociceptors is a noxious stimulus, and (c) dilatation and evacuation and saline amnio-infusion are types of abortion that can and do inflict organic pain.

I ask unanimous consent that the affidavits of Drs. Matviuw and Sullivan be entered into the RECORD.

There being no objection, the affidavits were ordered to be printed in the RECORD, as follows:

STATE OF ILLINOIS, COUNTY OF COOK:

AFFIDAVIT

William Matviuw, M.D. being duly sworn, deposes and states as follows:

1. I am a board certified Obstetrician-Gynecologist. My practice is in the State of Illinois. A copy of my curriculum vitae is appended to this affidavit.

2. I have read and am familiar with section 6(6) of the Illinois Revised Abortion Statute regarding fetal pain.

3. The statements in this affidavit are based on my medical experience and knowledge and best medical judgment.

4. I have read Drs. Sullivan's and Collins' affidavits and agree that organic pain occurs when pain receptors are stimulated and neural pathways within the human central nervous system are excited by noxious stimuli, thereby causing an aversive physiological response.

5. I also agree with Drs. Sullivan and Collins that organic pain can be diagnosed in a non-communicative patient when an aversive physiological response to noxious stimuli is detected.

6. Thus, a fetus can sense organic pain when the pain structures within the central nervous system are developed and functioning. As an Obstetrician, I am qualified to describe pre-natal development of the central nervous system, the pre-natal behavior of the fetus, and those procedures which may affect the fetal central nervous system.

7. The purpose of this affidavit is to describe the pre-natal development of the central nervous system and to detail those aspects of fetal behavior that indicate that a fetus may register organic pain. Finally, the effect of abortion on the fetal central nervous system is discussed.

8. As described in Dr. Sullivan's affidavit, the sensory structures of the central nervous system include nociceptors (pain receptors), neural fibers or pathways, spinal column, thalamus, and cortex. Sensory nerves, including nociceptors, reach the skin of the fetus by the ninth week of gestation. The first detectable brain activity in response to noxious stimuli occurs in the thalamus between the eighth and tenth weeks. The movement of electrical impulses through the neural fibers and spinal column takes place between eight and nine weeks gestation. Stanislaw Reinis and Jerome M. Goldman, The Development of the Brain (Springfield: Charles C. Thomas Publishers,

1980), pp. 223-235. (Appended hereto.)

9. Concurrent with the development of the sensory structures is the emerging sensory behavior of the fetus. By the end of the seventh week, a tap on the mouth of the fetus will cause the lips to draw back. By ten weeks, the palms of the hands are sensitive to touch, and at eleven weeks the face and extremities likewise respond to tactile stimuli. Reinis and Goldman, p. 252. By thirteen and a half weeks, organic response to noxious stimuli occurs at all levels of the nervous system, from the pain receptors to thalamus. Thus, at that point, the fetal organic response to pain is more than a reflexive response. It is an integrated physiological attempt to avert the noxious stimuli. V. J. Collins, Principles of Anesthesiology, (Philadelphia: Lea & Febiger, 1976), pp. 922-923.

10. Thus, various parts of the central nervous system function at least as early as eight weeks, and by thirteen and a half weeks the central nervous system functions as a whole in all parts of the body (except in the skin at the back of the head). Therefore, at least by eight weeks, and definitely by thirteen and a half weeks, the fetus is sensitive to organic pain. Reinis and Goldman, p. 232. See also Bjorn Westin, Rine Nyberg, and Goran Enhoring, "A Technique for the Perfusion of the Previable Fetus," Acta Paediatrica, 47:339 (1958), for a description of fetal responses to painful experiments performed on twelve to sixteen week old fetuses. The responses observed included movements of the head, body, and limbs. These movements were vigorous, and consisted of ventro- or dorsoflexion of the trunk, flexion of the limbs, and turning of the head. This indicates the presence of acute fetal pain.

11. In view of the fact that fetal sensitivity to pain exists at least as early as eight weeks, it is obvious that any form of induced abortion which excites pain receptors and/or stimulates the neural pathways will cause organic fetal pain at any time thereafter.

12. For example, abortions by dilatation and evacuation and saline amnioinfusion represent noxious stimuli capable of causing organic pain in a pain sensitive fetus.

(a) D & E abortions are performed after the 12th week of pregnancy (and are performed up to and including the period of viability) when fetal bones are too large and brittle and the size of the fetus is too great for standard first trimster abortion techniques. D & E involves the progressive dismemberment of the fetus prior to extraction to facilitate removal of the fetal parts from the uterus. Ralph C. Benson, Handbook of Obstetrics and Gynecology (Los Altos: Lange Medical Publications, 1980), p. 434; Willard Cates, Jr., "D & E after 12 Weeks: Safe or Hazardous?," Contemporary OB/GYN, 13:23 (1979). The slicing and crushing involved in dismemberment of the fetus in D & E abortions would obviously excite pain receptors and stimulate the neural pathways, thereby evoking an aversive response in a fetus whose central nervous system is functioning.

(b) Abortions by saline amnio-infusion are performed after the 14th week up to and including the period of fetal viability. "Second Trimester Abortion: A Symposium by Correspondence," The Journal of Reproductive Medicine, 16:2 (1976), 47, 56. The procedure involves the insertion of a hypodermic needle into the amniotic sac to remove the amniotic fluid. In return, a hypertonic (highly concentrated) solution of sodium chloride is injected into the sac. The solution disrupts the placenta, causing fetal expulsion in up to 48 hours after the time the solution is injected. Ralph C. Benson, Handbook of Obstetrics & Gynecology, p. 437. During that period, the corrosive effects of the saline burn away the upper skin layers of the fetus. The esophagus and mouth are burned as well when the fetus swallows the saline. By the time the fetus is expelled there is extensive edema and submembranous degeneration. By changing the surface of the fetus in this fashion, saline would excite pain receptors and stimulate the neural pathways of a functioning central nervous system for the length of the abortion or until the fetus dies.

13. In other procedures besides abortion, where the procedure may pose risk of harm or discomfort to the fetus, it is standard medical practice to provide the woman with information on analgesics and anesthetics, and advise her of ways available to minimize harm or discomfort. For example, the woman is customarily provided with information on methods to abolish or alleviate pain in childbirth. It would, therefore, be logical and consistent to provide a woman with information concerning fetal pain and ways to abolish or alleviate pain before abortions certain to cause organic fetal pain.

14. In sum, the fetus at eight weeks possesses at least some of the requisite organic pain structures. By thirteen and a half weeks, the fetus responds aversively to noxious stimuli. The averse respone involves the total central nervous system, and is more sophisticated than a mere reflex. Thus, by thirteen and a half weeks, and certainly by the time D & E or saline amnio-infusion abortions are performed, the fetus senses organic pain.

Respectfully submitted.

WILLIAM MATVIUW, M.D.

STATE OF ILLINOIS, COUNTY OF COOK; AFFIDAVIT

Thomas Sullivan, M.D., being duly sworn, deposes and states as follows:

1. I am a board-certified Neurologist with a subspecialty in Pediatric Neurology. I practice in the State of Illinois. A copy of my curriculum vitae is appended at the end of this affidavit.

2. I have read and am familiar with section 6(6) of the Illinois Revised Abortion Statute regarding fetal pain.

3. The statements in this affidavit are based on my medical experience and knowledge and best medical judgment.

4. The purpose of this affidavit is to describe how a Neurologist determines if and when a non-communicative subject, such as a human fetus or infant, senses organic pain.

5. It is relatively simple to conclude pain exists if the subject is able to verbalize to a physician that "it hurts here or there." But if the subject cannot communicate his or her pain through words—i.e., if it is a dog or cat, or if human, he or she is an infant or is comatose—then the physician faces a problem: how can pain be detected in a non-communicative subject?

6. To overcome this problem physicians must rely on other criteria to detect pain. Specifically, physicians must look for organic, as opposed to psychological, pain. Psychological pain results when individual can anticipate or imagine harmful or unpleasant sensations. Organic pain is a physiological and neurological response to noxious stimuli. John S. Liebeskind and Linda A. Paul, "Psychological and Physiological Mechanisms of Pain, "American Review of Psychology 28 (1977): 42.

7. Neurologists conclude that a non-communicative subject, such as a fetus, sense organic pain when: a) the requisite structures are present to sense noxious stimuli, and b) the subject reponds aversively to noxious stimuli.

8. The requisite pain structures are in the central nervous system. Special pain receptors (nociceptors) are located in free nerve endings and are scattered throughout the body. Nociceptors are sensitive to pressure, mechanical stress (i.e., stress that results when body tissue is punctured, crushed, or broken), heat, and chemical invasion. When a nociceptor is excited by a noxious stimulus, it discharges. As a result, an electrical impulse passes through a connecting nerve fiber and travels to the spinal cord. Neurons within the spinal cord act as elevators, lifting the incoming signal to the brain. Upon arrival to the brain, the impulse enters the thalamus and eventually may reach the cortex. (The thalamus is the end organ for the sensation of organic pain. The cortex may participate, but only to supply the psychological reactions and directed physical responses to pain.) The thalamus, and sometimes the cortex, fire new impulses outward. These signals spur motor nerves into action to initiate the body's response to pain. See generally, Vernon B. Mountcastle, "Pain and Temperature Sensibilities" in Medical Physiology, Volume 1, Vernon B. Mountcastle, ed. (St. Louis: The C.V. Mosky Company, 1980), pp. 391-427. The requisite pain structures of the central nervous system exist in a human fetus perhaps as early as eight weeks, but certainly by 13½ weeks. See Affidavit of Dr. Matviuw.

9. Noxious stimulation of the central nervous system causes a response. This neurophysiological response occurs even when the subject cannot react psychologically. There are two types of responses: reflexive and aversive. Reflexive responses involve only the nociceptors, nerve fibers and spinal column. Organic pain may not accompany reflexive responses. An example of a reflexive response is a "gagging reflex" induced when endo-tracheal tubes or fingers, for example, are inserted into the back of the mouth. On the other hand, aversive responses involve all the levels of the central nervous system from the nociceptors to thalamus. Aversive responses are far more sophisticated and complex than reflexes—they involve the whole body's attempt to escape or avert noxious stimuli. Aversive responses, therefore, indicate that the pain stimulus has reached the brain, where organic pain is perceived. Thus, when a subject reacts to noxious stimuli with an aversive, as opposed to a reflexive, response, the central nervous system, including the thalamus, is necessarily functioning and it must be concluded that the subject suffers organic pain. W. F. Ganong, Review of Medical Physiology, 9th ed. (Los Altos: Lange Medical Publications, 1979) p. 77.

10. It is clear that a fetus responds to noxious stimuli as early as eight weeks. See Affidavit of Dr. Matviuw. By 13½ weeks, the fetal response is aversive, not merely reflexive. Thus, the fetus perceives organic pain by at least 13½ weeks of gestation.

11. Any form of abortion which excites nociceptors and/or stimulates neural pathways is a noxious stimulus. Thus, such an abortion would exact organic pain if done on a fetus whose central nervous system is functioning. Dilatation and evacuation, for example, where fetal tissue is progressively punctured, ripped, and crushed, and which is done after 13½ weeks when the fetus certainly responds to noxious stimuli, would cause organic pain in the fetus. Saline amnio-infusion, where a highly concentrated salt solution burns away the outer skin of the fetus, also qualifies as a noxious stimulus.

12. I, therefore, conclude, based on my best medical judgment: (a) that the human fetus suffers organic pain at least after 13½ weeks of gestation, and (b) that any abor-

(over)

tion which excites nociceptors is a noxious stimulus, and (c) dilatation and evacuation and saline amnio-infusion are types of abortion that can and do inflict organic pain.

Respectfully submitted.

THOMAS SULLIVAN, M.D.

Mr. HATCH. Finally, Mr. President, I would also like to quote briefly from testimony presented last month to a committee of the Florida Senate by Dr. Denis Cavanagh, who is professor of obstetrics and genecology at the University of South Florida.

Some years ago a Swedish gynecologist called Westin made a film documenting that during the second trimester of pregnancy, that is the 12th-24th week, the fetus responded to electrical stimulation. During these experiments, electrodes were introduced into the mother's uterus, with the violent response of the fetus to the pain stimulus photographed through a fetoscope. Thus, there is not question that the fetus feels pain, and Westin has recorded this on film.

Second-trimester abortions are often preformed by injecting strong salt solution into the amniotic sac surrounding the fetus. These are legal in the State of Florida and approximately 1,000 are done every year. If any of this salt solution gets into the tissues of the mother, she complains of severe pain. Thus it is logical to assume that the fetus suffers pain, but like the "dumb animal" cannot tell us. Further evidence that the unborn suffers severe pain is the fetal response with convulsive movements and an increased heart rate. As the fetus dies over the course of several hours, the movement become less, and the heart finally stops as in the case of any human victim of strangulation.

In this State, most first trimester abortions are done by suction curettage. During this process, a vacuum pump sucks out the fetus in pieces and a sharp instrument called a curette cleans out the remnants. There are uncertainites about the precise time in fetal development at which particular types of sensation are experienced. However, observations using ultrasonography indicate that by the 56th day a fetus can move. Between the 8th and 9th week, tactile stimulation of the mouth produces reflex action. By the 11th week, the fetus develops sensitivity to touch on hands, feet and gential areas. At this time too it begins to swallow, and as Professor Liley has demonstrated in swallows more slowly if a bitter tasting substance is injected into the amnotic sac. Beginning with the presence of sense receptors and spinal responses, there is as much reason to believe that the unborn are capable of feeling pain as they are of responding to other sensory stimuli.

Now, in spite of such expert testimony, some will protest that we cannot really know what an unborn child experiences pain while being aborted. Well, we cannot absolutely know that animals or newborn infants experience pain either—but nevertheless we have laws against cruelty to animals and child abuse.

In the case of unborn children, I think that the difficulty is not lack of evidence, but rather, an unwillingness to confront the reality.

The unborn child is not a mere abstraction. Once one squarely faces the fact that the unborn child is a unique, living, growing individual, who can experience physical agony when brutally dismembered or poisoned in the womb, then it is much more difficult to consider the abortion issue only in terms of the hardships to women connected with unwanted pregnancies. For one realizes that there is more than one person's suffering to consider.

Mr. President, I believe that as more and more Americans become aware of the realities of human life within the womb, and the capacities and sensitivities of that life, there will be increasing opposition to abortion as a supposed solution to various social problems. I believe there will be a turning to genuine solutions which are more in keeping with the humane principles which we apply in other areas of life.

Mr. President, when we vote on this amendment, we vote on the question of whether unlimited abortion is to remain the law of the land. Those who favor permitting essentially unrestricted abortion, at any stage of development, should vote against this amendment. But those who believe that unborn children should be protected from the brutalities which I have described, should vote for this amendment.

Mr. President, I ask unanimous consent to enter certain printed materials into the RECORD, as follows:

[From the Washington Post, Nov. 5, 1981]

ABORTION DOES CAUSE PAIN TO ITS VICTIMS

(By George F. Will)

In the eight years since the Supreme Court nationalized the abortion controversy, one facet of that subject has been neglected: pain. Abortion is painful for the aborted.

The neglect is explainable. To opponents of abortion, death, not pain, is the paramount issue. And proponents of abortion need (emotionally or logically, or both) to deny the possibility of fetal pain.

In its 1973 decision legislating abortion on demand, the Supreme Court announced that fetal life is not alive. At least that is what the court seems to have meant (if it can be said to have meant anything) when it described the fetus as "potential life." Those who support the 1973 decision are committed to the idea that a fetus, being only "potential" life, cannot feel pain, pain being an attribute of actual life.

Thus does a legal absurdity breed a biological falsehood. This intellectual train wreck is the subject of an essay in The Human Life Review by Prof. John Noonan of the University of California (Berkeley) Law School. There are, he notes, four principal means of abortion.

Sharp curettage involves a knife killing the fetus (if the amateur embryologists on the court will allow us to speak of "killing" life that is merely "potential"). In suction curettage, a vacuum pump sucks out the fetus in bits (and a knife cleans out any remnants). In second trimester and later abortions, a saline solution is injected into the amniotic fluid. The salt seems to act as a poison; the skin of the fetus, when delivered, resembles skin soaked in acid. If by accident the solution leaks into the body of the mother, she experiences pain that is described as "severe." The fetus can be in this solution for two hours before its heart (a stubborn bit of "potential" life) stops beating. Alternatively, the mother can be given a dosage of a chemical sufficient to impair the circulation and cardiac functioning of the fetus, which will be delivered dead or dying.

A fetus, like an infant or an animal, has no language in which to express pain. But we infer, and empathize with, the pain of creatures, such as baby seals, which lack language to express pain.

There are uncertainties about the precise points in fetal development at which particular kinds of sensations are experienced. But observations of development and behavior indicate that by the 56th day, a fetus can move. Discomfort may occasion the movement. Tactile stimulation of the mouth produces reflex action about day 59 or 60. By day 77 the fetus develops sensitivity to touch on hands, feet, genital and anal areas, and begin to swallow. Noonan believes that the physiological literature teaches that "beginning with the presence of sense receptors and spinal responses, there is as much reason to believe that the unborn are capable of pain as that they are capable of sensation."

Americans are proud of their humane feelings and are moved by empathy. Thus, we regulate the ways animals can be killed. Certain kinds of traps are banned. Cattle cannot be slaughtered in ways deemed careless about pain. Stray dogs and cats must be killed in certain humane ways.

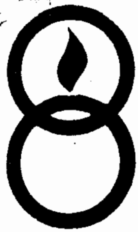
But no laws regulate the suffering of the aborted. Indeed, Planned Parenthood, the most extreme pro-abortion lobby, won a Supreme Court ruling that it is unconsitutional to ban the saline abortion technique. That's right: the court discovered that the "privacy" right to abortion, which right the framers of the Constitution neglected to mention, even confers a right to particular abortion techniques.

Most pro-abortion persons have a deeply felt and understandable need to keep the discussion of abortion as abstract as possible. The become bitter when opponents use photographs to document early fetal development. The sight of something that looks so much like a child complicates the task of trying to believe that there is nothing there but "potential" life. And if fetal pain is acknowledged, America has a problem: its easy conscience about 1.6 million abortions a year depends on the supposition that such pain is impossible.

Magda Denes, in her book, "In Necessity and Sorrow: Life and Death in an Abortion Hospital," brought to her subject not anti-abortion convictions but a reporter's eye for concrete detail. Examining the body of an aborted child, she described the face as showing "the agonized tautness of one forced to die too soon." That is a description to bear in mind this day, as many thousands of abortions occur.

For further information:

National Right to Life Committee
Legislative Office
(202) 638-7936



national RIGHT TO LIFE committee, inc.

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

May 6, 1983

Faith Ryan Whittlesey
Assistant to the President for Public Liaison
The White House
Washington, D.C. 20500

Dear Mrs. Whittlesey:

In today's Washington Times, you are quoted as saying that you have "supported the Supreme Court decision" on abortion, but feel that "anything beyond the third month would be absolutely unacceptable." This suggests that you have misunderstood the scope of the Supreme Court decisions on abortion.

Although the press still misreports this matter frequently, the actual effect of the Supreme Court decisions was (1) to legalize abortion on demand until "viability," roughly the end of the second trimester (only minor regulations to protect the woman's health are permitted in the second trimester); and (2) to forbid states to enact anything more than symbolic restrictions even after "viability," in the third trimester.

Senator Hatch's Constitution Subcommittee conducted very extensive hearings on the legal effect of the Supreme Court decisions in 1981. The full Senate Judiciary Committee then issued a report which concluded:

> "As a result of the Roe decision, a right to abortion was effectively established for the entire term of a pregnancy for virtually any reason, whether for the sake of personal finances, social convenience, or individual life-style." (p.2)
>
> "Thus, the Committee observes that no significant legal barriers of any kind whatsoever exist today in the United States for a woman to obtain an abortion for any reason during any stage of her pregnancy." (p. 3)

I am enclosing a copy of the committee's report, which explains how the Supreme Court's open-ended definition of "health" renders even third-trimester anti-abortion laws completely unenforceable.

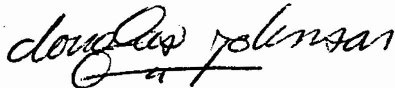
Based on the latest annual reports from the Center for Disease Control and the Alan Guttmacher Institute, there are at least 160,000 legal abortions a year

after the twelfth week of pregnancy. The head of the CDC's abortion surveillance branch estimated in 1981 that 400-500 children are annually born alive during abortion attempts. A few develop normally, but most die due to prematurity and the violence to which they have been subjected.

Much more evidence could be cited to support my point. In short, the President was entirely correct when he referred, in his essay in the current Human Life Review, to "our nationwide policy of abortion-on-demand through all nine months of pregnancy."

Thank you for your attention to this matter.

Respectfully submitted,



Douglas Johnson
Legislative Director

DJ/hs
enc.

The Washington Times · 3/23/83

Summ...

Live births in abortions stir Wisconsin

MADISON, Wis. (AP) — The live births of six babies as the mothers were having abortions at Madison hospitals in the past 10 months have shocked residents, become a rallying point for abortion foes and prompted one hospital to drastically curtail the procedure.

All six babies died within 27 hours of birth, four at Madison General Hospital and two at the University of Wisconsin Hospital. The reasons they were born alive remains unclear, as does the question of how often such live births occur after abortions.

All six pregnancies were in the second trimester — the second three months of development in the womb — a point when few infants have survived delivery brought on by natural causes.

After two births from abortions in as many days at UW Hospital last May, Dr. Ben Peckham, chief of obstetrics and gynecology, said such an occurrence was "very uncommon" and that he had seen only two such births "in thousands of cases" over the past decade.

"It's not a one-in-a-million fluke, but a risk of the procedure," counters Timothy Warner, a spokesman for Madison General, where four babies were born alive during 20 second-trimester abortions since May.

Other experts say live births are rare after abortions, but disagree on how often they occur in the United States each year.

Dr. Christopher Tietze, a consultant with the Population Council, a New York-based research group, said that according to a 1976 study, about 200 live births follow abortions in the United States each year. He said the figure is still valid, and is not declining.

However, Dr. David Grimes, chief of abortion surveillance for the Centers for Disease Control in Atlanta, cited a CDC study that found 400 to 500 live births following abortions annually in the mid-1970s.

Since then, Grimes said, the number of such births has "diminished considerably" as more women seek abortions earlier in pregnancy. He declined to estimate the number of such births now occurring.

The Alan Guttmacher Institute in New York, the former research arm of Planned Parenthood Inc., said that in 1980 — the last year for which complete figures are available — 1.6 million abortions were done nationwide, about 10 percent of them in the second trimester. A total of 12,860 abortions were done after the 21st week of pregnancy, the institute said.

Since the last live abortion birth here in late February, Madison General has barred all abortions after 18 weeks' gestation unless the pregnancy threatens the woman's health, Warner said. The hospital never did first trimester abortions.

Warner said a combination of urea and the hormone prostaglandin was used to induce labor and kill the fetus in the abortions at Madison General. That combination is less likely to harm the woman than the saline solution previously used, he said, and could be responsible for more live births.

Grimes, however, said urea and prostaglandin are widely and successfully used in second trimester abortions nationwide.

The New York Times
229 WEST 43 STREET
NEW YORK, N.Y. 10036

July 26, 1982

Mr. Douglas Johnson
Legislative Director
National Right to Life
Committee, Inc.
Suite 402
419 7th Street NW
Washington, DC 20004

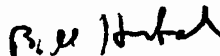
Dear Mr. Johnson:

Thank you for your letter of July 9.

After examining the substance of your point, our National News editor is promugating a memorandum for our national desk and our Washington Bureau instructing our editors and reporters that brief references to the Supreme Court's 1973 decision on abortion should say simply that the Court legalized abortion. As you indicate, the phrase "in the first three months of pregnancy" might be incorrectly interpreted to mean that abortions in the last six months of pregnancy remain illegal.

Again, thank you for your interest and for taking the time to send us your thoughtful comment.

Sincerely,



William W. Humbach
Assistant to the
Executive Editor

WWH/gs

THE WHITE HOUSE
WASHINGTON

5/11/83

Morton:

Please prepare a response for FW.

Thank you.

Joan

6/8/83
Joan —
Ltr. attached.
Joyce

THE WHITE HOUSE

WASHINGTON

Mr. Douglas Johnson,
Legislative Director
NATIONAL RIGHT TO LIFE COMMITTEE, INC.
Suite #402
419 7th Street, N.W.
Washington, D.C. 20004

Dear Mr. Johnson:

Thank you very much for your thoughtful letter and enclosures regarding the Supreme Court decision on abortion.

I found particularly interesting the letter to you from Mr. Humbach of "The New York Times" in which he concedes the very point you made to me. If the "Times" agrees, who can dispute the issue?

I understand from Morton Blackwell that your organization has maintained close relations with the Office of Public Liaison since the beginning of the Reagan Administration. I want to assure you of continued full cooperation from my office in furtherance of the President's principles and policies.

Again, thank you for writing.

Sincerely,

FAITH RYAN WHITTLESEY
Assistant to the President
For Public Liaison

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

R5/9

MAY 9 1983

May 6, 1983

Faith Ryan Whittlesey
Assistant to the President for Public Liaison
The White House
Washington, D.C. 20500

Dear Mrs. Whittlesey:

In today's Washington Times, you are quoted as saying that you have "supported the Supreme Court decision" on abortion, but feel that "anything beyond the third month would be absolutely unacceptable." This suggests that you have misunderstood the scope of the Supreme Court decisions on abortion.

Although the press still misreports this matter frequently, the actual effect of the Supreme Court decisions was (1) to legalize abortion on demand until "viability," roughly the end of the second trimester (only minor regulations to protect the woman's health are permitted in the second trimester); and (2) to forbid states to enact anything more than symbolic restrictions even after "viability," in the third trimester.

Senator Hatch's Constitution Subcommittee conducted very extensive hearings on the legal effect of the Supreme Court decisions in 1981. The full Senate Judiciary Committee then issued a report which concluded:

> "As a result of the Roe decision, a right to abortion was effectively established for the entire term of a pregnancy for virtually any reason, whether for the sake of personal finances, social convenience, or individual life-style." (p.2)
>
> "Thus, the Committee observes that no significant legal barriers of any kind whatsoever exist today in the United States for a woman to obtain an abortion for any reason during any stage of her pregnancy." (p. 3)

I am enclosing a copy of the committee's report, which explains how the Supreme Court's open-ended definition of "health" renders even third-trimester anti-abortion laws completely unenforceable.

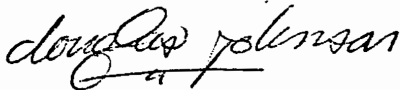
Based on the latest annual reports from the Center for Disease Control and the Alan Guttmacher Institute, there are at least 160,000 legal abortions a year

after the twelfth week of pregnancy. The head of the CDC's abortion surveillance branch estimated in 1981 that 400-500 children are annually born alive during abortion attempts. A few develop normally, but most die due to prematurity and the violence to which they have been subjected.

Much more evidence could be cited to support my point. In short, the President was entirely correct when he referred, in his essay in the current Human Life Review, to "our nationwide policy of abortion-on-demand through all nine months of pregnancy."

Thank you for your attention to this matter.

Respectfully submitted,



Douglas Johnson
Legislative Director

DJ/hs
enc.

The New York Times
229 WEST 43 STREET
NEW YORK, N.Y. 10036

July 26, 1982

Mr. Douglas Johnson
Legislative Director
National Right to Life
Committee, Inc.
Suite 402
419 7th Street NW
Washington, DC 20004

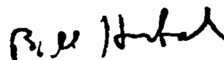
Dear Mr. Johnson:

Thank you for your letter of July 9.

After examining the substance of your point, our National News editor is promugating a memorandum for our national desk and our Washington Bureau instructing our editors and reporters that brief references to the Supreme Court's 1973 decision on abortion should say simply that the Court legalized abortion. As you indicate, the phrase "in the first three months of pregnancy" might be incorrectly interpreted to mean that abortions in the last six months of pregnancy remain illegal.

Again, thank you for your interest and for taking the time to send us your thoughtful comment.

Sincerely,



William W. Humbach
Assistant to the
Executive Editor

WWH/gs

Samm...

The Washington Times 3/23/83

Live births in abortions stir Wisconsin

MADISON, Wis. (AP) — The live births of six babies as the mothers were having abortions at Madison hospitals in the past 10 months have shocked residents, become a rallying point for abortion foes and prompted one hospital to drastically curtail the procedure.

All six babies died within 27 hours of birth, four at Madison General Hospital and two at the University of Wisconsin Hospital. The reasons they were born alive remains unclear, as does the question of how often such live births occur after abortions.

All six pregnancies were in the second trimester — the second three months of development in the womb — a point when few infants have survived delivery brought on by natural causes.

After two births from abortions in as many days at UW Hospital last May, Dr. Ben Peckham, chief of obstetrics and gynecology, said such an occurrence was "very uncommon" and that he had seen only two such births "in thousands of cases" over the past decade.

"It's not a one-in-a-million fluke, but a risk of the procedure," counters Timothy Warner, a spokesman for Madison General, where four babies were born alive during 20 second-trimester abortions since May.

Other experts say live births are rare after abortions, but disagree on how often they occur in the United States each year.

Dr. Christopher Tietze, a consultant with the Population Council, a New York-based research group, said that according to a 1976 study, about 200 live births follow abortions in the United States each year. He said the figure is still valid, and is not declining.

However, Dr. David Grimes, chief of abortion surveillance for the Centers for Disease Control in Atlanta, cited a CDC study that found 400 to 500 live births following abortions annually in the mid-1970s.

Since then, Grimes said, the number of such births has "diminished considerably" as more women seek abortions earlier in pregnancy. He declined to estimate the number of such births now occurring.

The Alan Guttmacher Institute in New York, the former research arm of Planned Parenthood Inc., said that in 1980 — the last year for which complete figures are available — 1.6 million abortions were done nationwide, about 10 percent of them in the second trimester. A total of 12,860 abortions were done after the 21st week of pregnancy, the institute said.

Since the last live abortion birth here in late February, Madison General has barred all abortions after 18 weeks' gestation unless the pregnancy threatens the woman's health, Warner said. The hospital never did first trimester abortions.

Warner said a combination of urea and the hormone prostaglandin was used to induce labor and kill the fetus in the abortions at Madison General. That combination is less likely to harm the woman than the saline solution previously used, he said, and could be responsible for more live births.

Grimes, however, said urea and prostaglandin are widely and successfully used in second trimester abortions nationwide.

national RIGHT TO LIFE committee, inc.

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

To: Board of Directors and State Offices
Federal Legislative Coordinators and Citizen Lobbyists
Selected prolife contacts

From: Douglas Johnson / Legislative Director

Re: Scheduling of Hatch/Eagleton Amendment
Upcoming votes on abortion funding and abortion insurance

Date: June 15, 1983

SCHEDULING OF HATCH/EAGLETON AMENDMENT: I received yesterday a copy of a letter sent out by the American Life Lobby (A.L.L.), dated June 9, which has apparently caused confusion among prolife activists in several locales. The letter (copy attached) stated:

> There is no vote scheduled on the compromise amendment [the Hatch/Eagleton Amendment, SJR 3) any time soon; in fact there are two pro-life amendments to the Constitution on the Senate Calendar as we write this [the "Paramount" amendment and the Unity Amendment] and both of them could come to the floor any time, thanks to Senator Helms, but no Hatch/Eagleton is on the Calendar-- in fact, no unanimous consent agreement on this tragic amendment is even in sight and no committee report has been issued. Grass-roots activists are getting their signals crossed and mailings are going out from national groups with bad information.

Indeed, yes-- this A.L.L. mailing is replete with "bad information." Please note:

(1) The Judiciary Committee report on SJR 3 was filed on June 7 (two days before the date of the A.L.L. letter), as clearly reported on page S 7798 of the June 7 Congressional Record (report #98-149).

(2) Also on June 7, SJR 3 was placed on the Senate calendar, as A.L.L. could have learned by a simple phone call to the Secretary of the Senate (it's Calendar No. 235).

(3) On June 5 (four days before the A.L.L. letter), Senate Majority Leader Howard Baker said twice on CBS-TV's "Face the Nation" that he would bring the Hatch/ Eagleton Amendment to the Senate floor "in June" (see below).

(4) It is true that both the "Paramount" HLA (SJR 8) and the Unity HLA (SJR 9) are "on the calendar." But it is misleading to say that those measures therefore could "come to the floor any time." In practice, bills which are placed "on the calendar" remain "on the calendar" forever-- unless they are scheduled for action by the Majority Leader. Senator Baker has not the slightest intention of scheduling either SJR 8 or SJR 9 for floor action. Of course, any senator has the right to

(please turn over)

offer amendments to any proposal which is being considered on the Senate floor, unless he has voluntarily waived that right through a "unanimous consent agreement." For example, Senator Jepsen could offer his Respect Human Life Act as an amendment to another bill. But it is not necessary that a measure be "on the calendar" in order for a senator to offer it as an amendment to another bill.

(5) It is true that there is not yet a "unanimous consent agreement" on the Hatch/Eagleton Amendment. As I said in my May 27 memo to you, while a time agreement would be helpful, it is not essential. Senator Hatch and others will continue to seek a reasonable time agreement, but Senator Baker's commitment to bring the amendment to the floor is not contingent upon reaching a time agreement.

(6) The A.L.L. letter concludes with a prediction that the amendment "will get 44 votes maximum." Please file this prediction for future reference.

We are still anticipating Senate floor action on SJR 3 before the end of the month. During the June 5 "Face the Nation" interview, Senator Baker said:

> When Senator Hatch agreed not to call that [constitutional amendment] up [last September], I agreed with him and made a commitment on the floor of the Senate that I would schedule it this year. And indeed I will do that, in June.
>
> I owe Orrin Hatch, from a commitment I made last year, the scheduling of that constitutional amendment debate this year (on abortion), and I'm going to do that in June.

Following the release of the Supreme Court's rulings earlier today, Senator Baker reiterated the same point to reporters.

Sen. Baker is juggling a number of bills which are competing for floor time before now and June 30. It now appears that he intends to push the Hatch/Eagleton Amendment into the last week of the month (June 27-30). However, he could bring it up any day beginning June 20, and he need not give us much advance notice. So, please keep up maximum pressure in the form of Mailgrams, letters to senators' in-state offices, etc., right through to the end of the month.

Certainly, the repeated postponements have been frustrating. I wish that it were possible to put out a legislative alert a month or two ahead of time, and say with certitude that "a vote will occur on date X." But experience teaches that little is definite in the Senate until it actually happens. With regard to our legislative alerts, we try to follow a policy of "better too early than too late." Letters received by senators three weeks before a floor vote will be counted, but letters received one day after a vote are of minimal value.

******

UPCOMING VOTES ON ABORTION FUNDING: Floor and committee votes can be expected throughout the summer on a number of abortion funding and abortion insurance amendments which are pending in both houses. As explained in my June 9 memo, we anticipate further action soon on the Smith Amendment, which bars abortion

coverage under federal employees' health insurance plans. There may be a House vote on the Dannemeyer Amendment, which bars federal funding of fetal experimentation, before the end of June, although this is not yet definitely scheduled. Amendments are pending in both houses to remove abortion from proposed bills establishing unisex insurance and health insurance for unemployed persons. We must protect the Hyde Amendment. In addition, our allies in Congress may at times formulate and offer amendments on the spot, when suitable vehicles and parlimentary opportunities present themselves. Sometimes such amendments are deliberately kept quiet until the last possible moment, for tactical reasons.

In order for the NRLC Legislative Office to keep you fully up to date on this myriad of prolife amendments, we would have to stop lobbying and serve simply as a legislative news service. Furthermore, if we sent out a constant stream of mass legislative alerts on all of these amendments, it would result in considerable confusion at the grassroots level. Therefore, we would simply encourage state and local NRLC affiliates to step up efforts to bring generalized pressure to bear on members of Congress (through ongoing mail campaigns, regular meetings in the district, etc.). All members of Congress should be urged to:

(1) be present and voting in support of all abortion-restricting measures, including procedural questions and measures in committees; and

(2) support the Respect Human Life Act (S. 467, HR 618), which would permanently bar all forms of federal funding of abortion (except to save the life of the mother). House members should be urged to sign discharge petition #3. Senators cannot sign a discharge petition, but they can co-sponsor the measure.

As has been our past practice, where more specific action is required (when we need pressure on members of a certain committee, for example), we will contact the federal legislative coordinators in the appropriate states, rather than sending out a general mailing. This means that some of you hear from us often, some seldom, depending on the disposition and committee memberships of your members of Congress.

Developments of general interest will continue to be reported in mailings such as this, or in NRL News. And don't forget the Legislative Update line: (202) 393-LIFE.

Please remember to keep us advised of the responses which you receive from your congressional offices.

Please send the Legislative Office copies of any articles in your local press on today's Supreme Court decisions, especially any which quote prolife or pro-abortion leaders.

Thank you.

(please turn over)

COPY

American Life Lobby, Inc.

NATIONAL HEADQUARTERS MAILING ADDRESS P.O. BOX 490, STAFFORD, VA 22554
OFFICES ROUTE #6, BOX 152-F, STAFFORD, VA 22554
(703) 659-4171

Executive Board
President
Judie Brown
Secretary
Susan M. Sassone
Treasurer
Walter L. Avery

National Advisory Board
Ladd Alexander, CLU
Theodore H. Amshoff, Jr.
Bobbie Ames
Gabrielle Avery
William Brennan, Ph.D.
Paul A. Brown
Gary Crum, Ph.D.
Peggy Cuddy
Eugene F. Diamond, M.D.
Rep. Robert K. Dornan
Michael M. Donovan, M.D.
Pat Driscoll
Rev. Edwin P. Elliott, Jr.
Jose C. Espinosa, M.D.
Olga Fairfax, Ph.D.
James H. Ford, M.D.
Bishop Joseph M. Harte
Mary Jo Heiland
John F. Hillabrand, M.D.
Vicky Iwai
Rep. Jim Jeffries
Jacqueline Kasun, Ph.D.
Mary Ann Kuharski
Wilma Leftwich
Bettye J. Lewis
Lore Maier
Rev. Paul Marx, O.S.B.
Rep. Larry P. McDonald
Onalee McGraw, Ph.D.
Walter Mengden
Murray Norris, Ph.D., J.D.
Prof. Charles E. Rice
Liz Sadowski
Robert L. Sassone, Esq.
Joseph M. Scheidler
Michael Schwartz
William Sears, M.D.
Leonie Watson, M.D.
June Webb, R.N.
Mary Winter

NOTICE .... NOTICE .... NOTICE .... NOTICE .... NOTICE ....

June 9, 1983

ITEM: HATCH/EAGLETON AMENDMENT (SJR#3)...NOT UP FOR A VOTE!

American Life Lobby has received an enormous number of calls asking about "alerts" which state that SJR#3 is going to be voted on this week! - (see over)

There is no vote scheduled on the compromise amendment any time soon; in fact there are two pro-life amendments to the Constitution on the Senate Calendar as we write this and both of them* could come to the floor any time, thanks to Senator Helms, but no Hatch/Eagleton is on the Calendar - in fact, no unanimous consent agreement on this tragic amendment is even in sight and no committee report has been issued.

Grass-roots activists are getting their signals crossed and mailings are going out from national groups with bad information.

This is a tragedy. How are pro-life people supposed to work on legislation when the truth is camoflauged and the "pet projects" of a few are misrepresented?

Last week we lost the vital ASHBROOK amendment in Committee and ALL has spoken to "right to life" groups who did not even know that Ashbrook was an issue!

And yet these same people told us that Hatch/Eagleton would be voted on this week!

What is going on?

Who is displaying such poor judgment in dealing with pro-life people who have given their all to this issue time after time again?

We do not know the answer; we are sorry for all those who have been mislead and we pray for those who are misrepresenting the facts...

No one should be working for any amendment to the Constitution which will get 44 votes maximum - what a waste of valuable resources!

* SJR#8 - Paramount
SJR#9 - Unity

COPY

A.L.L. . . . for God, for Life, for the Family, for the Nation

"But because thou art lukewarm, and neither cold, nor hot, I will begin to vomit thee out of my mouth" (Rev. 3:16)

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

FOR IMMEDIATE RELEASE

Wednesday, June 15, 1983-- Noon

For further information, contact:

John C. Willke, M.D.
President
(202) 638-7941

Douglas Johnson
Legislative Director
(202) 638-7936

PRESIDENT OF NATIONAL RIGHT TO LIFE COMMITTEE ATTACKS COURT "EXTREMISM"

WASHINGTON-- Dr. John C. Willke, M.D., president of the National Right to Life Committee, the nation's major prolife organization, issued the following statement on today's abortion rulings by the U.S. Supreme Court:

"Today's rulings demonstrate the extremism of the Supreme Court on abortion. None of the major regulations before the Court even restricted the reasons for which abortions could be obtained-- but the Court struck them down anyway.

"Today's decisions underscore the need for congressional action, by constitutional amendment or other remedy, and for the appointment of judges who will not impose their pro-abortion extremism on the nation.

"The Court has defended the interests not of women, but of the assembly-line abortion industry. It is of interest that the only woman on the Court wrote a strong dissent.

"There can no longer be any legitimate doubt that the Supreme Court has imposed abortion on demand, throughout pregnancy, on the nation. As the U.S. Senate Judiciary Committee concluded in its official report on the Hatch Amendment,

(please turn over)

"no significant legal barriers of any kind whatsoever exist today in the United States for a woman to obtain an abortion for any reason during any stage of her pregnancy.*"

The National Right to Life Committee is the nation's major prolife group, composed of the 50 state right-to-life organizations. NRLC is a nonpartisan, nonsectarian organization dedicated to protecting innocent human life from abortion, infanticide, and euthanasia.

#######################

[Note to NRLC Board and State Offices: the above release went out about noon Wednesday, June 15. A comprehensive analysis of the Court's rulings will appear in NRL News. It is important to note, however, that Justice O'Connor's dissent in the Akron case is quite strong (she was joined by Justice White and Justice Rehnquist). Here is how the six-justice majority described the O'Connor dissent: "...the dissenting opinion rejects the basic premise of Roe and its progeny. The dissent stops short of arguing flatly that Roe should be overruled. Rather, it adopts reasoning that, for all practical purposes, would accomplish precisely that result. The dissent states that '[e]ven assuming that there is a fundamental right to terminate pregnancy in some situations,' the State's compelling interests in maternal health and potential human life 'are present throughout pregnancy.'" The majority adds, "We... reaffirm Roe v. Wade."]

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

CITY OF AKRON *v.* AKRON CENTER FOR REPRODUCTIVE HEALTH, INC., ET AL.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

No. 81-746. Argued November 30, 1982—Decided June 15, 1983

An Akron, Ohio, ordinance, *inter alia*, (1) requires all abortions performed after the first trimester of pregnancy to be performed in a hospital (§ 1870.03); (2) prohibits a physician from performing an abortion on an unmarried minor under the age of 15 unless he obtains the consent of one of her parents or unless the minor obtains an order from a court having jurisdiction over her that the abortion be performed (§ 1870.05(B)); (3) requires that the attending physician inform his patient of the status of her pregnancy, the development of her fetus, the date of possible viability, the physical and emotional complications that may result from an abortion, and the availability of agencies to provide her with assistance and information with respect to birth control, adoption, and childbirth (§ 1870.06(B)), and also inform her of the particular risks associated with her pregnancy and the abortion technique to be employed (§ 1870.06(C)); (4) prohibits a physician from performing an abortion until 24 hours after the pregnant woman signs a consent form (§ 1870.07); and (5) requires physicians performing abortions to ensure that fetal remains are disposed of in a "human and sanitary manner" (§ 1870.16). A violation of the ordinance is punishable as a misdemeanor. Respondents and cross-petitioners filed an action in Federal District Court against petitioners and cross-respondents, challenging the ordinance. The District Court invalidated §§ 1870.05(B), 1870.06(B), and 1870.16, but upheld §§ 1870.03, 1870.06(C), and 1870.07. The Court of Appeals affirmed as to §§ 1870.03, 1870.05(B), 1870.06(B), and 1870.16, but reversed as to §§ 1870.06(C) and 1870.07.

Held:

1. Section 1870.03 is unconstitutional. Pp. 12–20.

(a) While a State's interest in health regulation becomes compelling

(please turn over)

at approximately the end of the first trimester, the State's regulation may be upheld only if it is reasonably designed to further that interest. If during a substantial portion of the second trimester the State's regulation departs from accepted medical practice, it may not be upheld simply because it may be reasonable for the remaining portion of the trimester. Rather, the State is obligated to make a reasonable effort to limit the effect of its regulations to the period in the trimester during which its health interest may be furthered. Pp. 14–16.

(b) It cannot be said that the lines drawn in § 1870.03 are reasonable. By preventing the performance of dilatation-and-evacuation abortions in an appropriate nonhospital setting, Akron has imposed a heavy and unnecessary burden on women's access to a relatively inexpensive, otherwise accessible, and safe abortion procedure. Section 1870.03 has the effect of inhibiting the vast majority of abortions after the first trimester and therefore unreasonably infringes upon a woman's constitutional right to obtain an abortion. Pp. 16–20.

2. Section 1870.05(B) is unconstitutional as making a blanket determination that *all* minors under the age of 15 are too immature to make an abortion decision or that an abortion never may be in the minor's best interests without parental approval. Under circumstances where the Ohio statute governing juvenile proceedings does not mention minors' abortions nor suggest that the Ohio Juvenile Court has authority to inquire into a minor's maturity or emancipation, § 1870.05(B), as applied in juvenile proceedings, is not reasonably susceptible of being construed to create an opportunity for case-by-case evaluations of the maturity of pregnant minors. Pp. 20–23.

3. Sections 1870.06(B) and 1870.06(C) are unconstitutional. Pp. 23–31.

(a) The validity of an informed consent requirement rests on the State's interest in protecting the pregnant woman's health. But this does not mean that a State has unreviewable authority to decide what information a woman must be given before she chooses to have an abortion. A State may not adopt regulations designed to influence the woman's informed choice between abortion or childbirth. Pp. 24–25.

(b) Section 1870.06(B) attempts to extend the State's interest in ensuring "informed consent" beyond permissible limits, and intrudes upon the discretion of the pregnant woman's physician. While a State may require a physician to make certain that his patient understands the physical and emotional implications of having an abortion, § 1870.06(B) goes far beyond merely describing the general subject matter relevant to informed consent. By insisting upon recitation of a lengthy and inflexible list of information, the section unreasonably has placed obstacles in the path of the physician. Pp. 25–27.

Syllabus

(c) With respect to § 1870.06(C)'s requirement that the "attending physician" must inform the woman of the specified information, it is unreasonable for a State to insist that only a physician is competent to provide the information and counseling relevant to informed consent. Pp. 27–31.

4. Section 1870.07 is unconstitutional. Akron has failed to demonstrate that any legitimate state interest is furthered by an arbitrary and inflexible waiting period. There is no evidence that the abortion procedure will be performed more safely. Nor does it appear that the State's legitimate concern that the woman's decision be informed is reasonably served by requiring a 24-hour delay as a matter of course. Pp. 31–32.

5. Section 1870.16 violates the Due Process Clause by failing to give a physician fair notice that his contemplated conduct is forbidden. Pp. 32–33.

651 F. 2d 1198, affirmed in part and reversed in part.

POWELL, J., delivered the opinion of the Court, in which BURGER, C. J., and BRENNAN, MARSHALL, BLACKMUN, and STEVENS, JJ., joined. O'CONNOR, J., filed a dissenting opinion, in which WHITE and REHNQUIST, JJ., joined.

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

PLANNED PARENTHOOD ASSOCIATION OF KANSAS CITY, MISSOURI, INC., ET AL. *v.* ASHCROFT, ATTORNEY GENERAL OF MISSOURI, ET AL.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE EIGHTH CIRCUIT

No. 81–1255. Argued November 30, 1982—Decided June 15, 1983 *

Missouri statutes require abortions after 12 weeks of pregnancy to be performed in a hospital (§ 188.025); require a pathology report for each abortion performed (§ 188.047); require the presence of a second physician during abortions performed after viability (§ 188.030.3); and require minors to secure parental consent or consent from the juvenile court for an abortion (§ 188.028). In an action challenging the constitutionality of these provisions, the District Court invalidated all provisions except § 188.047. The Court of Appeals reversed as to §§ 188.028 and 188.047 but affirmed as to §§ 188.030.3 and 188.025.

Held: Section 188.025 is unconstitutional, but §§ 188.047, 188.030.3, and 188.028 are constitutional.

655 F. 2d 848, affirmed in part, reversed in part, vacated in part, and remanded; 664 F. 2d 687, affirmed.

JUSTICE POWELL delivered the opinion of the Court with respect to Parts I, II, and VI, concluding that the second-trimester hospitalization requirement of § 188.025 "unreasonably infringes upon a woman's constitutional right to obtain an abortion." *City of Akron* v. *Akron Center of Reproductive Health, Inc.*, *ante*, at ——. Pp. 4–5.

JUSTICE POWELL, joined by THE CHIEF JUSTICE, concluded in Parts III, IV, and V that:

---

*Together with No. 81–1623, *Ashcroft, Attorney General of Missouri, et al.* v. *Planned Parenthood Association of Kansas City, Missouri, Inc., et al.*, also on certiorari to the same court.

(please turn over)

Syllabus

1. The second-physician requirement of § 188.030.3 is constitutional as reasonably furthering the State's compelling interest in protecting the lives of viable fetuses. Pp. 5–9.

2. The pathology-report requirement of § 188.047 is constitutional. On its face and in effect, such requirement is reasonably related to generally accepted medical standards and furthers important health-related state concerns. In light of the substantial benefits that a pathologist's examination can have, the small additional cost of such an examination does not significantly burden a pregnant woman's abortion decision. Pp. 9–14.

3. Section 188.028 is constitutional. A State's interest in protecting immature minors will sustain a requirement of a consent substitute, either parental or judicial. And as interpreted by the Court of Appeals to mean that the juvenile court cannot deny a minor's application for consent to an abortion "for good cause" unless the court first finds that the minor was not mature enough to make her own decision, § 188.028 provides a judicial alternative that is consistent with established legal standards. See *City of Akron* v. *Akron Center for Reproductive Health, Inc.*, *ante*, at ——. Pp. 14–17.

JUSTICE O'CONNOR, joined by JUSTICE WHITE and JUSTICE REHNQUIST, concluded that:

1. The second-physician requirement of § 188.030.3 is constitutional because the State has a compelling interest, extant throughout pregnancy, in protecting and preserving fetal life. P. 2.

2. The pathology-report requirement of § 188.047 is constitutional because it imposes no undue burden on the limited right to undergo an abortion, and its validity is not contingent on the trimester of pregnancy in which it is imposed. P. 2.

3. Assuming, *arguendo*, that the State cannot impose a parental veto on a minor's decision to undergo an abortion, the parental consent provision of § 188.028.2 is constitutional because it imposes no undue burden on any right that a minor may have to undergo an abortion. P. 2.

POWELL, J., announced the Court's judgment and delivered the opinion of the Court with respect to Parts I, II, and VI, in which BURGER, C. J., and BRENNAN, MARSHALL, BLACKMUN, and STEVENS, JJ., joined, and an opinion with respect to Parts III, IV, and V, in which BURGER, C. J., joined. BLACKMUN, J., filed an opinion concurring in part and dissenting in part, in which BRENNAN, MARSHALL, and STEVENS, JJ., joined. O'CONNOR, J., filed an opinion concurring in part in the judgment and dissenting in part, in which WHITE and REHNQUIST, JJ., joined.

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

SIMOPOULOS *v.* VIRGINIA

APPEAL FROM THE SUPREME COURT OF VIRGINIA

No. 81-185. Argued November 30, 1982—Decided June 15, 1983

Appellant, an obstetrician-gynecologist, was convicted after a Virginia state-court trial for violating Virginia statutory provisions that make it unlawful to perform an abortion during the second trimester of pregnancy outside of a licensed hospital. "Hospital" is defined to include outpatient hospitals, and State Department of Health regulations define "outpatient hospital" as including institutions that primarily furnish facilities for the performance of surgical procedures on outpatients. The regulations also provide that second-trimester abortions may be performed in an outpatient surgical clinic licensed as a "hospital" by the State. The evidence at appellant's trial established, *inter alia*, that he performed a second-trimester abortion on an unmarried minor by an injection of saline solution at his unlicensed clinic; that the minor understood appellant to agree to her plan to deliver the fetus in a motel and did not recall being advised to go to a hospital when labor began, although such advice was included in an instruction sheet provided her by appellant: and that the minor, alone in a motel, aborted her fetus 48 hours after the saline injection. The Virginia Supreme Court affirmed appellant's conviction.

Held:

1. The Virginia abortion statute was not unconstitutionally applied to appellant on the asserted ground that the State failed to allege in the indictment and to prove lack of medical necessity for the abortion. Under the authoritative construction of the statute by the Virginia Supreme Court, the prosecution was not obligated to prove lack of medical necessity beyond a reasonable doubt *until* appellant invoked medical necessity as a defense. Placing upon the defendant the burden of going forward with evidence on an affirmative defense is normally permissible. And appellant's contention that the prosecution failed to prove that his acts in fact caused the fetus' death is meritless, in view of the undisputed facts proved at trial. Pp. 3-4.

(please turn over)

Syllabus

2. Virginia's requirement that second-trimester abortions be performed in licensed outpatient clinics is not an unreasonable means of furthering the State's important and legitimate interest in protecting the woman's health, which interest becomes "compelling" at approximately the end of the first trimester. In *Akron* v. *Akron Center for Reproductive Health, Inc., ante*, p. ——, and *Planned Parenthood Assn. of Kansas City* v. *Ashcroft, ante*, p. ——, constitutional challenges were upheld with regard to requirements mandating that all second-trimester abortions be performed in "general, acute-care facilities." In contrast, the Virginia statutes and regulations do not require that such abortions be performed exclusively in full-service hospitals, but permit their performance at licensed outpatient clinics. Thus, the decisions in *Akron* and *Ashcroft* are not controlling here. Although a State's discretion in determining standards for the licensing of medical facilities does not permit it to adopt abortion regulations that depart from accepted medical practice, the Virginia regulations on their face are compatible with accepted medical standards governing outpatient second-trimester abortions. Pp. 4–13.

221 Va. 1059, 227 S. E. 2d 194, affirmed.

POWELL, J., delivered the opinion of the Court, in which BURGER, C. J., and BRENNAN, MARSHALL, and BLACKMUN, JJ., joined, and in Parts I and II of which WHITE, REHNQUIST, and O'CONNOR, JJ., joined. O'CONNOR, J., filed an opinion concurring in part and concurring in the judgment, in which WHITE and REHNQUIST, JJ., joined. STEVENS, J., filed a dissenting opinion.

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

URGENT URGENT URGENT

To: Board of Directors and State Offices
Federal Legislative Coordinators and Citizen Lobbyists
Selected prolife contacts

From: John C. Willke, M.D., President

Re: Suggested responses for upcoming vote on Hatch/Eagleton Amendment

Date: June 22, 1983

NOTE: PLEASE IMMEDIATELY TRANSMIT THIS INFORMATION TO WHOEVER WILL ACT AS SPOKESMEN TO THE MEDIA WHEN THE VOTE OCCURS. THIS MEMO IS FOR YOUR INFORMATION ONLY. PLEASE DO NOT DISTRIBUTE IT TO THE PRESS.

CALL THE LEGISLATIVE UPDATE LINE FOR DAILY REPORTS ON DEVELOPMENTS: (202)393-LIFE.

Senate Majority Leader Baker yesterday said that he will bring the Hatch/Eagleton Amendment (HEA) (SJR 3) to the Senate floor on Monday, June 27, which is one day earlier than we had earlier anticipated. It now appears that the vote will occur on Tuesday, June 28.

As I acknowledged in my column in the current (June 9) edition of NRL News, it is extremely unlikely that the HEA will obtain the two-thirds vote necessary to pass the Senate. As you are all aware, certain organs of the press have proclaimed the final defeat of the prolife movement on occasions in the past (beginning with Roe v. Wade in 1973), and we can be sure that the anticipated defeat of the HEA will inspire further such expressions of wishful thinking. In our public responses to the vote we should do what we can to place the vote in proper perspective.

If, as hoped, a majority of the Senate votes for the HEA, then we will of course emphasize that majority support. We should also compare this vote to the two major abortion-related Senate votes of the 1981-82 Congress, which were on the Hyde Amendment and the Helms amendment (May, 1981, and Sept., 1982, respectively).

In May, 1981, the Senate adopted the Hyde Amendment (temporarily prohibiting Medicaid funding of abortion except to save the life of the mother). The vote was 52-43. That was the highest number of prolife votes ever obtained in the Senate. (As a historical footnote, when the Senate first voted on an abortion funding restriction in 1974, the amendment received only 27 votes!)

(please turn over)

The Helms amendment to the debt limit bill was a far stronger measure than the Hyde Amendment. It would have permanently barred all forms of federal funding of abortion (except to save the life of the mother). It also contained congressional "findings" that the life of each human being begins at conception and that the Supreme Court "erred" in Roe v. Wade; and it provided for expedited Supreme Court review of legal challenges to any state or local laws restricting abortion. Following a filibuster, the Helms amendment was tabled (killed) by a single vote, 47-46. Since the Helms amendment was a much tougher measure than the Hyde Amendment, it is understandable (if regrettable) that it received fewer votes than the Hyde Amendment had received.

Now, the Senate is prepared to vote on a much tougher measure still, the HEA. The HEA goes far beyond the funding issue, to the "right to abortion" itself. While the Helms amendment contained a "finding" that Roe v. Wade was erroneous, that finding had no force of law; but the HEA would directly overturn the Supreme Court ruling through the strongest remedy available in the American legal system, a constitutional amendment.

We should point out, therefore, that any number of votes which the HEA receives above the 46 obtained on the Helms amendment last September 15, actually represents an increase in the prolife vote--and on a much stronger measure.

Assuming we obtain a majority vote, those in the media who wish to declare us beaten for good, must be reminded that:

(1) This was the strongest prolife measure yet to reach the floor of either house of Congress. A majority of the Senate has voted to nullify the constitutional "right to abortion" created by the Supreme Court. Historically, few constitutional amendments pass on the first attempt.

(2) The President of the United States has taken a strong prolife stance. In the Spring 1983 issue of The Human Life Review, the President wrote,

> Despite the formidable obstacles before us, we must not lose heart. This is not the first time our country has been divided by a Supreme Court decision that denied the value of certain human lives. The Dred Scott decision of 1857 was not overturned in a day, or a year, or even a decade. At first, only a minority of Americans recognized and deplored the moral crisis brought about by denying the full humanity of our black brothers and sisters; but that minority persisted in their vision and finally prevailed.

(3) There are now three solid votes on the U.S. Supreme Court to overturn Roe v. Wade. The Roe decision hangs on a slender two-seat majority.

On June 15 a six-justice majority reaffirmed Roe, but as the majority noted in its decision, the three dissenting justices basically argued that Roe should be overruled. In the dissent, Justice Sandra O'Connor wrote that states have a compelling interest in protecting the unborn throughout pregnancy. Of the six pro-Roe justices, five are over age 74.

(more)

(4) The senators who voted against the HEA voted to endorse Roe, and thus, in support of unrestricted abortion on demand throughout pregnancy (for example, sex-selection abortions in the 8th month). That position is supported by only a small minority of Americans. Many of these pro-abortion senators must face re-election in 1984. They must defend their extreme stance to their constituents. Until then, we will work on solidifying and extending restrictions on abortion funding, and on other more modest steps towards our goal.

One other small reminder: passage of a constitutional amendment does not necessarily require 67 votes, but rather, two-thirds of the members voting. Thus, a vote of 52-44, for example, would be 12 votes short of the two-thirds vote (64 votes) required--not 15 votes short. If press people bring up "the margin of defeat," make sure that they understand this point.

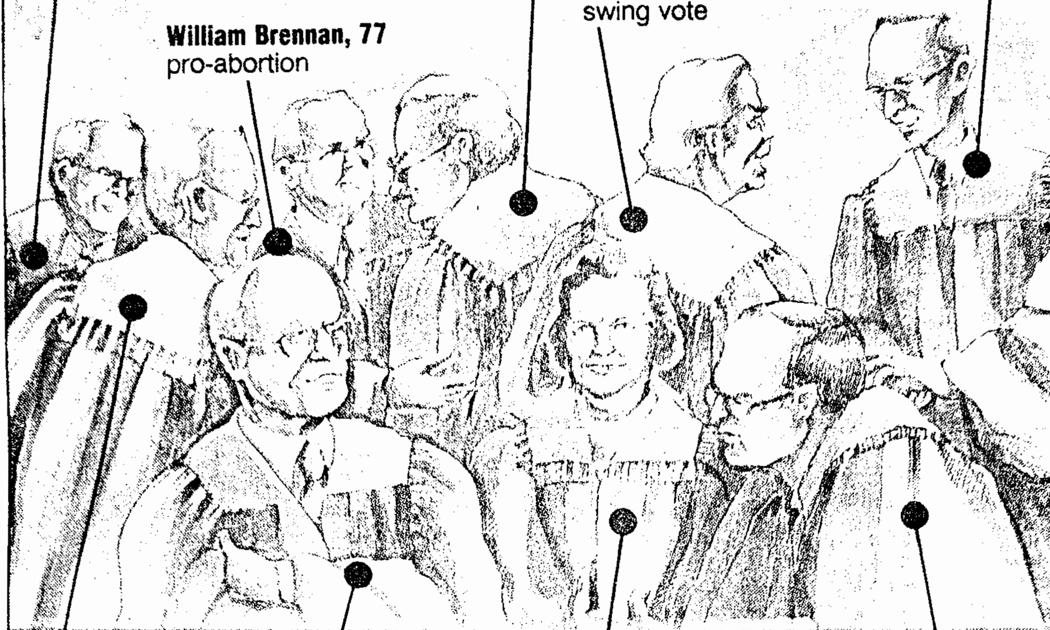
With the above suggestions in mind, a press release might go something like this:

> *Jane Doe, president of Anystate Right to Life, today said that she was "disappointed" by today's defeat of a constitutional amendment to overturn the 1973 Supreme Court decision legalizing abortion, but added that she regarded the vote as "a stepping stone towards legal protection of unborn children."*
>
> *The Senate today voted 51-49 in favor of the Hatch/Eagleton amendment, which was short of the two-thirds vote necessary for passage. The amendment would have taken the issue out of the hands of unelected federal judges and returned it to the elected representatives of the people where it was prior to 1973, thereby allowing states to establish their own policies on abortion.*
>
> *"We were disappointed that a minority of the Senate [,including our own Senator X,] voted to support the Supreme Court's abortion on demand rulings," said Mrs. Doe. "But we were encouraged that in the first clear up-and-down vote on the Supreme Court rulings, a majority of the Senate voted to overrule the Court. [We were gratified to see that our own Senator Y was among those voting to overrule the Court and permit restoration of legal protection to unborn children.]*
>
> *"In the wake of the recent Supreme Court rulings, and today's vote, our opponents are claiming victory. But their so-called victory is precarious. The President, three members of the Supreme Court, and now a majority of Senate favor overturning the Supreme Court's abortion-on-demand doctrine," Mrs. Doe said.*
>
> *"In light of these facts, it is ludicrous to suggest that the issue is now 'settled,'" said Mrs. Doe. "We will renew and redouble our efforts in the electorial process. We will continue our step-by-step efforts in Congress. The cause of unborn children is a just cause, and we have only begun to fight."*

(please turn over)

Note: If things go badly and a majority of the Senate votes against the HEA, then obviously the above references to "majority" must be dropped. But the comparisons with past votes on weaker measures, suggested on pages 1-2, can and should be used in any event.

Following the vote, feel free to refer press inquiries to the Legislative Office, (202) 638-7936.



By Susan Harlan, USA TODAY

New justice could shift pro-abortion majority

By Tony Mauro
USA TODAY

WASHINGTON — Pro-abortion forces rejoiced last week that the Supreme Court had held its ground in favor of a woman's right to an abortion — in the face of 10 years of controversy over its stand.

Yet a close look at the court's majority on abortion suggests its stance may be founded on a slender reed that could crumple if a vacancy occurs while President Reagan is in office.

In three decisions, the majority struck down most of a series of laws restricting abortions in Missouri, Virginia and Akron, Ohio.

The consistently pro-abortion justices in those cases and others — Harry Blackmun, William Brennan, John Paul Stevens and Thurgood Marshall are, except for Stevens, among court's oldest members.

The court's staunchest abortion opponents — William Rehnquist, Byron White and Sandra O'Connor — are on the younger end of the spectrum. The justices who shifted back and forth in last week's cases were Chief Justice Warren Burger and Lewis Powell, both in their 70s.

The appointment of a new justice with the conservative credentials of O'Connor could shift the majority.

And as O'Connor pointed out in her forceful dissent, medical advances may undermine the court's approach to abortion.

In its *Roe v. Wade* decision 10 years ago, the court based its scrutiny of abortion laws on the safety of the mother and the point at which the fetus could survive outside the womb.

Such an approach, said O'Connor, is now "completely unworkable" because medical technology is making abortions safer later in pregnancy and younger fetuses are surviving.

Powell, in his majority opinion, seemed mindful of potential changes on the court and in the medical world when he pleaded for adherence to the *Roe v. Wade* decision in keeping with the legal doctrine of *stare decisis* or "let the (prior) decision stand."

Powell's pitch for tradition was enough to win a majority in striking down the Akron ordinance. Joining Powell, who is 75, were most of the justices who favored the right to an abortion in *Roe v. Wade*: Burger, 75; Brennan, 77; Blackmun, 74; and Marshall, 74, as well as newcomer Stevens, 63.

O'Connor, 53, Rehnquist, 58, and White, 66, dissented.

But regarding lesser restrictions on abortion, in a Missouri case, Powell and Burger joined O'Connor, Rehnquist and White.

USA TODAY June 22, 1983

N.Y. Times
9-15-87

White House Concedes Error

WASHINGTON, Sept. 14 (AP) — After Mr. Reagan asserted today that babies born after three months' gestation "have lived to, the record shows, to grow up and be normal," an official spokesman acknowledged that he had misspoken.

The deputy White House press secretary, Pete Roussel, said at first that he did not know where the President's information about surviving 3-month-old fetuses had come from, and he would check.

Subsequently, Mr. Roussel said that Mr. Reagan had meant to say 4½ months, not three. Mr. Roussel said that according to the National Right to Life Committee, a baby born 18 weeks after conception in 1972 at Cincinnati University Hospital in Ohio survived.

"He knew," Mr. Roussel said of the President. "But he said 3 instead of 4½." Mr. Roussel said he got the corrected information from Morton Blackwell, Special Assistant to the President for liaison with religious groups, and that the infant was named Marcus Richardson.

Dr. Jack C. Willke, president of the committee, acknowledged that Mr. Blackwell had just called him to ask whether he knew of any case in which a 3-month-old fetus had survived. "He asked me that," Dr. Willke said. "I said negative."

At that point, Dr. Willke said, he informed Mr. Blackwell of the case of Marcus Richardson, born Jan. 1, 1972, weighing 1 pound, 10 ounces, 19 weeks and 6 days after his mother's last menstrual period. Dr. Willke said another infant, Susan South, was born after 21 weeks of gestation. In neither case, Dr. Willke said, did the parents wish to be named. Dr. Willke said the Richardson boy was healthy and "above average" to this day.

file

Ronald Reagan Presidential Library
Digital Library Collections

This is the end of a folder from our textual collections.

Collection: Blackwell, Morton: Files
Folder: National Right to Life Committee (1)
Box: 14

To see more digitized collections visit: https://reaganlibrary.gov/archives/digital-library

To see all Ronald Reagan Presidential Library inventories visit: https://reaganlibrary.gov/document-collection

Contact a reference archivist at: reagan.library@nara.gov

Citation Guidelines: https://reaganlibrary.gov/citing

National Archives Catalogue:
https://catalog.archives.gov/