

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs

The meeting was called to order by Senator Edward F. Reilly, Jr. at
Chairperson

11:10 a.m./~~p.m.~~ on March 14, 1990 in room 313-S of the Capitol.

All members were present ~~except~~:

Committee staff present:

Mary Torrence, Revisor of Statutes Office
Mary Galligan, Legislative Research
Deanna Willard, Committee Secretary

Conferees appearing before the committee:

Scott Morgan, Governor's Office
Cynthia Patton, Kansans for Life
Valerie Joens, Kansans for Life
Rep. Artie Lucas
Carolyn Matlock, Madison
Pat Goodson, Right To Life of Kansas, Inc.
Bob Runnels, Jr., Kansas Catholic Conference
Thomas Zarda, Knights of Columbus in Kansas
Michael D. Brown, RN, Topeka
Louise Wolfe, Manhattan
Cleta Renyer, Right to Life of Kansas
Kim Schumm, Manhattan
Jan Gummel, Junction City
Cathy Mowry, Manhattan

A request was made for a committee bill relating to zoning in counties. (Attachment 1)

A motion was made by Senator Daniels and seconded by Senator McClure that the bill be introduced. The motion carried.

Hearing for proponents on: House Sub for SB 129 - Requiring notification of certain persons prior to abortion

The Chairman welcomed the audience to the hearing and read from the Governor's message his recommendation on this subject. He stated that the Committee had been briefed by staff on the different aspects of the issue being considered.

Scott Morgan, Chief Counsel to Governor Hayden, spoke in support of the bill and pointed out two areas of concern with the bill. (Attachment 2)

Cynthia Patton, Kansans for Life, spoke in favor of the bill. Also included in the handout was information on related court cases. (Attachment 3)

Valerie Joens, Kansans for Life, gave testimony on risks involved in teenage girls having abortions without the knowledge of a parent. (Attachment 4)

Rep. Artie Lucas mentioned areas in SB 129 which he would like the committee to review. (Attachment 5)

Carolyn Matlock, Madison, spoke in favor of SB 129 and shared the experience of her daughter's recent abortion. (Attachment 6)

Pat Goodson, Right To Life of Kansas, Inc., spoke in support of

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs,
room 313-S, Statehouse, at 11:10 a.m./~~p.m.~~ on March 14, 1990.

the concept of parental notification and asked for amendments to SB 129, illustrating with pictures. (Attachments 7 and 8)

Bob Runnels, Kansas Catholic Conference, gave limited endorsement to the bill and asked that the age requirement be changed to 18. (Attachment 9)

Tom Zarda, Knights of Columbus in Kansas, urged that the bill be amended to required notification up to 18 years of age. (Attachment 10)

Michael D. Brown, RN, Topeka, suggested an amendment to the bill by increasing the Department of Education human sexuality funding and incorporating pregnancy-prevention models. (Attachment 11)

Louise Wolfe, Manhattan, urged that written consent be required before an abortion is performed on a minor. (Attachment 12)

Cleta Renyer, Right to Life of Kansas, testified in favor of notification of parents in abortion of minor girls. (Attachment 13)

Kim Schumm, Manhattan, spoke in favor of the bill. (Attachment 14)

Jan Gummel, Junction City, shared the history of her now strong opinion on abortion and urged passage of the bill. (Attachment 15)

Cathy Mowry, Manhattan, urged that the bill be amended to notification of parents only. (Attachment 16)

Written testimony of Lacy McMullen, Manhattan, was distributed, which urged support for the bill. (Attachment 17)

The meeting was adjourned at 12:10 p.m.

SENATE BILL NO. _____

By

AN ACT relating to zoning in counties; concerning the adoption of regulations in certain counties; amending K.S.A. 19-101a and 19-2920 and repealing the existing sections

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 19-2920 is hereby amended to read as follows: 19-2920. (a) Before any county creates any zoning district or regulates or restricts the use of buildings or land in the county, the board of county commissioners shall require the planning board to recommend to the board of county commissioners the boundaries of districts and appropriate regulations to be enforced in the districts. All regulations shall be uniform for each class or kind of buildings or land uses throughout each district, but the regulations in one district may differ from those in other districts. The regulations shall be made in accordance with a land use study and shall give reasonable consideration to the existing character of the district, its suitability for particular uses, conserving the value of buildings, existing development and encouraging the most appropriate use of land throughout the county. The planning board shall make and develop tentative recommendations and shall hold one or more public hearings on the recommendations as determined by the board of county commissioners. The secretary of the planning board shall publish a notice of each public hearing in the official county newspaper. At least 20 days shall elapse between the date of the publication and the date set for the hearing. The notice shall fix the time and place for the hearing and shall describe in general terms the regulations and zoning districts proposed, together with a brief statement regarding the purpose of the zoning districts. The hearings may be adjourned

from time to time and upon the conclusion of the same, the planning board shall prepare and adopt its recommendations in the form of a proposed zoning resolution and shall submit the same, together with a record of the hearings on the recommendations to the board of county commissioners. If a written protest against the proposed zoning or rezoning of any land lying within three miles of the city limits of any municipality having a zoning ordinance is received from the governing body of the city, the county commissioners shall not adopt the proposed zoning of the land except by a vote of all members which shall be recorded in the minutes of the meeting along with a statement of the reasons for the action.

Upon the receipt of the recommendations of the planning board, the board of county commissioners may adopt the same with or without change or refer it back to the planning board for further consideration. After adoption of regulations by the board of county commissioners, it may from time to time thereafter amend, supplement or change the boundaries or regulations contained in the zoning resolution.

The procedure for the extension of the application of any zoning regulations to any additional township, or the area lying adjacent to any city or impoundment of water shall be the same as that for the adoption of the original zoning resolution. A proposal for an amendment or change in zoning may be initiated by the board of the county commissioners, the planning board or upon application of the owner of property affected. The board of county commissioners may establish a scale of reasonable fees to be paid in advance to the secretary of the planning board by the owner of any property at the time of making application for a change in zoning of the same. All proposed changes shall first be submitted to the planning board for recommendation and report, and no amendment or change shall be made without a hearing before the planning board. Public notice of the hearing shall be given and the procedure for the consideration and adoption of the amendment or change shall be in the same manner required for the

consideration and adoption of the original zoning resolution. In addition to the publication notice, if the proposed amendment is not a general revision of an existing zoning resolution and will affect specific property, such property shall be designated by legal description and written notice shall be mailed to all owners of property, whether within or without the county, which is located within 1,000 feet of the area affected. Failure to receive the notice shall not invalidate any subsequent action taken. If the amendment affects the boundaries of any zoning district and the county has made provision for the fixing of the same upon an official map which has been incorporated by reference, the amending resolution shall define the change or boundary as amended, shall order the official map to be changed to reflect the amendment and shall amend the section of the resolution incorporating the same and shall reincorporate the map as amended. If within 14 days after the date of the conclusion of the hearing, a petition signed by the owners of 20% or more of any property proposed to be rezoned, or by the owners of 20% of the total area, except public streets and ways, located within 1,000 feet of the boundaries of the property proposed to be rezoned is filed in the office of the county clerk, the amendment shall not be passed except by unanimous vote of the board of county commissioners.

(b) If the board of county commissioners of Franklin county determines it is necessary to zone within the unincorporated areas of the county, the board of county commissioners shall submit the question of the initial zoning for approval by a majority of the qualified electors of the unincorporated areas of the county voting at an election called and held on the question. The election shall be called and held in the manner prescribed by the general bond law. If the question of initial zoning is approved as provided in this subsection, any amendment or change in zoning shall be made as otherwise provided by law without requiring an election on the amendment or change.

(c) If the board of county commissioners of Montgomery

county determines it is advisable to zone within the unincorporated areas of the county, the board of county commissioners of such county shall first submit the proposition to create zoning districts and regulate and restrict the use of property within such unincorporated area to the qualified electors of the unincorporated areas of the county at an election called and held on the question and no such regulations shall be applied or enforced within such unincorporated area without first having been approved by a majority of the electors voting at such election. The election shall be called and held in the manner prescribed by the general bond law. Any zoning districts or regulations or restrictions on the use of buildings or land within the unincorporated area of Montgomery county adopted by the board of county commissioners of such county prior to the effective date of this act shall be null and void and shall have no force and effect without first having been approved by a majority of the qualified electors of the unincorporated areas of the county voting at an election called and held in accordance with this subsection. If the question of initial zoning is approved as provided in this subsection, any amendment or change in zoning shall be made as otherwise provided by law without requiring an election on the amendment or change.

Sec. 2. K.S.A. 19-101a is hereby amended to read as follows:
19-101a. (a) The board of county commissioners may transact all county business and perform all powers of local legislation and administration it deems appropriate, subject only to the following limitations, restrictions or prohibitions: (1) Counties shall be subject to all acts of the legislature which apply uniformly to all counties.

(2) Counties may not consolidate or alter county boundaries.

(3) Counties may not affect the courts located therein.

(4) Counties shall be subject to acts of the legislature prescribing limits of indebtedness.

(5) In the exercise of powers of local legislation and administration authorized under provisions of this section, the

home rule power conferred on cities to determine their local affairs and government shall not be superseded or impaired without the consent of the governing body of each city within a county which may be affected.

(6) Counties may not legislate on social welfare administered under state law enacted pursuant to or in conformity with public law No. 271--74th congress, or amendments thereof.

(7) Counties shall be subject to all acts of the legislature concerning elections, election commissioners and officers and their duties as such officers and the election of county officers.

(8) Counties shall be subject to the limitations and prohibitions imposed under K.S.A. 12-187 to 12-195, inclusive, and amendments thereto, prescribing limitations upon the levy of retailers' sales taxes by counties.

(9) Counties may not exempt from or effect changes in statutes made nonuniform in application solely by reason of authorizing exceptions for counties having adopted a charter for county government.

(10) No county may levy ad valorem taxes under the authority of this section upon real property located within any redevelopment area established under the authority of K.S.A. 12-1772, and amendments thereto, unless the resolution authorizing the same specifically authorized a portion of the proceeds of such levy to be used to pay the principal of and interest upon bonds issued by a city under the authority of K.S.A. 12-1774, and amendments thereto.

(11) Counties shall have no power under this section to exempt from any statute authorizing or requiring the levy of taxes and providing substitute and additional provisions on the same subject, unless the resolution authorizing the same specifically provides for a portion of the proceeds of such levy to be used to pay a portion of the principal and interest on bonds issued by cities under the authority of K.S.A. 12-1774, and amendments thereto.

(12) Counties may not exempt from or effect changes in the provisions of K.S.A. ~~1985-Supp.~~ 19-4601 to 19-4625, inclusive, and amendments thereto.

(13) Except as otherwise specifically authorized by K.S.A. 12-1,101 to 12-1,109, inclusive, and amendments thereto, counties may not levy and collect taxes on incomes from whatever source derived.

(14) Counties may not exempt from or effect changes in K.S.A. 19-430, and amendments thereto. Any charter resolution adopted by a county prior to July 1, 1983, exempting from or effecting changes in K.S.A. 19-430, and amendments thereto, is null and void.

(15) Counties may not exempt from or effect changes in K.S.A. 19-302, 19-502b, 19-503, 19-805 or 19-1202, and amendments thereto.

(16) Counties may not exempt from or effect changes in K.S.A. 13-13a26, and amendments thereto. Any charter resolution adopted by a county, prior to the effective date of this act, exempting from or effecting changes in K.S.A. 13-13a26, and amendments thereto, is null and void.

(17) Counties may not exempt from or effect changes in K.S.A. 71-301, and amendments thereto. Any charter resolution adopted by a county, prior to the effective date of this act, exempting from or effecting changes in K.S.A. 71-301, and amendments thereto, is null and void.

(18) Counties may not exempt from or effect changes in K.S.A. 19-15,139, 19-15,140 and 19-15,141, and amendments thereto. Any charter resolution adopted by a county prior to the effective date of this act, exempting from or effecting changes in such sections is null and void.

(19) Counties may not exempt from or effect changes in the provisions of K.S.A. 12-1223, 12-1225 and 12-1226 and K.S.A. ~~1985~~ 1989 Supp. 12-1225a, 12-1225b and 12-1225c, and amendments thereto.

(20) Counties may not exempt from or effect changes in the

provisions of K.S.A. 19-211, and amendments thereto.

(21) Counties may not exempt from or effect changes in the provisions of K.S.A. 19-4001 to 19-4015, inclusive, and amendments thereto, K.S.A. ~~1986-Supp.--19-4002a-or-19-4002b-~~

(22) Counties may not regulate the production or drilling of any oil or gas well in any manner which would result in the duplication of regulation by the state corporation commission and the Kansas department of health and environment pursuant to chapter 55 and chapter 65 of the Kansas Statutes Annotated and any rules and regulations adopted pursuant thereto. Counties may not require any license or permit for the drilling or production of oil and gas wells. Counties may not impose any fee or charge for the drilling or production of any oil or gas well.

(23) Counties may not exempt from or effect changes in K.S.A. 19-2920, and amendments thereto.

(b) Counties shall apply the powers of local legislation granted in subsection (a) by resolution of the board of county commissioners. If no statutory authority exists for such local legislation other than that set forth in subsection (a) and the local legislation proposed under the authority of such subsection is not contrary to any act of the legislature, such local legislation shall become effective upon passage of a resolution of the board and publication in the official county newspaper. If the legislation proposed by the board under authority of subsection (a) is contrary to an act of the legislature which is applicable to the particular county but not uniformly applicable to all counties, such legislation shall become effective by passage of a charter resolution in the manner provided in K.S.A. 19-101b, and amendments thereto.

Sec. 3. K.S.A. 19-101a and 19-2920 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the Kansas register.

STATE OF KANSAS



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Mike Hayden Governor

TESTIMONY

Before the

Senate Federal and State Affairs Committee

House Substitute for Senate Bill 129

Scott Morgan

Chief Counsel to Governor Mike Hayden

Mr. Chairperson and members of the Senate Federal and State Affairs Committee, thank you for the opportunity to appear before you today to speak in favor of House Substitute for Senate Bill 129, the Governor's proposal regarding parental notification, with some modifications. I am appearing at Governor Hayden's request to express his continued support for parental notification.

Last November, Governor Hayden outlined his proposal for addressing the issue of abortion. A major part of his proposal is legislation that would require notification of one parent before an abortion could be performed on anyone under age 16.

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Att. 2

The Kansas House has now passed the Governor's notification bill, with several modifications. Today, I will first address the overall need for a parental notification bill, and secondly, the amendments that were added to the Governor's bill by the House.

Decisions regarding abortion are difficult, especially for the young. This is why we must address their needs and encourage parental support for young women who are faced with this decision. Parental notification promotes the family communication and parental support essential for teenagers in these circumstances.

The Governor's bill applies to those under age 16, has a one-parent notification requirement, and provides a judicial bypass procedure for teenagers who, for various reasons, do not want their parents to be notified.

Some have asked why the Governor has chosen to support a parental notification bill that only applies to those under the age of 16. After considering all factors, the Governor believes those under age 16 would benefit the most from parental support. Although many areas in state law use age 18 as the point of majority, by no means is this age used consistently throughout our statutes. Perhaps in the most relevant area of state-determined majority, current law at KSA 21-3503 makes it a criminal offense to engage in sexual activity with anyone under the age of 16 regardless of

consent. Once someone reaches the age of 16, the state no longer prohibits such activity. With this statute, the legislature has determined that a woman of 16 is old enough to decide whether or not to consent to sexual activity and its consequences.

Another question addresses the issue of one versus two parent notification. While the Governor's main reason for supporting parental notification is to support the Kansas family, he is aware that many families today are one-parent families. Although many of the absent parents continue to be active in the raising of their children, a number have ceased being parents in anything but name. The one-parent provision recognizes this reality.

Although the Governor believes in parental notification, he recognizes that not all families would provide the support that notification seeks to encourage. For this reason, he believes that a means should be available that will allow a district judge to decide that notification of even one parent would not be in the best interest of the person seeking an abortion. Such a procedure should be easily accessible, prompt, and confidential.

Now, I would like to address two of the substantive amendments that the House added to the Governor's bill.

The House broadened the definition of parent to include "a minor's blood relative who is 21 or more years of age" or a

member of the clergy from any tax-exempt religious organization. The Governor has concerns about this amendment, primarily because it is ambiguous and overly broad. The term "blood relative" has been construed to apply to parties descended from a common ancestor or who are near kin in blood. Therefore, if a minor who is an adoptee seeks an abortion, it appears that she will not be afforded the same options as to whom notification may be given. Moreover, including the clergy within the definition of parent unnecessarily broadens it. The Governor does not dispute the value of the clergy in counseling, but the primary purpose of this notification bill is to promote parental involvement. Enlarging the scope of who may be notified defeats this purpose. The Governor is also concerned whether the House intended to allow blood relatives and clergy to sign a notarized waiver of notice.

Secondly, the Governor believes that the amendment making grandparents legally liable for the support of their dependent's child until that dependent reaches age 18 merits study and consideration. This amendment touches upon a parental obligation that is distinct from the issue of notification. The interests of the state might be better served if the intent of the amendment were studied in the context of familial law and not abortion.

I will be happy to answer any questions you may have concerning the bill. Thank you.

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March 14, 1990

TO: House Federal & State Affairs Committee

FROM: Cynthia J. Patton representing Kansans for Life

I speak in favor of the parental notification law. The parental involvement laws are effective not only for reducing the number and rate of abortions among teenagers, but also the number and rate of teenage pregnancies.

Attached you will find the statistics for abortion and pregnancies from Minnesota, Missouri and Massachusetts which demonstrate that the parental involvement law serves to change teenage behavior. The very knowledge of the law itself encourages teens to take steps to avoid teenage pregnancy. All three states with the parental involvement law showed a substantial decrease in the number of abortions and pregnancies in minor girls.

The Minnesota Parental Notice Law in effect from 1981 through 1986 gave the state a 34 percent decrease in the number of abortions and a 27 percent decrease in pregnancies. Births decreased 20%.

Furthermore, a 1986 Harris survey conducted for Planned Parenthood looked at reasons most likely to convince peers to delay sexual activity. That study revealed that teenagers believe that fear of disease, the impact of a pregnancy on one's future and consideration of parental reaction are the 3 reasons most likely to convince their peers to delay sexual activity. Clearly parental involvement plays a key role in reducing teenage sexual activity, subsequent pregnancy and/or abortion.

I would also like to address the concern of dysfunctional families. According to the Kansas SRS in the six month period from July to December, 1989, there were 284 confirmed abuse and neglect cases in the age group between 12 and 18 and of this amount 191 were female. So for a year period, you would have approximately 382 cases. Compare this to the 1990 projections of the Institute for Public Policy and Business Research Report #158 which show 169,012 females between the age of 10 and 19 in Kansas. Simple calculation

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shows that when we talk about dysfunctional families we are only talking about .2 of 1 percent.

I would also like to address the controversy regarding whether the age of minority should be defined as under 16 or under 18.

Nationally fewer than 10% of teenage pregnancies occur in girls under 16. (323,000 teen pregnancies, 29,000 of those are under age 16). If the committee chooses to pass the bill defining minority as under 16, it will have been a tremendous waste of time as 90% of the parents of teenagers will still not be notified of their daughter's abortion.

Without a mandatory notification bill half of the minors obtaining an abortion will not consult their parents.

Studies have consistently shown that one-half of all teenagers who seek abortions will do so without any parental knowledge, if they have that option.

Parental involvement is essential because minors lack the experience, perspective and judgment to avoid choices that could be detrimental to them. Making a decision about abortion is extremely difficult, even for adult women. One study found that almost one-third of the young women changed their mind once or twice about continuing the pregnancy or having the abortion. 18% changed their mind even more frequently. The "relatively uninformed nature of the decision" of adolescents regarding unplanned pregnancy has been documented. Teenagers who choose abortion typically talk with fewer people and receive substantially less counseling than pregnant teenagers choosing to keep their baby or give it up for adoption. Generally, the only counseling they receive are from the abortion clinic itself, which gains financially from the girl's decision to abort. In Texas, abortionists were caught red handed doing abortions on girls who weren't even pregnant.

The physical risks from abortion include hemorrhaging, perforation of the uterus and infection, mild to fatal. They also include complications of future fertility and reproduction.

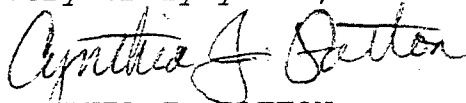
Without parental involvement, damage can be more severe. For instance, Rachel Ely, a 17 year old high school student

underwent an abortion without her parent's knowledge on the advice of her high school counselor. Several days after the abortion, Rachel became quite ill and went to another doctor. Thinking the symptoms were not related, she did not tell the doctor about the abortion. Rachel was left permanently bound to a wheelchair from a condition later found to be directly attributable to a post-abortion surgical infection. Had Rachel's parents known about the abortion, her doctor would have known more quickly how to treat Rachel.

Attempted suicide by adolescents on the anniversary of abortion was documented in an article 68 Pediatrics at 670.

Parental consultation is crucial in alleviating this problem and dealing with the other psychological sequelae to abortion. The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders has recognized that the intentional death of one's fetal child by abortion can produce characteristic symptoms of a post-traumatic stress disorder.

Very truly yours,



CYNTHIA J. PATTON
Kansans for Life

Appendix A

RESPONSE TO WILLIAM BELL'S STATEMENT:

From Kansans for Life, Cynthia Patton.

"If Planned Parenthood had complied with the law and notified her father, Becky Bell would have received the adult support she needed and she would have been alive today. Planned Parenthood counseling was totally inadequate and amounted to a little more than a conspiracy to avoid adult involvement" according to Cindy Patton, KFL spokesperson. This girl had an opportunity for an abortion two days hence in Kentucky but what she needed was love and support from her parents.

The Becky Bell situation demonstrates:

1. That even 17 year olds are too immature to cope with an unplanned pregnancy indicating the need for more adult involvement and support, not less.
2. The NOW organization and others who are pushing home abortion kits are putting women at risk.

Background information:

According to Newsweek January 8, 1990, Becky Bell was 17 and an Indianapolis, Indiana high school junior. She had gone to planned parenthood. She was counseled how to avoid the parent consent law. She was scheduled to have an abortion the day after she died in Kentucky. According to Newsweek she tried a home remedy. Gannett news service quoted a girlfriend as stating that Becky Bell had died of a spontaneous abortion rather than an illegal abortion.

For more information contact:

Cynthia J. Patton
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IN THE
UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT

NO. 86-5423-MN

Jane Hodgson, M.D.; Arthur Horowitz, M.D.;
Nadine T., Janet T., Ellen Z., Heather P.,
Mary J., Sharon L., Kathy M. and Judy M.,
individually and on behalf of all other
persons similarly situated; Diane P., Sarah
L. and Jackie H.; Meadowbrook Women's Clinic,
P.A.; Planned Parenthood of Minnesota, a
nonprofit Minnesota Corporation; Midwest
Health Center for Women, P.A., a nonprofit
Minnesota Corporation; Women's Health Center
of Duluth, P.A., a nonprofit Minnesota
corporation,

Appellees,

vs.

The State of Minnesota; Rudy Perpich, as
Governor of the State of Minnesota; Hubert
H. Humphrey, III, as Attorney General of
the State of Minnesota,

Appellants.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MINNESOTA, THIRD DIVISION

BRIEF AMICUS CURIAE OF
MINNESOTA CITIZENS CONCERNED FOR LIFE
IN SUPPORT OF THE STATE OF MINNESOTA

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MOTION FOR LEAVE TO FILE
BRIEF AMICUS CURIAE

The Minnesota Citizens Concerned for Life, Inc., hereby respectfully moves for leave to file a brief amicus curiae in this case.

Minnesota Citizens Concerned for Life, Inc. (MCCL) is a non-profit corporation whose purpose is to promote respect for the worth and dignity of all human life regardless of age or handicap. MCCL engages in various political, legislative, legal and educational activities to protect and promote the concept of the sanctity of human life.

In addition to being opposed to abortion on demand, MCCL is concerned about maintaining the family unit in the context of an abortion decision. As a result, members of MCCL have been the prime supporters of laws requiring parental involvement in the abortion decision of their minor daughters, including the Minnesota statute which is the subject of this appeal.

This amicus curiae brief sets forth the important public policy reasons which support the constitutionality of the Minnesota statute. By means of this brief, MCCL seeks to advance its interests and those of the public at large by supporting the Minnesota parental notice law.

STATEMENT OF INTEREST OF AMICUS CURIAE
MINNESOTA CITIZENS CONCERNED FOR LIFE

The statement of interest of Amicus Curiae Minnesota Citizens Concerned for Life is fully set forth in the Motion for Leave to File Brief Amicus Curiae.

NOTE

The Question Presented and the Statement of the Case are omitted from this Amicus Curiae Brief since they are amply stated in the Appellants' Brief of the State of Minnesota, et al.

BRIEF AMICUS CURIAE

As the brief of the State of Minnesota demonstrates, it is well settled that the furthering of parental consultation in a minor's abortion decision is a significant state interest which justifies a limited impingement on a minor's right to choose abortion. Bellotti v. Baird II, 443 U.S. 622 (1979). The Supreme Court has held that "the peculiar vulnerability of children; their inability to make critical decisions in an informed, mature manner; and the importance of the parental role in child-rearing justify state requirements of parental consent to minors' abortions (with available alternative court procedures to obtain abortions), id., Planned Parenthood of Kansas City v. Ashcroft, 462 U.S. 476 (1983), and parental notification of immature, dependent minors' abortions, H.L. v. Matheson, 450 U.S. 398 (1981). The Minnesota Abortion Notification Act uses a mechanism already recognized as "enhancing the potential for parental consultation," id. at 412, to protect Minnesota's adolescent citizens and their parents.

I. THE MINNESOTA PARENTAL CONSULTATION PROVISION SUBSTANTIALLY ENHANCES THE STATE'S PROFOUND INTEREST IN THE WELL-BEING OF PREGNANT ADOLESCENTS.

A. A Profile of Teenage Abortion-- Cause for Concern.

"Abortion has become an important means of birth control for teenagers...." The abortion rules for minors, therefore, obviously affect broader social concerns. R. Mnookin, In the Interests of Children 156 (1985). Nearly 200,000 abortions are performed every year on minors age 17 or younger, including more than 15,000 on girls 14 years old or younger. Henshaw, Benker, Blaine & Smith, A Portrait of American Women Who Obtain Abortions, 17 Fam. Planning Persp. 90, 92 (1985). More than forty percent (40%) of all teenagers who have known pregnancies (birth or abortion) obtain abortions. Id. at 93.

Eighty percent (80%) of all abortions performed on teenagers are done in abortion clinics. Id.; Henshaw & O'Reilly, Characteristics of Abortion Patients in the United States, 1979-1980, 15 Fam. Planning Persp. 5, 11 (1983). More than half of the abortion clinics do not require parental notice even for teenagers 15 years of age or younger; even fewer require parental notification before performing abortions on minors ages 16 or older. Torres, Forrest & Eisman, Telling Parents: Clinic Policies And Adolescents' Use of Family Planning And Abortion Services, 12 Fam. Planning Persp. 284-86 (1980). In one study, nearly half (45%) of the 1,170 teenage abortion patients interviewed admitted that their parents did not know they were obtaining an abortion. Half of these teenagers said that they would not seek an abortion if they had to notify their parents. Id. at 287-89.

B. Without Mandatory Prenatal Notification Half of the Minors Obtaining Abortion Will Not Consult Their Parents.

It is a myth that only minors from "bad" homes seek secret abortions without consulting their parents. H.L. v. Matheson, 450 U.S. at 423-24 (Stevens, J., concurring). In fact, it appears that the families of the average teen seeking abortion are more stable than those of pregnant teenagers not seeking abortion. Olsen, Social and Psychological Correlates of Pregnancy Resolution Among Adolescent Women, 50 Am. J. Orthopsych. 432, 437 (1980).

Adolescents typically perceive that their relationships with their parents are poor. E. Hurlock, Adolescent Development 297 (4th ed. 1973); Adams, An Introduction to Understanding Adolescents, in J. Adams, Understanding Adolescents 6 (1968). Discussion with parents regarding sex-related problems is especially difficult for teenagers. R. Sorensen, Adolescent Sexuality In Contemporary America 67-79 (1973).

When peer-parental cross-pressures arise for adolescents, they typically attempt to resolve (avoid) the conflict by simply not communicating with their parents. Brittain, Adolescent Choices and Parent-Peer Cross-Pressures, 28 Am. Soc. Rev. 385, 390-91 (1963). "Almost without exception, younger women did not like to tell their parents. They fear parental reaction of shame or disappointment or a threatening posture." Butler & Fujita, Abortion Screening and Counselling: A Brief Guide for Physicians, 50 Post Grad. Med. 208, 212 (1971). Adolescents typically overestimate the negativity of their parents' rejection or disappointment. Furstenberg, The Social Consequences of Teenage Parenthood, 8 Fam. Planning Persp. 148 (1976); Miller, Adolescents and Authority, in Adolescence: The Crisis of Adjustment 74 (1975); Baird v. Bellotti, 450 F.Supp. 997,

1012 (D. Mass. 1978) (Jullian, J., dissenting) (adolescent fears of parental rejection seldom realized). "In most situations, parents and teenagers can agree on what to do about an unplanned pregnancy." Authier & Authier, Intervention With Families of Pregnant Adolescents in Pregnancy in Adolescence 107, 175 (1982); Rosen, Benson & Stack, Help or Hinderance: Parental Impact on Pregnant Teenagers' Resolution Decisions, 31 Fam. Relations 271 (1982).

Studies have consistently shown that one-half of all teenagers who seek abortions will do so without any parental knowledge, if they have that option. Torres, Forrest & Eisner, supra, at 287-89 (45% concealed abortions); Rosen, Benson & Stack, supra, (43% secret abortions); R. Mnookin, supra, at 18, (estimates that "over one-half" get secret abortions). Teenagers are much more likely to seek advice from their boyfriends and girlfriends than their parents. Clary, Minor Women Obtaining Abortions: A Study of Parental Notification In A Metropolitan Area, 72 Am. J. Pub. Health 283, 284 (1982) (71% informed best friend; 37% informed mothers; 26% informed fathers); Klerman, Bracken, Jeckel & Bracken, The Delivery-Abortion Decision Among Adolescents in Pregnancy in Adolescence 219, 229 (1982).

C. Pregnant Adolescents Need Parental Guidance.

Parental consultation is critical for minors considering abortion because "minors often lack the experience, perspective and judgment to avoid choices that could be detrimental to them." Bellotti II, 443 U.S. at 635. Further, the ability to reason abstractly and foresee consequences, which is so important to making such a decision, is absent in many teenagers. Eisen, Zelman, Leibowitz, Chile & Evans, Factors Discriminating Pregnancy Resolution

Patterns of Unmarried Adolescents, 108 Genetic Psych. 69, 94
(1983).

Adolescence is a time of transition from the dependency of childhood to the independence of adulthood. "Guidance is essential if the transition is to be made successfully and with minimum psychological damage." E. Hurlock, supra, at 15. Unlimited freedom adds to the adolescent's already-present feeling of insecurity. Id. at 256; J. Gallagher, F. Heald & D. Garrell, Medical Care of the Adolescent 243 (3rd ed. 1976).

Adolescents have a particular need for adult guidance in areas in which they have no childhood experience to guide them. E. Hurlock, supra, at 252. Making a decision about abortion is extremely difficult, even for adult women. It was reported in Freeman, Abortions: Subjective Attitudes and Feelings, 10 Fam. Planning Persp. 150, 152, 153 (1978):

Most women [studied] experienced their abortions with some degree of conflicting emotions.... The largest proportion of the 106 followed-up respondents (24%) reported that the hardest part of the experience was contending with feelings of loss of a child (although the participating clinics stressed 'fetus' and avoided the word 'child'). Other women (14%) found making the decision the hardest part of the experience. Also difficult (for 13%) was waiting for the abortion to be performed. ... Another group (11%) described loneliness as the most difficult part of abortion. A fifth group (7%) struggled with self-acceptance. ... For many, the abortion decision contradicted their perceptions about themselves. ... Sixty-eight percent reported experiencing anxiety symptoms between pregnancy and abortion; 48% reported depressive symptoms. Four months after the abortion, 14% reported anxiety symptoms; 13% depressive symptoms.

Ambivalence and confusion regarding the abortion decision are even greater for adolescents than they are for adult women. For

example, Horowitz reports:

The decision to have an abortion was not an easy one.... One of the young women admitted getting off the table at the abortion clinic before the procedure began. Another was not told that she was having an abortion and was confused about what was occurring.... Attitudes about the acceptability of abortion also demonstrate the ambivalence of many [adolescents] who had abortions. Looking back to the time before the abortion, less than one-half approved of abortion at that time.... Less than one-quarter approved of it after the abortion.

Horowitz, Adolescent Mourning Reactions to Infant and Fetal Loss, 59 Social Casework 551, 557 (November 1978). See also Babikian & Goldman, A Study in Teenage Pregnancy, 128 Am. J. Psych. 755 (1971); L. Francke, The Ambivalence of Abortion 180 (1978); Olson, supra, at 437-41.

One study found that "[a]lmost one-third of the young women (31.8%) changed their minds once or twice about continuing the pregnancy or having the abortion; 18% changed their mind even more frequently." Klerman, Bracken, Jekel & Bracken, supra, at 219, 227. Another study showed that nearly 60% of the young women studied reported conflict regarding the abortion decision. For nearly 20% "a central emotional issue revolved primarily around their description of their families and the burden of secrecy." It was also reported that "an overwhelming number...reported experiencing moderate to severe emotional distress during the period of the pregnancy." Wallerstein, Kurtz, & Bar-Din, Psychological Sequelae of Therapeutic Abortions in Young Unmarried Women, 27 Arch. Gen. Psych. 828 (1972). The opportunity for parental guidance afforded by parental consultation is substantially related to reducing these anxieties.

The fact that the abortion decision is of constitutional

significance underscores the importance of the decision and the need for guidance. The "relatively uninformed nature of the decision" of adolescents regarding unplanned pregnancy has been documented. Klerman, Bracken, Jekel & Bracken, supra, at 233. Teenagers who choose abortion typically have more difficulty with the decision than pregnant teenagers who reach other decisions. Id. at 231. They typically talk with fewer people and receive substantially less counselling than pregnant teenagers choosing to keep their baby or give it up for adoption. Id.; Paulsen, Correlation of Outcomes of Premarital Pregnancy, 18 Fam. Planning Persp. 25, 29 (1984). Moreover, adolescents who choose abortion typically make that decision much more hastily (in nine days) than teens who choose to keep the baby (56 days) or give it up for adoption (more than 100 days). Id. at 28.

While consulting parents about the embarrassing problem of unwanted pregnancy may be a cause of temporary stress for the pregnant minor, it prevents even more stress in the long run. Adolescent aborters who "avoid" facing the difficulties of the abortion decision experience more stress than "non-avoiders." Cohen, Lorry, Roth & Susan, Coping With Abortion, 10 J. Human Stress 140, 142 (1984); J. Burtchaell, Rachel Weeping And Other Essays On Abortion 42 (1982).

D. Parental Consultation Reduces The Physical and Psychological Risks Of Abortion For Minors.

Parental participation in the abortion decision of a minor is extremely important because of the substantial risks associated with abortions for minors. The physical health risks of abortions for

minors have been noted by the Supreme Court. H.L. v. Matheson, 450 U.S. at 412 n. 20.

The risks to the emotional and psychological well-being of the adolescent are even more profound. "Compared with adults, adolescents appear to have somewhat more negative responses on average following abortion." Adler & Dolcini, Psychological Issues and Abortion for Adolescents, in Adolescent Abortion 74 (G. Melton ed. 1986). One study reported that two-thirds of the adolescent pregnant patients "showed intense dependency needs." Babikian & Goldman, supra, at 759. Another study reported that nearly one-third of the young women who had abortions

showed moderate to considerable decline in psychosocial functioning five to seven months postabortion as measured from the baseline of their reported adequate pre-pregnancy status. These young women, at initial follow-up, were suffering with a variety of specific symptoms of maladaptive behavior including mild to moderate depressive episodes, a variety of new physical complaints for which medical attention had not been sought...difficulty in concentrating in school, withdrawal from previous social contacts, lowered self-esteem explicitly related to the pregnancy and abortion experience, a newly begun promiscuous pattern in relationships with men, and regression to more infantile modes of relationships with parents. These difficulties did not predate the pregnancy. ... [T]he young women in our study have only a 50% chance of having mastered the pregnancy and abortion experience to the point of adequate closure and reconstruction of the previous state of psychosocial functioning at five to seven months post-abortion. ... Our single most striking set of findings relates to the effects of the pregnancy and abortion experience upon the younger adolescents in the 14-17 year age span. Consequent symptom manifestations, even when only transient, tended to be more dramatic and more severe in this younger group. ... Even more, we were struck by the more pervasive long-range effects of the pregnancy and abortion experience upon these particular young women.... Overall it is clear that the pregnancy and abortion experience in the younger and less mature is a considerably heightened risk, a point of potential major maturational skewing.

Wallerstein, Kurtz & Bar-Din, supra, at 830-32 (cited in H.L. v. Matheson, 450 U.S. at 412 n. 20) (emphasis added). See also Perez-Reyes & Falk, Follow-up After Therapeutic Abortion in Early Adolescence, 28 Arch. Gen. Psych. 120, 124 (1973).

One of the particular difficulties for adolescents is the problem of dealing with the very real sense of loss after an abortion is performed. Horowitz reports:

The young woman's initial period of shock and denial of the loss is normally followed by reactions such as fantasizing about the baby; expressing the need to see if it is possible to have another child; feeling guilty about her own role in the loss; feeling angry toward the hospital personnel, family, or the baby's father; and having somatic reactions. These responses are sometimes followed by a period of pain and despair, in which apathy is common. A teenager may show a lack of caring for herself and her future. This sometimes serves as punishment for her perceived role in the loss.

Horowitz, supra, at 553. However, non-adaptive or pathological mourning (failing to cope) is even more difficult.

Typically, non-adaptive responses are exaggerations or the persistence of mourning reactions. Some of these reactions include the absence of mourning and continued inability to discuss the loss; persistent abnormal affective stages such as extreme and enduring anger, guilt, or depression; or new or exaggerated self destructive acting out.

Id. at 553. Less than one-fourth of the adolescent aborters observed in one study completed the healthy adaptive mourning process. Id. at 555.

They tended to conceive again soon after the termination of the previous pregnancy. Many of the young women showed few mourning reactions, perhaps because of a fear of being overwhelmed by their responses and because few others supported their expression of these feelings.

Id. at 558. The report concluded:

Working through a loss is often a painful process, but

failure to do so increases the likelihood that feelings about this loss will influence a young woman's feeling about herself, a subsequent child, and future separations and losses.... Working through a loss can be difficult, while becoming pregnant again may seem to be a simple solution. Young women need supportive help, help acknowledging and expressing their grief, if they are to take this more difficult route of dealing with their loss.

Id. at 559.

Adolescents who do not fully address this emotional problem face greater risk of subsequent pregnancy.

Conceiving again at a median of...nine and one-half months for the Abortion Group suggest that many may have had difficulty accepting the previous loss. Twenty five said that they purposely became pregnant again as a replacement of the previous loss. Thirteen did not admit planning the subsequent pregnancy, but avoided contraception even though they were aware of the consequences of doing so.

Id. at 556. And this leads to the tragic cycle of "replacement pregnancies" and multiple abortions. (See infra Part E.)

In light of these risks, parental consultation directly benefits the minor. It is indirectly of enormous significance also, because parents can provide a physician performing an abortion with medical and psychological history of the patient. H.L.v. Matheson, 450 U.S. at 412.

E. Parental Consultation Fosters A Relationship That Is Critical To The Well-Being Of Adolescents.

By providing a realistic opportunity for at least minimal parental consultation, the Minnesota law fosters a relationship that is essential to the well-being of adolescents. The need for independence (identity) from parents is the primary drive during adolescence and this conflicts with the need for parental direction.

I. Josselyn, Adolescence 40 (1971). Tension between parent and adolescent is natural and necessary and reaches its peak when the adolescent is between fifteen and seventeen. E. Hurlock, supra, at 297. Because of this conflict, parental relations with their adolescent daughter are the most important relations she has during this time. D. Ausubel, R. Montemayor & R. Sujian, Theory and Problems of Adolescent Development 483 (3rd ed. 1980); J. Horrocks, The Psychology of Adolescence 42 (2nd ed. 1962).

Parents often provide the psychological terrain upon which the adolescent struggles to find himself. They, in spite of the adolescent's periodic rejection of them, are typically the most important people in any individual's life during the period of maturation.... Because parents are so important they are the people with whom the adolescent has the most conflictual relationships.

I. Josselyn, supra, at 35.

Conflict between parents and their adolescent daughters "is unpleasant, but it is a necessity if the adolescent is to develop a healthy maturity." J. Gallagher, F. Heald & D. Garrell, supra, at 243; see also Miller, supra, at 74. Communication and shared experiences are the two principal factors affecting the relationships between an adolescent and her family. E. Hurlock, supra, at 299, 300. "Court or agency intervention without regard to or over the objection of parents can only serve to undermine the familial bond which is vital to a child's sense of becoming and being an adult in his [or her] own right." Goldstein, Medical Care for the Child at Risk: On State Supervention of Parental Autonomy, 86 Yale L. J. 645, 650 (1977). See further J. Goldstein, A. Freud & A. Solnit, Before The Best Interests of the Child 101-106 (1979).

Ironically, efforts to shield a pregnant minor from parental

participation appear to be responsible, at least in part, for the tragic syndrome of replacement pregnancies and multiple-abortions among teenagers. One study showed that 17% of the women under 18 who had abortions were pregnant again within one year. Steinhoff, Women Who Obtain Repeat Abortions: A Study Based on Record Linkage, 11 Fam. Planning Persp. 30, 37 (1979). Another study showed that 41% of adolescents who had therapeutic abortions had resumed sexual intercourse six months later, more than two-thirds of whom were then doing so without contraceptives. Perez-Reyes & Falk, supra, at 123. The implication of parental participation for this specific problem is explained by Horowitz:

A major task of adolescence is the detachment from parental figures. There are similarities between the course of this separation and the mourning process [that follows abortion].... 'Normal adolescent mourning,' as Max Sugar calls the process of separating from parental figures, makes adolescents vulnerable to other losses. Some loss of support to the adolescent ego and superego have already resulted from this process. With further losses, the threat to an adolescent's identity can be strong.

Horowitz, supra, at 552. Abortion without parental consultation involves a severe double "loss" for the adolescent whose compensatory response very often appears to be to become pregnant again.

F. Parental Consultation Increases The Prospects For Parental Support Which The Minor Desperately Needs.

Minors' need for emotional support during and after the abortion experience is obvious. Id. at 558, 559; Spaulding & Cavenar, Psychoses Following Therapeutic Abortion, 135 Am. J. Psych. 364 (1978); Butler & Fujita, supra, at 212; Hanson, Abortion in Teenagers, 21 Clin. Obst. Gynec. 1175, 1180, 1181 (1978); American

Academy of Pediatrics, Pregnancy and Abortion Counselling, 63 Pediatrics 920, 921 (1979); Perez-Reyes & Falk, supra, at 126. See further J. Gallagher, F. Heald & D. Garrell, supra, at 52, 64.

Parental consultation can reduce the likelihood of the isolation of the minor during the difficult decision process. Suicide is the third leading cause of death among teenagers. Adler & Dolcini, supra, at 84. Isolation is the prime cause of suicide among adolescents, J. Gallagher, F. Heald & D. Garrell, supra, at 244, and loneliness is one of the principal emotional problems encountered by women who obtain abortions. Attempted suicide by adolescents on the anniversary of abortion has been documented. Tischler, Adolescent Suicide Attempts Following Elective Abortion: A Special Case of Anniversary Reaction, 68 Pediatrics 670 (1981). Parental consultation is crucial in alleviating this problem.

The majority of abortions now are performed in the unfamiliar surroundings of clinics where minors are furtive, frightened visitors subjected to assembly-line techniques. See Planned Parenthood of Central Mo. v. Danforth, 428 U.S. 52, 91, 92 n. 2 (Stevens, J., concurring with Powell, J., joining). The State's protection of the opportunity for consultation by parents, who usually have powerful ties of blood and love and who will have an ongoing, important relationship with minors for years after abortion clinic personnel have collected their fees and ceased to deal with the minor, substantially effectuates the state's interest in the well-being of minors.

At least some, if not most, parents who would not be consulted absent a requirement like Minnesota's will provide emotional and

psychological support for their daughters' decisions respecting their crisis pregnancies. Authier & Authier, supra. Even if parents and daughters do not end up with the same view, the isolation resulting from a daughter taking an irreversible, unilateral, clandestine step will be avoided. Thus, the parental notification requirement will directly enhance the psychological well-being of a significant number of minors.

G. Parental Consultation Helps Protect Vulnerable Minors From Exploitation.

Parental consultation is necessary to protect minors against their "peculiar vulnerability". Bellotti II, 443 U.S. at 3643. Pregnant teenage girls are particularly vulnerable to the guiles of clinics offering "quick fixes" and to the influence of their peers.

The parties attacking the Minnesota parental consultation provision are engaged in the business of offering abortion services and giving "counsel" to pregnant women, including teenagers. Obviously, they have a direct conflict-of-interest (profit) when it comes to giving counsel to frightened teenagers who have unplanned pregnancies.

The typical abortion "counselor" has such a personal psycho-social stake in abortion that she could not give meaningful, objective counsel, even if she were expected to. Two recently-published series of interviews by pro-abortion authors, succinctly summarized in J. Burtchaell, supra, at 41-44, underscore how misleading it is to even apply the term "counseling" to the promotional job provided by abortion staffers. Most "counselors" have had abortions themselves. Many are burdened with unresolved

psychological guilt. Id. at 41-42. Abortion "counselors" exploit the natural centrifugal pressures that make communications between adolescents and parents difficult, and are willing to weaken whatever remains of the parent-child link of honest interaction in order to promote abortion.¹

Abortion clinic counsellors aren't really expected to present alternatives to abortion. J. Burtchaell, supra, at 43. "Counselors are just to give the appearance of help.... [T]hey think of themselves as company for the women.... The counselling was more of an assurance process." Id. at 42 (citing L. Franke, The Ambivalence of Abortion 25, 30 (1978)).

The influence of peers on the abortion decision of an adolescent can be substantial. See generally E. Hurlock, supra, at 75-77; J. Gallagher, F. Heald & D. Garrell, supra, at 243; I. Josselyn, supra, at 42, 43; Brittain, supra. Peers are not only the most

¹ Family planning programs "are more efficient at convincing teens to avoid birth than to avoid pregnancy." Weed, Curbing Births Not Pregnancies, The Wall St. J., Oct. 14, 1986, at 36, col. 4. Despite a massive, government-financed campaign that has increased the provision of family planning services to teenagers by 600% in twelve years (in 1980 30% of all teens were involved in family a planning program), and despite predictions by family planners that the rate of pregnancy among teenagers would drop by 200--300 pregnancies for every 1000 teenagers involved in family-planning programs, Olsen & Weed, Effects Of Family Planning Programs For Teenagers On Adolescent Birth And Pregnancy, 20 Fam. Planning Persp. 153, 157-61 (1986), recent research found "a net increase of about 100 pregnancies" for every 1000 teenagers using family planning services. Id. at 160, 161; Weed & Olsen, Effects Of Family-Planning Programs On Teenage Pregnancy--Replications And Extension Rates, 20 Fam. Planning 173, 190 (1986). And instead of reductions of more than 150 abortions per 1000 teenagers using family planning services, predicted by family planners, Weed & Olsen found that the rate of abortion increased by more than 100 per 1000 teenage family planning clients. Weed, supra, at 36; Olsen & Weed, supra, at 161-64, 67; Weed & Olsen, supra, at 190. "[F]amily planning is associated with higher, not lower, abortion rates." Id.

frequent source of sex information to adolescents, D. Ausubel, R. Montemayor & R. Suajian, supra, at 387, but they frequently are the source of misinformation about abortion. Hanson, supra, at 1180.

Research strongly suggests that adolescent decisions regarding abortion or childbirth are significantly affected by the counsel they receive from others. They are particularly vulnerable. In one study, over one-third of those who, upon initial interview, agreed that they should not have an abortion subsequently had an abortion; in three-fourths of those cases, the girls reported that they had been strongly influenced by someone who encouraged abortion. Adler & Dolcini, supra; Eisen, Zelman, Leibowitz, Chan & Evans, supra. Thus, parental consultation provides the adults most interested in the ultimate well-being of pregnant adolescents the opportunity to protect them against false, misleading, prejudicial or harmful "advice" from their "friends."

II. THE MINNESOTA PARENTAL CONSULTATION OPPORTUNITY LAW
SUBSTANTIALLY ADVANCES THE STATE'S SIGNIFICANT INTEREST IN
PROTECTING PARENTAL RIGHTS.

A. The Minnesota Law Protects and Supports Parental
Childrearing Rights.

The parent-child relationship is ordinarily outside the reach of government regulation. The government can only interfere with parental control of their children in exceptional cases where it is necessary to protect the health or safety of the child or of society. Prince v. Massachusetts, 321 U.S. 158 (1944); Wisconsin v. Yoder, 406 U.S. 205 (1972). In Ginsberg v. New York, 390 U.S. 629 (1968), the Court noted:

Constitutional interpretation has consistently recognized that the parents' claim to authority in their own household to direct the rearing of their children is basic in the structure of our society. 'It is cardinal with us that the custody, care, and nurture reside first in the parents, whose primary function and freedom include preparation for obligations the State can neither supply or hinder.' ... The legislature could properly conclude that parents and others...who have the primary responsibility for children's well-being are entitled to the support of laws designed to aid discharge of that responsibility....

390 U.S. at 639, 640 (emphasis added). Like the law upheld in Ginsberg, the Minnesota parental consultation provision is a valid method of providing support to parents charged with the responsibility of raising children. It was within the province of the Minnesota legislature to protect families of pregnant teenagers from the interference of abortion counselors who would presume to dictate how those parents should raise their children.

Further, a two-parent requirement such as Minnesota's appropriately protects the interests and rights of both parents of a minor contemplating an abortion. In striking down the two-parent notice requirement, the court below apparently assumed that a non-custodial parent has no constitutionally-protected interest in the rearing of his or her child which would justify the notice requirement. However, mere loss of custody of a child does not abrogate the parental rights and responsibilities of the non-custodial parent, as is obvious from the ongoing obligations of child support often imposed on non-custodial parents. The Supreme Court has recognized parental rights as a fundamental liberty interest which may not be finally terminated without the constitutional protections of due process. Santosky v. Kramer, 455

U.S. 745 (1982). Yet the lower court's decision effectively "terminates" the rights of non-custodial parents in an area of parental concern which the Supreme Court has recognized as important enough to justify limitations on a child's own constitutional freedoms. Bellotti II, 443 U.S. at 637. Moreover, the lower court's concerns that an "abusive, or even a disinterested absent parent" will resume "disruptive or unhelpful participation" in the family, Hodgson v. Minnesota, 3-81 Civ. 538, slip op. at 50 (D.Minn. Nov. 6, 1986), are simply not warranted. A never-married parent or one who has long since abandoned the child probably will not be notified through the "reasonably diligent effort" required by the Minnesota law. A truly disinterested parent will be unlikely to respond to the notification. And where abuse is genuinely feared, the minor and her custodial parent may avail themselves of the bypass procedure, privately and expeditiously.

B. The Minnesota Law Sustains A Commitment To Families.

Perhaps the most important impact of the Minnesota law is that it represents official support for parental consultation and responsibility. In the complicated web of relationships that affects any particular minor's crisis pregnancy, the law will have subtle and far reaching impact, not directly or immediately measurable, to encourage adolescent-parent communications and resolution of the problems which cause teenage pregnancy.

The Court's decision in this case will convey a message that will profoundly affect our society. To strike down the Minnesota law because, in isolation, a judge does not find compelling evidence of immediate and direct benefits, would be myopic. It also would send a

loud and clear message to the institutions and individuals comprising the crisis pregnancy resolution network. That message would be detrimental to families, fundamental values, and the best interests of minors.

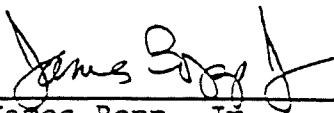
Our main point is that the law does not merely regulate our lives, it articulates and symbolizes our values and mores. In an era when the family has been rendered increasingly vulnerable to dissolution, we should not gratuitously add to the stress by enshrining in law the starkly individualistic view that a child in the making, a future shared project of the family, is wholly and completely a 'private' matter for the woman to determine....

Etzioni, The Husband's Rights in Abortion, 12 Trial 56, 58
(November 1976).

CONCLUSION

Because the Minnesota Abortion Notification Act effectively serves the State's interest in protecting pregnant minors and their parents by furthering parental consultation, the amicus Minnesota Citizens Concerned for Life urges the Court to uphold the Act.

Respectfully submitted,



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No. 85-673

IN THE
SUPREME COURT OF THE UNITED STATES
October Term, 1986

NEIL F. HARTIGAN, in his official capacity as
Attorney General of the State of Illinois; his agents and
successors, and
RICHARD M. DALEY, in his official capacity as State's
Attorney for Cook County, Illinois; his agents and
successors; and all others similarly situated,

Appellants,

vs.

DAVID ZBARAZ, M.D. and ALLAN G. CHARLES,
M.D., individually and on behalf of a class of all others
similarly situated,

Appellees.

ON APPEAL FROM THE UNITED STATES
COURT OF APPEALS FOR THE SEVENTH
CIRCUIT

BRIEF AMICUS CURIAE OF AMERICAN
VICTIMS OF ABORTION, TERESA
WIBBELSMAN, HOLLY TRIMBLE, AND LORA
HOUBLER IN SUPPORT OF APPELLANT,
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No. 85-673

IN THE
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October Term, 1986

NEIL F. HARTIGAN, in his official capacity as
Attorney General of the State of Illinois; his agents and
successors, and
RICHARD M. DALEY, in his official capacity as State's
Attorney for Cook County, Illinois; his agents and
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Appellants,

vs.

DAVID ZBARAZ, M.D. and ALLAN G. CHARLES,
M.D., individually and on behalf of a class of all others
similarly situated,

Appellees.

On Appeal From The United States
Court of Appeals For The Seventh Circuit

NOTE

This Brief Amicus Curiae is filed with the consent of all parties to this appeal. A letter from each attorney stating this consent has been filed herewith with the Clerk of the Court.

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STATEMENT OF INTEREST OF THE AMICI

The *amici* Teresa Wibbelsman, Holly Trimble, and Lora Hoobler are women who procured abortions as minors without their parents' knowledge. To a large extent their abortion decisions were uninformed. In retrospect, they believe that 24 hours notice of their abortions to their parents would have significantly altered their experiences dealing with their problem pregnancies. The amici are aware of the Illinois 24-hour parental notice requirement at issue in this case, and they offer their experiences to the Court to illustrate the need many young girls have for that protection in making abortion decisions.

Teresa Wibbelsman was sixteen years old when she learned she was pregnant. She had been raised in a Catholic home and attended parochial schools. All she knew about abortion was that it would "take care of" the problem. No one at the family planning center, where her pregnancy was diagnosed, offered her any counseling except a referral to an abortion clinic. She made her decision to abort primarily because she was afraid to tell her parents of her pregnancy; she didn't want them to know she had disappointed them. Her boyfriend took her from her Ohio home to a Louisville, Kentucky, abortion clinic. At the clinic she signed consent forms which were placed in front of her without explanation. She does not remember reading the forms. The only counseling she received at the clinic was a brief description of the abortion procedure using a plastic anatomy model, given to a group of seventeen girls at once.

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Teresa's abortion proceeded smoothly and she suffered no known physical complications. The abortion exacted an emotional toll, however. Teresa blocked the abortion from her mind but her self-worth had plummeted. She slipped into promiscuity and drug and alcohol abuse. She began to play what she calls "car games" — closing her eyes while driving over bridges, or accelerating on the freeway and closing her eyes until fear forced her to open them again.

Five years after Teresa's abortion, her fifteen-year old sister was impregnated on a "date rape." Teresa's sister, rather than obtaining a secret abortion, went to her parents with her problem. Together, they decided that the child would be carried to term and placed for adoption. Seeing her sister's trust in her parents and their warm support for her in her crisis produced feelings of jealousy in Teresa, causing her to wish she had handled her pregnancy the same way.

Nearly six years after her abortion, Teresa consciously acknowledged that she felt tremendous guilt over the abortion. Although she was still unmarried, she determined a time when she would be fertile and deliberately became pregnant on a "one-night stand." She made adoption arrangements in Louisville. Her little girl was born on the anniversary of her abortion. Teresa took her to Louisville for adoption to "replace" the child Teresa had aborted there.

Teresa is convinced that if she had known at the time of her abortion decision what she now knows about her parents' supportive reaction to a problem pregnancy, she would not have chosen to abort. Thus a 24-hour parental notice requirement would, in Teresa's case, have saved her from the anguish which followed a decision that turned out to have been wrong for her.

Holly Trimble was also sixteen years old when she became pregnant. She was personally opposed to abortion, but she was afraid her parents would be hurt if they knew of her pregnancy. Her boyfriend's older brother and his girlfriend persuaded her that obtaining a secret abortion was the best thing for her to do. Holly recalls that she was not in good condition to make a decision; the pregnancy made her feel ill, and she was vomiting every day. Although she was ten weeks pregnant, she believed at the time that her fetus was just a "little egg." Prior to her abortion, she asked a matronly counselor at a state family planning office

if women felt badly after abortions. "No, they're usually relieved because they can go on with their lives," she was told. "Sometimes a woman is bothered if she feels the fetus move before her abortion and she thinks it's alive; but she shouldn't because it's really not."

Within a week of her abortion, Holly *did* begin to feel badly about it. Because the purpose of her abortion was to hide her pregnancy from her parents, she couldn't talk to them about her turmoil. When *Life* magazine ran pictures of ten-week-old fetuses, Holly saw them and became horrified at what she had done. She felt intense guilt whenever she saw a baby. Eventually she sought help from a priest and her conscience was temporarily assuaged.

Nine years later, Holly had married and become pregnant. She had learned more about fetal development and was acutely aware of the new life she was carrying within her body. That awareness stirred up memories and remorse over her earlier abortion. Her depression became so severe that she sought professional help. Her psychiatrist finally hospitalized her in the psychiatric ward of a local hospital three months after the birth of her son. Eventually she was referred to another psychiatrist who placed her on anti-depressant medication for several months. Only after careful counseling did she improve to the point where she was able to go through another pregnancy and post-partum period with very little depression.

Holly still looks back at her abortion decision with great regret. She believes that if she hadn't felt it necessary to shield her parents from knowledge of her pregnancy, she would not have obtained her abortion. She also is certain that, if she had been exposed to information about fetal development at the time of her decision, she would have chosen to carry her child to term.

Lora Hoobler was seventeen when she became pregnant. She and her boyfriend assumed without discussion that she

would get an abortion. She knew that her parents felt abortion was wrong, but she did not want them to know she was pregnant. She visited a women's clinic and saw a counselor who scheduled her abortion. The counselor gave her no information on fetal development or abortion complications but did ask her, "Are you going to freak out on us?" Lora did not know what she was referring to and answered, "No." Lora didn't consult with anyone else about her abortion. She recalls that she didn't want to think about what she was doing because deep inside she believed her decision was wrong.

The abortion was performed. Lora regained consciousness in the operating room and saw a tube filled with the blood and tissue that had been extracted from her body. The reality of what she had done hit her "like a brick". She remembered her parents saying, "Abortion is murder." Lora wept uncontrollably for 45 minutes until the clinic staff sent her boyfriend in to remove her.

Lora suffered from severe depression for two years following the abortion. When she found some literature showing details of fetal development, she was amazed and appalled. She felt betrayed. Even though she had not understood what she was doing until after the abortion was over, she carried a heavy burden of guilt. She broke up with her boyfriend and became what she describes as "hopelessly" promiscuous. She tried drugs and alcohol. Her depression did not lift until she had a "born again" religious experience.

Lora cannot say for certain that a parental notification requirement would have changed the outcome of her pregnancy. She does know that she made an uninformed abortion decision, the price of which was very high for her and which she now regrets as the worst decision of her life. She believes consultation with her parents could have resulted in a different decision.

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Teresa, Holly, and Lora are associated with the amicus American Victims of Abortion. AVA is a national organization of persons whose lives have been adversely affected by abortions, their own or a family member's. The objective of AVA is to provide a forum for these individuals to educate legislatures and the public about the tragic consequences of abortion for some women. Based on the experiences of AVA members who obtained abortions as minors, AVA supports legislation, such as Illinois' parental notification requirement, which may protect young women from making uninformed abortion decisions.

BRIEF AMICUS CURIAE

NOTE

The Questions Presented and The Statement of the Case are omitted from this Amicus Curiae Brief since they are amply stated in the Appellant's Brief of Neil F. Hartigan.

SUMMARY OF ARGUMENT

A problem pregnancy requires a woman to make one of the most complex and difficult decisions of her life. Her consideration of multiple social, economic, and moral factors may be hampered by the physiological and psychological changes produced in her by the pregnancy itself. Many women do not know, at the time of their decision, that abortion can produce a severe post-traumatic stress disorder.

Minor women, in particular, are often ill-informed about pregnancy and abortion and unable to make mature, rational decisions in their own best interest. This Court has recognized that immature minor women are in need of special protection in making critical decisions, even where that protection results in a limitation on their exercise of constitutional rights. The Court has also recognized that

the furthering of parental consultation in minor women's abortion decisions is a constitutionally permissible end.

Illinois' 24-hour notification requirement ensures sufficient time for parental consultation before minor women obtain abortions. This requirement is a reasonable means to ensure that minors have time to consult with their parents and are thereby assisted in making informed, wise abortion decisions. The purpose of Illinois' 24-hour notification and consultation period distinguishes it from the 24-hour waiting period struck down in *Akron*, which only encouraged additional contemplation by women who had already consulted with their physicians and made informed decisions to abort.

ARGUMENT*

I. INTRODUCTION

The amici Teresa Wibbelsman, Holly Trimble, and Lora Hoobler share a regret that they decided to obtain abortions as minors without the benefit of their parents' advice and emotional support. Each of them experienced unexpected trauma and remorse following their abortions. Their stories and the similar stories of other members of American Victims of Abortion are typical of a large number of teenagers who make hasty, secret, and ill-informed abortion decisions.

The special attention given to the abortion decision by this Court is well justified. Sociologists are still learning of the complexities of the abortion decision. It has been found that the decision-making processes of women with problem pregnancies involve several stages and numerous influencing factors, such as source of information,

* The author wishes to acknowledge the assistance of Vincen [redacted], Ph.D., Marriage and Family Therapist and Psychotherapist, Executive Director, Sir Thomas More Marriage and Family Clinics of Southern California.

relationship to the father, beliefs about the beginning of human life, attitudes toward abortion, and perception of the decision as individual or joint. Williams & Ventimiglia, *Abortion or Birth? Discriminators in Problem Pregnancy Decisions*, 1 SOCIOLOGICAL SPECTRUM 115 (1981). Moreover, the complexity of the decision-making process is compounded by the effects of the pregnancy itself. It has been noted that pregnancy, even when wanted, can be a period of crisis involving profound psychological and physiological changes. Bibring, *Some Considerations of the Psychological Processes in Pregnancy*, 14 PSYCHOANALYTIC STUDY OF THE CHILD 113, 116 (1959). Some women's pregnancies may be characterized by borderline personality states, i.e., "magical thinking, premonitions, depressive reactions, primitive anxieties, and introjective and paranoid mechanisms." *Id.* at 115. More commonly, an unexpected pregnancy evokes feelings of stress, anxiety, dissatisfaction, and shame. Clearly, many women are facing difficult decisions with permanent consequences at a time when they are less-than-optimally prepared to make those decisions.

Psychological research is confirming not only the complexity of the abortion decision but also the deleterious effects of abortion on some women, ranging from mild depression to serious suicidal impulses. See Appendix A, Table of Major Studies on Psychological III Effects of Induced Abortion. As more data on the after-effects of abortion has become available, a pattern of a post-traumatic stress disorder has emerged. See AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS §308.30 (1980). A psychologically traumatic event that is generally outside the norm of usual human experience, such as the intentional death of one's fetal child by abortion, can produce characteristic symptoms of a post-traumatic stress disorder.

The symptoms of the "post abortion syndrome" stress disorder include mentally re-experiencing the abortion event, numbing of responsiveness to the external world leading to reduced involvement, sleep disturbance, impaired memory or difficulty in concentrating, guilt feelings about surviving when the fetal child did not, and increased irritability and impulsive behavior. Impairment from the disorder may either be mild or affect nearly every aspect of life. "Psychic numbing" may interfere with interpersonal relationships, such as marriage or family life. Depression and guilt may result in self-defeating behavior or suicidal actions. Drug or alcohol abuse may develop, and "anniversary reactions" are common. The symptoms often intensify when the woman is exposed to situations that resemble or symbolize the original abortion trauma, such as a visit to a clinic or a nursery. See generally Rue, *Post Abortion Syndrome*, in POST ABORTION COUNSELING (A. Speckhard ed.) (in press). The experiences of the amici Teresa, Holly, and Lora comport with the reported symptoms associated with post abortion syndrome.

Approximately 28% of all abortions in the United States are performed on women under the age of nineteen. CENTERS FOR DISEASE CONTROL, U.S. DEPT. OF HEALTH AND HUMAN SERVICES, ABORTION SURVEILLANCE 4 (1985). Unfortunately, teenagers seem to be particularly at risk for adverse reactions to abortion. In addition to the pressures facing older women with problem pregnancies, teenagers may be contending with peer pressure, self-identity struggles, new social freedoms and responsibilities, and value clarification. One study found that relatively more teenagers than older women suffered anxiety, depression, sadness, guilt, and regret following abortions. Cates, *Adolescent Abortions in the United States*, 1 J. ADC & ENT HEALTH CARE 18 (1980).

Beyond the psychological risks, teenagers who undergo abortion are at risk physically as well. Researchers who

analyzed data collected under the auspices of the Centers for Disease Control on teen abortion morbidity and mortality concluded that women under age eighteen who obtained suction-curettage abortions were more susceptible to cervical injury than were older women. They concluded, "These findings cause concern because cervical injury in initial unplanned pregnancies may predispose young women to adverse outcomes in future planned pregnancies." Cates, Schulz, & Grimes, *Risks Associated with Teenage Abortion*, 309 NEW ENG. J. MED. 621 (1983). Hence, one abortion decision can impact the entire childbearing potential of the teenage patient.

Due to the enhanced psychological and physiological risks facing these young women, the extension of special protection to them as they face unexpected pregnancy decisions is warranted. The State of Illinois has chosen to extend that special protection to pregnant minors in its Parental Notice of Abortion Act of 1983.

II. MINORS' NEED FOR PROTECTION SUPPORTS STATE LIMITATIONS ON THE CONSTITUTIONAL RIGHT OF MINORS TO MAKE ABORTION DECISIONS

It is, of course, well established that "[c]onstitutional rights do not mature and come into being magically only when one attains the state-defined age of majority. Minors, as well as adults, are protected by the Constitution and possess constitutional rights." *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52, 74 (1976) (plurality opinion). Nevertheless, the Court "long has recognized that the State has somewhat broader authority to regulate the activities of children than adults," even in areas involving constitutional rights. *Id.* This broader authority rests upon the principle that "a State may permissibly determine that, at least in some precisely delineated areas, a child . . . is not possessed of that full capacity for individual choice' which is essential to the

exercise of various constitutionally protected interests." *Carey v. Population Services International*, 431 U.S. 678, 705 (1977) (Powell, J., concurring in the judgment) (quoting *Ginsburg v. New York*, 390 U.S. 629, 649-50 (1968) (Stewart, J., concurring in the result)).

Justice Powell further explained the States' greater regulatory authority over minors in *Bellotti v. Baird II*. 443 U.S. 622, 634-37 (1979):

We have recognized three reasons justifying the conclusion that the constitutional rights of children cannot be equated with those of adults: the peculiar vulnerability of children; their inability to make critical decisions in an informed, mature manner; and the importance of the parental role in child-rearing.

* * *

Viewed together, our cases show that although children generally are protected by the same constitutional guarantees against governmental deprivations as are adults, the State is entitled to adjust its legal system to account for children's vulnerability and their needs for "concern, . . . sympathy, and . . . paternal attention."

* * *

Second, the Court has held that the States validly may limit the freedom of children to choose for themselves in the making of important, affirmative choices with potentially serious consequences. These rulings have been grounded in the recognition that, during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.

* * *

Third, the guiding role of parents in the upbringing of their children justifies limitations on the freedoms of minors.

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These principles have been applied by the Court to justify state requirements of parental consent to minors' abortions (with available alternative court procedures to obtain abortions), *id.*; *Planned Parenthood of Kansas City v. Ashcroft*, 462 U.S. 476 (1983), and parental notification of immature, dependent minors' abortions, *H.L. v. Matheson*, 450 U.S. 398 (1981).

The Court's recognition that minors' abortion decision-making abilities may be handicapped by their immaturity is borne out by sociological and psychological research. To begin with, teenagers, as a population, are poorly informed about abortion. A recent study showed that more than one out of three teenage girls knew little about pregnancy and abortion and that they wanted more information. Further, the researchers concluded that one should not assume that a teenager will ask pertinent questions when she wants to know more about sexual subjects. Ostrov, Offer, Howard, Kaufman, & Meyer, *Adolescent Sexual Behavior*, 19 MED. ASPECTS HUM. SEXUALITY 28 (1985).

More significantly, existing clinical opinion and developmental research indicate that the cognitive processes of many adolescents are not sufficiently developed to allow for rational decision-making in serious matters. According to cognitive theory, immature children think haphazardly, only in concrete and specific terms, and only for the immediate moment. As they mature, they become capable of formal operational thought, i.e., able to anticipate possible outcomes, weigh the value of each outcome, test systematically, consider complex interactions, and associate behavior with outcomes. Formal thought processes may appear during the early years of adolescence, Niemark, *Intellectual Development during Adolescence*, 4 REVIEW OF CHILD DEVELOPMENT RESEARCH 541 (F. Horowitz ed. 1975), but cognitive maturation varies widely among individuals.

Researchers at the University of Texas at Austin analyzed data on factors thought to be associated with

decisions to abort or continue pregnancies, and ultimately concluded, "[T]he ability to reason abstractly and to foresee consequences of future decisions would seem to be important in making a good decision of such magnitude [i.e., pregnancy resolution]. However, many teenagers may not yet be able to think abstractly, particularly when the decision concerns one's own sexuality. The role of formal operational cognitive skills in making life decisions with respect to sexuality and pregnancy decision making is largely unknown." Eisen, Zellman, Leibowitz, Chow, & Evans, *Factors Discriminating Pregnancy Resolution Decisions of Unmarried Adolescents*, 108 GEN. PSYCH. MON. 69, 94 (1983). Taking a cognitive-developmental approach assessing adolescent denial and risk-taking, one researcher concluded that the adolescent is in transition between concrete and formal (abstract) operative thinking. Cobliner, *Pregnancy in the Single Adolescent Girl: The Role of Cognitive Functions*, 3 J. YOUTH & ADOL. 17, 25 (1974). Other researchers have reported that in working with adolescents who are physically ill they found little evidence of formal operational functioning, going so far as to call it a "myth." Fletcher & Johnson, *The Myth of Formal Operations: Rethinking Adolescent Cognition in Clinical Contexts*, 11 CHILDREN'S HEALTH CARE 17 (1982).

In addition, an adolescent's emotions impact heavily on her ability to make sound and reasoned judgments. It has been noted, "teenagers may tend to be egocentric and to make irrational and emotional decisions about themselves and others. . . . [A] particular fourteen-year-old may have been more capable of making a certain decision when [s]he was younger, before the emotional upheavals of adolescence interfered with [her] judgment." Ramsey, *Representation of the Child in Protection Proceedings: The Determination of Decision-Making Capacity*, 17 FAM. LAW QRTLY. 287, 315 (1983). Another researcher who studied adolescent abortion decision-making concluded, "Adolescents lack the adult benefits of life experience in autonomy and problem solving. . . . Young women may rely

on less analytical approaches to the problem, such as following the normative behavior of their peers or basing decisions on romantic, unrealistic scripts... A well-thought-out pregnancy decision can enhance an adolescent's development." Brown, *Adolescents and Abortion: A Theoretical Framework for Decision Making*, 12 J. OB. GYN. & NEONATAL NURSING 241, 244-45 (1983).

Because many minors are so demonstrably ill-equipped mentally and emotionally to make critical decisions, and because the consequences of the abortion decision in particular can be unexpectedly severe, Illinois has determined that parents should be notified of pending abortions in order to give their minor daughters an opportunity to consult with them in making abortion decisions. Illinois' determination rests firmly on principles enunciated by this Court with regard to State authority to regulate minors' exercise of constitutional rights.

III. ILLINOIS MAY CONSTITUTIONALLY SEEK TO FURTHER PARENTAL CONSULTATION IN MINORS' ABORTION DECISIONS

Although the incapacities of minors justify some limitation on the free exercise of their constitutional rights in certain areas, the rule remains that "state restrictions inhibiting privacy rights of minors are valid only if they serve 'any significant interest . . . that is not present in the case of an adult.'" *Carey v. Population Services International*, 431 U.S. 678, 694 (1977) (plurality opinion) (quoting *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52, 75 (1976)). Thus, a Missouri blanket parental consent provision was invalidated by the Court in *Danforth*, 428 U.S. 52, which was not found to clearly further a significant state interest justifying the restriction. In his concurring opinion, however, Justice Stewart did identify one significant state interest which could justify a limited impingement on a minor's right to

choose abortion: the furthering of parental consultation during the making of a minor's abortion decision. Justice Stewart wrote:

There can be little doubt that the State furthers a constitutionally permissible end by encouraging an unmarried pregnant minor to seek the help and advice of her parents in making the very important decision whether or not to bear a child. That is a grave decision, and a girl of tender years, under emotional stress may be ill-equipped to make it without mature advice and emotional support. It seems unlikely that she will obtain adequate counsel and support from the attending physician at an abortion clinic, where abortions for pregnant minors frequently take place.

Id. at 91 (footnote omitted).

Subsequent decisions of the Court confirmed that a state's interest in furthering parental consultation is indeed a constitutionally permissible end. Holding that a state may require a minor to obtain parental consent to an abortion so long as an alternative authorization procedure is provided, Justice Powell wrote in *Bellotti II*, 443 U.S. at 640:

As immature minors often lack the ability to make fully informed choices that take account of their immediate and long-range consequences, a State reasonably may determine that parental consultation often is desirable and in the best interest of the minor. It may further determine, as a general proposition, that such consultation is particularly desirable with respect to the abortion decision — one that for some people raises profound moral and religious concerns.

(Footnotes omitted.) That language was relied upon again in *H.L. v. Matheson*, 450 U.S. 398, 409 (1981), to uphold a Utah parental notification requirement for independent minors seeking abortions.

Like Utah, Illinois has reasonably determined that an opportunity for parental consultation may correct the deficiencies inherent in the decision-making processes of immature pregnant minors. Although the opportunity for parental consultation does not guarantee that a pregnant minor's abortion decision will be better informed, it certainly enhances the likelihood that it will be, for reasons delineated by Judge Coffey in his dissenting opinion below. *Zbaraz v. Hartigan*, 763 F.2d 1532, 1548-57 (1985) (Coffey, J., dissenting).

In addition to broadening the information base relied upon by the pregnant minor, parental consultation may benefit the family unit as a whole. Caring parents may be hurt more deeply by learning after a secret abortion that they were excluded when their daughter was in trouble, than by being confronted with the pregnancy initially. Rosen, Benson, & Stack, *Help or Hindrance: Parental Impact on Pregnant Teenagers' Resolution Decisions*, 31 FAMILY RELATIONS 271, 279 (1982). The sharing of a crisis can often produce family closeness and unity even where little previously existed. McCUBBIN & FIGLEY, *STRESS AND THE FAMILY: COPING WITH NORMATIVE TRANSITION* (1983). Parental support during and after an abortion decision can be crucial to a young woman's ability to cope with the consequences of her decision. Finally, the stories of the amici Teresa, Holly, and Lora indicate that some teenagers obtain abortions primarily so that their parents will not learn of their pregnancy. Once the pregnancy is out in the open, the secrecy motivation will largely recede and other factors may be properly weighed in making the decision.

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IV. THE ILLINOIS STATUTE IS TAILORED TO SERVE THE SIGNIFICANT STATE INTEREST IN FURTHERING PARENTAL CONSULTATION AND ENSURING MINORS' INFORMED CONSENT WITHOUT IMPERMISSIBLY BURDENING MINORS' CONSTITUTIONAL RIGHTS

In determining how it could protect minors from rushing into uninformed abortion decisions, the Illinois legislature apparently was guided by the decision in *H.L. v. Matheson*, 450 U.S. 398 (1981), in which a parental notification requirement was upheld. Chief Justice Burger stated in his opinion:

The Utah statute is reasonably calculated to protect [immature, dependent] minors . . . by enhancing the potential for parental consultation concerning a decision that has potentially traumatic and permanent consequences.

Id. at 412 (footnote omitted). By requiring parental notice in advance of the performance of an abortion upon a minor (with an appropriate alternative authorization procedure) the Illinois statute uses a mechanism already recognized as "enhancing the potential for parental consultation." Further, by requiring that the notice be provided 24 hours before the abortion, Illinois has satisfied an objection of the dissenting Justices in *Matheson* to the Utah notification statute — namely, that "the statute imposes no requirement that the notice be sufficiently timely to permit any discussion between the pregnant minor and the parents." 450 U.S. at 446.

The opponents of the Illinois statute argue that a 24-hour notice requirement contravenes the Court's holding in *City of Akron v. Akron Center for Reproductive Health*, 462 U.S. 416 (1983), that a 24-hour waiting period imposed on a woman, after she has given her written informed consent to an abortion to her physician, violated her constitutional right of privacy. However, the 24-hour waiting period was

ricken in *Akron* because it did not further any legitimate interest in ensuring that a woman's consent to abortion is informed. Under the City of Akron's requirement, the 24-hour wait was imposed *after* the woman had consulted her doctor, had received all the information she desired, and had made an informed decision. Thus, the purpose of the requirement was simply to provide additional time for contemplation.

By contrast, the purpose of Illinois' 24-hour notice requirement is to provide time for the parental consultation a minor may need to make an informed abortion decision. The encouragement of that consultation, noted above, has already been recognized as a legitimate interest which may be served by a parental notification requirement. Illinois' 24-hour consultation period is a moderate and reasonable means to effectuate the legitimate purpose of the law. Because the 24-hour consultation period furthers a legitimate state interest that is not present in the case of an adult," *Carey v. Population Services*, 431 U.S. at 694, it does not share the firmity of the City of Akron's requirement.

If Illinois is not allowed to ensure that a reasonable time for parental consultation is available, then its recognized interest in furthering consultation will be nullified in its practical application. The State's interest will have been upheld in theory but not in practice. As Judge Coffey noted in his dissent below, a bare requirement of parental notification without a consultation period allows a doctor to notify parents and then "proceed immediately with the abortion, never allowing the parents an opportunity to participate in the decision." *Zbaraz v. Hartigan*, 763 F.2d 1555. Thus the underlying purpose of the Illinois statute, furthering parental consultation in abortion decisions, is inextricably linked to the need to allow reasonable time for implementation.

Further, any inconvenience caused by the 24-hour consultation requirement is small when compared to the

gravity of the abortion decision and the permanent consequences it entails. Inasmuch as the Court has already sanctioned some protective limitation on minors' exercise of constitutional rights, the 24-hour consultation period does not amount to an impermissible burden.

CONCLUSION

Unlike the 24-hour waiting period struck down in *Akron*, which only served to delay a woman's abortion after she had made an informed decision, Illinois' 24-hour parental notification requirement serves the legitimate state interest of furthering parental consultation to help ensure that minors' abortion decisions are wise and informed. Any limitations the State's requirement imposes upon minors' exercise of a constitutional freedom are justified by immature minors' need for protection and guidance in making complex and irrevocable abortion decisions. The amici therefore argue that the Illinois 24-hour parental notification requirement is constitutional and should be upheld.

Respectfully submitted,
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APPENDIX

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APPENDIX

Table 1: Major Studies on Psychological Ill Effects of Induced Abortion

Study	Date	Major Findings
Bracken and Suigar	1972	Self-reported negative abortion reactions were associated with being single, young, and lacking support from partner and parents.
Osofsky and Osofsky	1972	Sixteen percent of abortion patients were judged unhappy and twenty-five percent expressed guilt.
Perez-Reyes and Falk	1973	Fifteen percent of post-abortion adolescents expressed adverse feelings of depression, guilt, anger and anxiety.
Kaltreider	1973	Reported on the increased emotional difficulties in midtrimester abortion patients, noting that those women who perceived the fetus as a human being, i.e., baby, felt guilty or sad.
Ewing and Rouse	1973	Nineteen percent of post-abortion patients expressed immediate negative reactions, especially if there was prior history of emotional disturbance.
Moore-Caver	1974	Review of abortion literature found severe guilt in 2 to 23 percent of patients.

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Table 1. contd.

Study	Date	Major Findings
Bracken, Hachovitch and Grossman	1974	Lack of parental emotional support to aborting daughters or pressure by parents for abortion were associated with negative reactions.
Lask	1975	Of 50 abortion patients, 32 percent had adverse outcomes, reporting moderate to severe feelings of guilt, regret, loss and self-reproach.
Evans, Selstad and Welcher	1976	Twenty percent regretted the abortion experience. Conservatism, religious affiliation, pressure to abort were highly related.
Greenglass	1976	Twelve percent of aborted women experienced negative psychological reactions with three percent attempting suicide. Psychiatric patients pre-abortion were three times as likely to require therapy post-abortion.
Kent	1977	Abortions in patients' histories were major precipitants in seeking psychotherapy.
Gerrard	1977	Sex guilt was found to be significantly higher for women who have undergone abortions than for nonpregnant women.
Bracken	1978	Fifteen percent of the sample experienced a difficult abortion decision, anxiety, depression, and pain.

Table 1. contd.

Study	Date	Major Findings
Spaulding and Cavenar	1978	Reported post-abortion guilt and psychoses, and consternation and anniversary reactions.
Cavenar, Maltbie and Sullivan	1978	Described psychiatric sequela of abortion in potential grandparents and other family members, and psychogenic problems post-abortion for some women for twenty years after the procedure.
Cavenar	1978	Report of psychogenic abdominal pain after abortion and anniversary reactions.
Brewer	1978	Twenty percent of sample reported negative psychic trauma.
Kumar and Robson	1978	119 primiparae were interviewed during the 12th and 36th week of pregnancy. In a significant proportion of these expectant mothers there was an association between depression and anxiety early in pregnancy and a previous history of induced abortion, suggesting a reactivation of mourning which was previously suppressed.

2-4-77

Table 1. contd.

Study	Date	Major Findings
Mester	1978	Induced abortion is a stressing experience and may for some women be traumatic. For the psychotherapist who might be overly influenced by pro-choice statistics and the feminist socio-political climate, he or she may unconsciously ignore or minimize the importance of the abortion experience for certain kinds of patients in pain.
Liebman and Zimmer	1979	Reported twenty four immediate and long term post-abortion abreactions affecting self image, relationships, and future coping abilities.
Adler	1979	Abortion is a stress experience. A sense of loss influences stressful, negative emotions. Responses to the experience will be a function of the nature and meaning of the pregnancy to the individual, her defensive and coping style, and her social environment.
George	1980	Women who sought abortions scored higher than controls on neuroticism and manifest anxiety.
Freeman	1980	After abortion, repeat aborters continued to have significantly higher emotional distress scores in interpersonal relationships.

Table 1. contd.

Study	Date	Major Findings
Ashton	1980	Of 64 women studied, short term disturbances affected over half, including guilt, regrets and sensitivity to comments from others regarding the abortion.
Cates	1980	Relatively more teenagers than older women suffered anxiety, depression, sadness, guilt and regret.
Gould	1980	Examined health experiences of Harvard women post abortion. Post abortion depression, anniversary reactions, guilt and despair were identified. Found long-term implications of abortion were unclear but that resolution of conflicts may be more smoothly achieved with therapeutic intervention than without.
David, Rasmussen and Holst	1981	Affirms negative post abortion reaction worst for women not in a relationship. Counseling is critical.
Williams and Ventimiglia	1981	To minimize negative post abortion reaction, women should seek support from significant others, be apprised of procedures, familiar with alternatives and recognize costs.
Handy	1982	Women seeking termination demonstrated more psychological disturbance than other women. Few women found the decision to terminate easy.

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Table 1. contd.

Study	Date	Major Findings
Deutsch	1982	Studied 96 pregnant teenagers. Never-pregnant adolescents manifested significantly higher measures for self-esteem than did first time and repeat abortion subjects. Repeat abortion adolescents showed significantly more signs of instability and personality conflict than the never pregnant group, as well as sex guilt. Teen aborters were more likely to come from families with father absent, marital conflict, poor patterns of communication, family enmeshment or disengagement, and to have lower self concepts.
Tollefson and Garvey	1983	Case analysis of the evolution of a woman's conversion disorder (urinary retention) in response to a decision to terminate pregnancy. Concluded that a variety of psychological disorders may go undetected concerning abortion and present themselves as "unrelated" physical complaints without organic basis.
Baker and Quinkert	1983	Data from 252 women who experienced reproductive problems (including abortion). Depression and increased stress were found which improved as the subjects learned more about the problem and drew closer to their families and others with similar problems.

Table 1. contd.

Study	Date	Major Findings
Cohen and Roth	1984	Of 55 women evaluated, the average level of post abortion stress was fairly high. Evidence indicated a "generalized stress response syndrome." "Avoiders" were found to experience more distress than "nonavoiders."
Bradley	1984	Women who had a prior abortion scored higher on levels of depressive effect in the third trimester of pregnancy and in the postpartum period.
Gold	1984	At four week follow up, abortion patients had poorer psychological adjustment than maternity patients; married abortion group reported less satisfying relationships with their husbands, and also reported poorer psychological adjustment.
Reardon	1986	Of 230 women studied, majority felt "forced" to have abortion; 83% felt "rushed" to make decision; 71% believed their abortion counselors were biased; 80% suffered chronic negative psychological sequelae; 19% reported suicidal ideation; and 20% reported chemical dependencies.

Table 1. contd.

Study	Date	Major Findings
Selby	1986	Presented data on 92 women treated on in-patient basis. Majority had been sexually abused in their past; post-abortion delayed reaction common; denial and depression experienced by most women; most had sexual adjustment issues and had experienced primary relationship termination. Identified post abortion trauma and helped women with their unresolved grieving through: denial, anger, bargaining, depression, guilt/shame, forgiveness, and reconciliation/acceptance.
Speckhard	1986	Found abortion a stressor event for most women interviewed and that delayed psychological complications occurred for most of the women studied 5-10 years post abortion. 85% were surprised by the intensity of their negative emotional reactions. 81% felt victimized by their abortions.
Wall	1986	Examined 34 women post abortion. Majority reported chronic emotional problems in the abortion aftermath, including guilt, depression, alcohol and drug abuse, difficulty in relationships, and anxiety in subsequent pregnancies. 26% reported making some suicidal gesture since their abortion.

PSYCHOLOGICAL STUDIES FROM TABLE 1 BY YEAR

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- Osofsky & Osofsky, *The Psychological Reaction of Patients to Legalized Abortions*, 42 AM. J. OF ORTHOPSYCHIATRY 48 (1972).
- Perez-Reyes & Falk, *Follow-up after Therapeutic Abortion in Early Adolescence*, 28 ARCHIVES OF GENERAL PSYCHIATRY 120 (1973).
- Kaltreider, *Psychological Factors in Mid-trimester Abortions*, ⁴ PSYCHIATRY IN MED. 129 (1973).
- Ewing & Rouse, *Therapeutic Abortions and a Prior Psychiatr. History*, 130 AM. J. OF PSYCHIATRY 37 (1973).
- Moore-Caver, *The International Inventory on Information on Induced Abortion*, International Institute for the Study of Human Reproduction (1974).
- Bracken, Hachamovitch, & Grossman, *The Decision to Abort and Psychological Sequelae*, 158 J. NERVOUS & MENTAL DISEASE 154 (1974).
- Lask, *Short-term Psychiatric Sequelae to Therapeutic Termination of Pregnancy*, 126 BRITISH J. OF PSYCHIATRY 173 (1975).
- Evans, Selstad and Welcher, *Teenagers: Fertility Control Behavior and Attitudes Before and After Abortion, Childbearing or Negative Pregnancy Test*, 8 FAM. PLANNING PERSPECTIVES 192 (1976).
- Greenglass, *Therapeutic Abortion and Psychiatric Disturbance in Canadian Women*, 21 CANADIAN PSYCHIATRIC ASSOC. J. 45 (1976).
- I. Kent, *Emotional Sequelae of Therapeutic Abortion*, presented at 27th Annual Meeting of the Canadian Psychiatric Association, Saskatoon, September 1977.
- Gerrard, *Sex Guilt in Abortion Patients*, 45 J. CONSULTING AND CLINICAL PSYCHOLOGY 708 (1977).
- Bracken, *A Causal Model of Psychosomatic Reactions to Vacuum Aspiration*, 13 SOCIAL PSYCHIATRY 135 (1978).
- Spaulding & Cavenar, *Psychoses Following Therapeutic Abortion*, 135 AM. J. PSYCHIATRY 364 (1978).
- Cavenar, Maltbie, & Sullivan, *Psychiatric Sequelae of Therapeutic Abortion*, 39 N.C. MED. J. 101 (1978).
- Cavenar, *Aftermath of Abortion: Anniversary Depressions and Abdominal Pain*, 42 BULLETIN OF MENNINGER CLINIC 433 (1978).
- Brewer, *Induced Abortion after Feeling Fetal Movements: Its Causes and Emotional Consequences*, 10 J. BIOLOGICAL & SOCIAL SCIENCES 203 (1978).
- Kumar & Robson, *Previous Induced Abortion and Ante-Natal Depression in Primiparae: Preliminary Report of a Survey of Mental Health in Pregnancy*, 8 PSYCHOLOGICAL MEDICINE 711 (1978).
- Mester, *Induced Abortion in Psychotherapy*, 30 PSYCHOTHERAPY PSYCHOSOMATICS 98 (1978).
- Liebman & Zimmer, *The Psychological Sequelae of Abortion: Fact and Fallacy*, in THE PSYCHOLOGICAL ASPECTS OF ABORTION 127 (D. Mall & W. Watts, eds. 1979).

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FACT SHEET:
ABORTION STATISTICS FOR MINNESOTA MINORS
1975 -- 1986

Parental involvement laws are effective not only for reducing the number and rate of abortions among teenagers, but also the number and rate of teenage pregnancies. For instance, the Minnesota Parental Notice Law, in effect from 1981 through 1986, gave the state a 34 percent decrease in the number of abortions and a 27 percent decrease in pregnancies.

In the six years before the law went into effect, Minnesota abortion and pregnancy rates and numbers increased. During the six years the law was in effect, those same figures and rates decreased substantially. During both periods, Minnesota's birth rate continued its gradual decline.

All statistics are from the Minnesota Department of Health.

Table 1. Number and Rate per 1,000 of Abortions, Births & Pregnancies

Year	Abortions		Births		Pregnancies		MN Females 12-17 yrs (inclusive)
	Number	Rate	Number	Rate	Number	Rate	
1975	1,648	7.04	2,494	10.65	4,142	17.69	234,092
1976	2,060	8.90	2,369	10.23	4,429	19.13	231,544
1977	2,274	10.08	2,388	10.36	4,612	20.44	225,654
1978	2,186	9.91	2,122	9.62	4,308	19.53	220,602
1979	2,308	10.65	2,093	9.65	4,401	20.30	276,788
1980	2,327	10.96	2,033	9.57	4,360	20.53	212,364
1981	1,820	8.88	1,929	9.41	3,749	18.29	204,945
1982	1,564	7.82	1,778	8.89	3,342	16.71	200,020
1983	1,432	7.13	1,574	7.84	3,006	14.97	200,780
1984	1,395	7.32	1,654	8.67	3,049	15.99	190,706
1985	1,570	8.17	1,573	8.18	3,143	16.35	192,182
1986	1,545	8.02	1,626	8.44	3,171	16.46	192,699

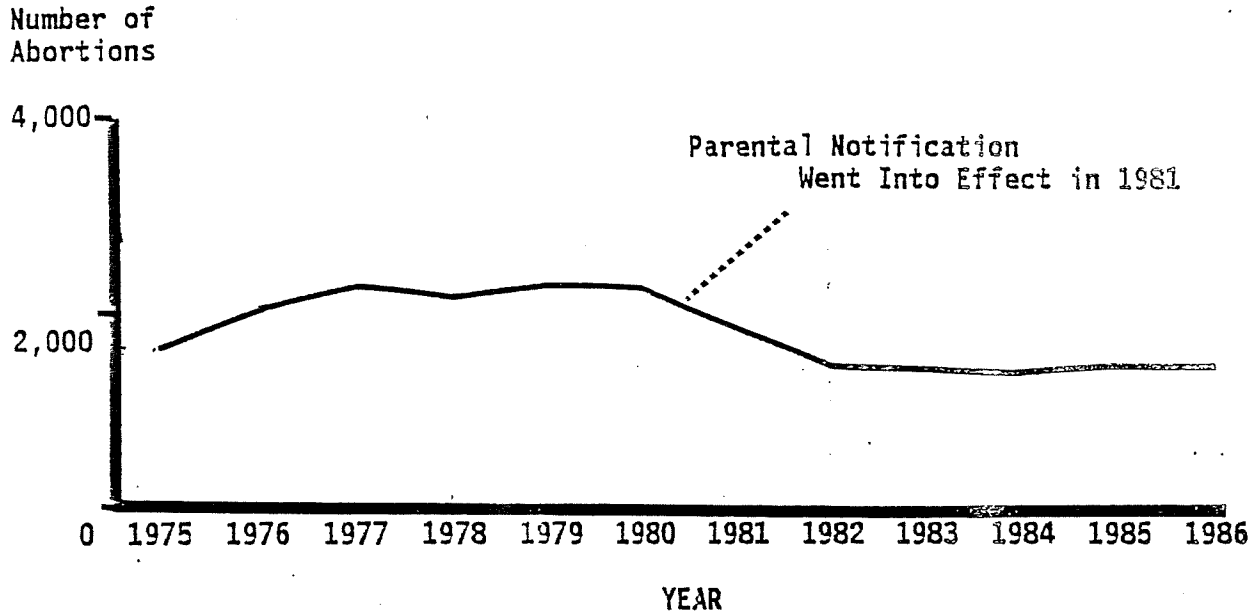
Table 2. Trends in abortion, births and pregnancy numbers and average rates (per 1,000) for Minnesota minors

Years	Event	Trend	% Change	Rate
1975-80	Abortions	increased from 1,648 to 2,327	+41	9.59
	Births	decreased from 2,494 to 2,033	-19	10.01
	Pregnancies	increased from 4,142 to 4,360	+5	19.60
1981-86	Abortions	decreased from 2,327 to 1,545	-34	7.89
	Births	decreased from 2,033 to 1,626	-20	8.57
	Pregnancies	decreased from 4,360 to 3,171	-27	16.46

11.29.89

PARENTAL NOTIFICATION LAW REDUCED NUMBER OF TEEN ABORTIONS IN MINNESOTA

NUMBER OF ABORTIONS TO MINN. WOMEN AGED 17 AND UNDER, 1975-1986



MINNESOTA ABORTION, BIRTH, AND PREGNANCY STATISTICS, 1975 TO 1986 FOR WOMEN AGED 17 AND UNDER

Year	Abortions		Births		Pregnancies**		MN Female Residents 12-17 yrs (inclusive)
	Number	Rate*	Number	Rate*	Number	Rate*	
1975	1,648	7.04	2,494	10.65	4,142	17.69	234,092
1976	2,060	8.90	2,369	10.23	4,429	19.13	231,544
1977	2,274	10.08	2,338	10.36	4,612	20.44	225,654
1978	2,186	9.91	2,122	9.62	4,308	19.53	220,602
1979	2,308	10.65	2,093	9.65	4,401	20.30	216,788
1980	2,327	10.96	2,033	9.57	4,360	20.53	212,364
1981	1,820	8.88	1,929	9.41	3,749	18.29	204,945
1982	1,564	7.82	1,778	8.89	3,342	16.71	200,020
1983	1,432	7.13	1,574	7.84	3,006	14.97	200,780
1984	1,395	7.32	1,654	8.67	3,049	15.99	190,706
1985	1,570	8.17	1,573	8.18	3,143	16.35	192,182
1986	1,545	8.02	1,626	8.44	3,171	16.46	192,699

Source: Data from Minnesota Department of Health.

*Rate equals number of abortions/births/pregnancies for Minn. females ages 12 to 17 divided by number of MN female population aged 12 to 17 times 1,000.

**Number of pregnancies equals the number of abortions plus number of live births.

Missouri Vital Statistics

1983 - 1987

Derived from Missouri Dept. of Social Services
Division of Health
Missouri Center for Health Statistics
P.O. Box 570
Jefferson City, MO 65102

It has been claimed that the enactment of parental consent laws for teen abortions serves to change teenage behavior, i.e. the very knowledge of the law itself will persuade teens to take steps to avoid unwanted pregnancy. The following data from the State of Missouri will prove this to be true: the enactment of a parental consent law served to decrease overall teenage pregnancies as well as abortions.

The following table shows the number of induced abortions and the number of pregnancies to Missouri residents under the age of 18 during the years 1983 to 1987.

<u>Year</u>	<u>Reported Induced Abortions</u>	<u>Pregnancies</u>
1983	2,550	6,464
1984	2,564	6,357
<hr/>		
*1985	2,313	6,033
1986	2,103	5,856
1987	1,859	5,742

[*Note: The Missouri parental consent law became effective during 1985 after being unsuccessfully challenged in court. Thus, 1984 was the last full year in which parental consent was not required.]

The following trends emerge:

Between 1984 - 1987

Abortions decreased from 2,564 to 1,859.

Pregnancies decreased from 6,357 to 5,742.

Therefore, following implementation of a parental consent law in Missouri, the number of abortions for teens under age 18 dropped by 27.5%. For the same period and age group, the number of overall teen pregnancies dropped by 9.7%

It has also been claimed that parental consent laws cause more teens to obtain abortions after the first trimester of pregnancy, when the procedure is said to be more risky.

The following table reveals the number of first-trimester abortions and number of post-first-trimester abortions for Missouri teens under age 18 for the years 1983 - 1987.

Abortions to Missouri Residents

Under the age of 18

<u>Year</u>	<u>< 13 weeks</u>	<u>> 13 weeks</u>	<u>Total Abortions</u>
1983	1938	422	2550
1984	2011	361	2564
1985	1824	349	2313
1986	1607	345	2103
1987	1411	286	1859

[Note: Abortions <13 weeks and >13 weeks do not add up to the total number of abortions because of incomplete reporting to the State Health Department.]

It can be seen that in 1983, 422 teens obtained abortions after the first trimester. That number represented 16.5% of the total number of abortions on teens.

In 1985, the first year the parental consent law was in effect, the number of teens obtaining abortions after the first trimester dropped to 349. This number represents 15% of the total number of teen abortions. The number of second and third trimester abortions on teens continued to drop through 1987 when 286 post-first-trimester abortions were reported. This represented 15.4% of the total teen abortions.

These statistics demonstrate that, subsequent to the implementation of a parental consent law, the number of teens obtaining abortions after the first trimester decreased. Moreover, the percentage of teens obtaining abortions after the first trimester, in relation to the total number of teens having abortions, also decreased.

In summary, there is no support for the claim that parental consent laws cause later and riskier abortions. There is data to support the contention that such laws decrease teen abortions AND teen pregnancies.

PARENTAL CONSENT LEGISLATION HELPS
REDUCE TEENAGE PREGNANCY, ABORTIONS

In April of 1986, Virginia G. Cartoof and Lorraine V. Klerman presented their analysis of the impact of the Massachusetts Parental Consent Laws in the American Journal of Public Health. On the basis of the data presented in their study, they concluded, "These analyses indicate that the major impact of the Massachusetts parental consent law has been to send a monthly average of between 90 and 95 of the state's pregnant minors across state lines in search of an abortion...Massachusetts minors continue to conceive, abort and give birth in the same proportions as before the law was implemented."¹

While an examination of Table 1 of their study indicates a drop in the yearly total of abortions (and in the monthly average of abortions) following implementation of the law, the authors claim that this drop is solely the result of the number of out-of-state abortions found in Table 2.

TABLE 1—Number of Abortions to Women Ages 18 and Over, and 17 and Under in Massachusetts: 1978–1982 ²

Year	No. Abortions by Age (years)	
	18 and over	17 and under
1978 total	36,113	4,632
Monthly average	3,009	386
1979 total	38,845	5,221
Monthly average	3,237	435
1980 total	38,901	5,113
Monthly average	3,242	426
1981 total	37,672	3,370
January–April average	3,385	380
May–December average	3,017	231
1982 total	37,573	2,802
Monthly average	3,131	234

HE 2—A Comparison of Actual and Predicted Observations of Abortions to Massachusetts Minors, May 1981—December 1982³

Month/Year	Actual In-State	Actual Out-of-State	Actual Totals	Predicted Totals
1981				
May	226	69	295	306
June	229	86	315	368
July	248	112	360	321
August	253	120	373	385
September	240	99	339	281
October	247	108	355	314
November	193	70	263	282
December	215	67	282	277
1982				
January	244	100	344	328
February	238	93	331	320
March	263	107	370	341
April	226	86	312	315
May	212	91	303	291
June	217	112	329	315
July	246	108	354	327
August	223	101	324	394
September	210	94	304	300
October	244	86	330	314
November	223	75	298	283
December	256	88	344	279
TOTALS	4,653	1,872	6,525	6,341

However, it is critical to note that the totals given for Table 2 cover the entire 20 month period after implementation of the law; Table 2 is not broken down into the 8 months of 1981 covered by the law, followed by the first full year covered by the law, 1982. By breaking down the data, the actual number of out-of-state abortions can be determined for these two time periods. (See Table 2A.)

Table 2A — A Comparison of Actual and Predicted Observations of Abortions to Massachusetts Minors, May 1981—December 1982

Month/Year	Actual In-State	Actual Out-of-State	Actual Totals	Predicted Totals
1981				
May	226	69	295	306
June	229	86	315	368
July	248	112	360	321
August	253	120	373	385
September	240	99	339	281
October	247	108	355	314
November	193	70	263	282
December	215	67	282	277
Total	1,851	731	2,582	
8 mo. avg.	231	91	323	
1982				
January	244	100	344	328
February	238	93	331	320
March	263	107	370	341
April	226	86	312	315
May	212	91	303	291
June	217	112	329	315
July	246	108	354	327
August	223	101	324	394
September	210	94	304	300
October	244	86	330	314
November	223	75	298	283
December	256	88	344	279
Total	2,802	1,141	3,943	
12 mo. avg.	234	95	329	

By including the actual number of out-of-state abortions in the annual totals from Table 1, the actual number of annual abortions (and the monthly average of abortions) for each year can be determined. (See table 1A.)

Table 1A - Number of Abortions to Massachusetts Women, aged 17 and under, Including Out-of-State Abortions

Year	Total (in state)	Total Out-of-State*	Annual Total	Monthly Avg.
1978	4,632	-	4,632	386
1979	5,221	-	5,221	435
1980	5,113	-	5,113	426
1981	3,370	731 (8 mos.)	4,104	380/323
1982	2,802	1,141 (12 mos.)	3,943	329

(*Note: For the purpose of this study, the authors state, "The effect of the omission of out of state abortions to Massachusetts minors in the pre-intervention period is compensated for by the inclusion of in state abortions to non-Massachusetts minors..." p.399)

According to the adjusted figures, the actual number of abortions for 1981 and 1982 were 4,104 and 3,943 respectively. Therefore, in 1981 there was a decrease of 1,009 abortions from 1980; the decrease in 1982, the first full year of the law's implementation was 1,170 less than in 1980. Additionally, the authors of the original study point out that the decrease in abortions could not have been attributed to a rise in the number of births; in 1981, there were 22 fewer births than in 1980, and in 1982, there were only 7 more births to minors than in 1980.⁴ If the combined figures for abortions and births are taken as an indication of the number of pregnancies, it would mean that there were 1,031 fewer pregnancies among minors in 1981, and 1,163 fewer pregnancies in 1982.

While it is true that abortions for women of all ages in Massachusetts began a gradual decline after 1979 (see Table 1), it is important to note that the decline in abortions for minors from 1980 to 1982 was seven times greater than it was for women 18 years of age or older (23%, compared to 3%).

Based on the data presented, it can be accurately stated that the 20-month period following the implementation of the Massachusetts Parental Consent Law witnessed a substantial decrease in the number of abortions and pregnancies among minor girls, despite some increase in the number of out-of-state abortions. While there may be other factors which contributed to the decline during this time period, no other reports underline the likelihood that parental notification and consent have a positive lasting impact in reducing the incidence of teenage pregnancy.

First, in 1981 the state of Minnesota passed a Parental Notification Law requiring minors to inform their parents or guardians prior to obtaining an abortion. Data obtained from the Minnesota Department of Health indicates that this legislation had a positive impact in reducing teenage pregnancy; between 1980 and 1984, the following decreases took place:⁵

births decreased	from 2,033 to 1,654
abortions decreased	from 2,327 to 1,395
pregnancies decreased	from 4,360 to 3,049

These figures represent a 7.9% drop in the birthrate, a 32.2% drop in the abortion rate, and a 20.9% drop in the pregnancy rate for teens under the age of 18. Geographic considerations of the state of Minnesota reduce the likelihood that out-of-state abortions accounted for this decrease.

Second, in a report on School Based Health Clinics researched in 1986, a similar trend of decline in teenage pregnancies for Massachusetts was noted in a slightly broader age group, teenagers aged 15-19; between 1981 and 1984, the following decreases took place:

births decreased	from 7,334 to 6,932
abortions decreased	from 10,179 to 7,332
pregnancies decreased	from 17,513 to 14,254

Based on population figures, these numbers reflected a decrease in the abortion rate from 39/thousand to 31/thousand, and a decrease in the pregnancy rate from 67/thousand to 60/thousand, with the birth rate remaining relatively unchanged. (Source: Mass. Dept. of Public Health).⁶ This data seems to suggest a distinct correlation between the legislation and a sustained decrease in teenage pregnancy.

Furthermore, a 1986 Harris survey conducted for Planned Parenthood revealed that teenagers believe that fear of disease, the impact of a pregnancy on one's future and consideration of parental reaction are the 3 reasons most likely to convince their peers to delay sexual activity.⁷ Clearly, parental involvement plays a key role in reducing teenage sexual activity, subsequent pregnancy and /or abortion.

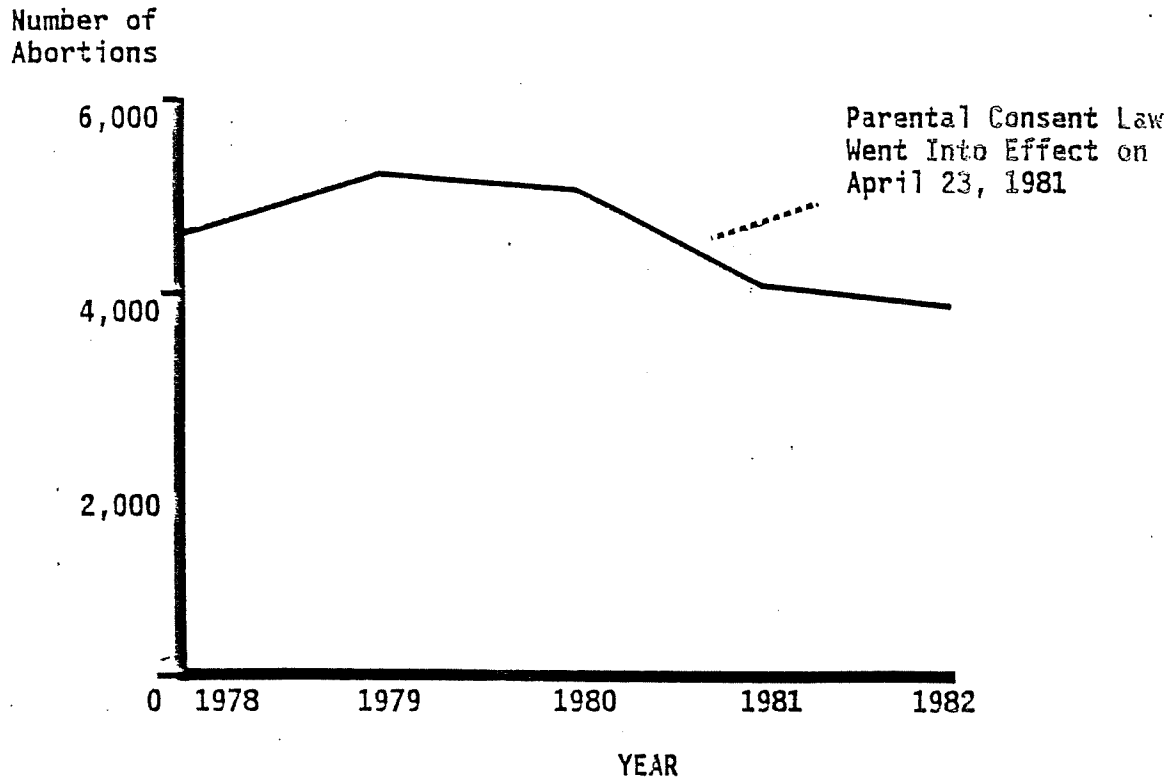
In summary, it can be stated that the implementation of Massachusetts Parental Consent Law has resulted in fewer abortions among minor girls, despite some increases in the number of out-of-state abortions; a corresponding decline has been observed in at least one other state, Minnesota, and indications from data from the Mass. Dept of Public Health tend to indicate that the decline has sustained itself through 1984. The importance of parental involvement and consent/notification must be acknowledged, and cannot be ruled out as a significant factor in reducing the incidence of teenage pregnancy and abortion.

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2. Ibid., p. 398
3. Ibid., p. 399
4. Ibid., p. 399
5. Minnesota Department of Health
6. Massachusetts Department of Public Health, Vital Statistics of Mass. (1981-1984)
7. Louis Harris and Associates, "American Teens Speak: Sex Myths, TV and Birth Control", 1986, p. 43

PARENTAL CONSENT LAW REDUCED NUMBER OF TEEN ABORTIONS IN MASSACHUSETTS

NUMBER OF ABORTIONS TO MASS. WOMEN
AGED 17 AND UNDER, 1978-1982
(Including Out-of-State Abortions)



TOTAL NUMBER OF ABORTIONS TO MASSACHUSETTS WOMEN, AGED 17 AND UNDER

Year	Total In State	Total Out of State*	Annual Total
1978	4,632	-	4,632
1979	5,221	-	5,221
1980	5,113	-	5,113
1981	3,370	731	4,104
1982	2,802	1,141	3,943

Source: Data from Tables 1 and 2, Virginia G. Cartoof and Lorraine V. Klarman, "Parental Consent for Abortion: Impact of Massachusetts Law," *American Journal of Public Health* (April 1986), v. 76, no. 4, pp. 398 and 399.

*For the purpose of this study, the authors state: "The effect of the omission of out of state abortions to Massachusetts minors in the pre-intervention [pre-April 1981] period is compensated for by the inclusion of in state abortions to Massachusetts minors. . . ." (p. 399).

TESTIMONY FOR HOUSE SUBSTITUTE FOR SB#129

MARCH 14, 1990

SENATOR REILLY AND MEMBERS OF FEDERAL AND STATE AFFAIRS COMMITTEE:

MY NAME IS VALERIE JOENS AND I AM A LOBBYIST FOR KANSANS FOR LIFE, THE STATE AFFILIATE TO THE NATIONAL RIGHT TO LIFE COMMITTEE. KANSANS FOR LIFE CURRENTLY HAS 54 CHAPTERS THROUGHOUT THE STATE. I VOLUNTEER MY TIME AND RECEIVE NO COMPENSATION OF ANYKIND FOR LOBBYING. NEITHER I OR KANSANS FOR LIFE STAND TO GAIN FINANCIALLY BY THE PASSAGE OF A PARENTAL NOTIFICATION BILL.

MY TESTIMONY TODAY WILL FOCUS ON THE RISKS INVOLVED IN TEENAGE GIRLS HAVING ABORTIONS WITHOUT THE KNOWLEDGE OF A PARENT.

I WILL START WITH AN EXCERPT FROM A RESEARCH REPORT TITLED "HAS SEX EDUCATION FAILED OUR TEENAGERS?" (FOCUS ON THE FAMILY PUBLISHING, 1990) IT IS FOUND IN SECTION 5 ON PAGES NUMBERED 26 & 27.

I WOULD ALSO LIKE TO READ FROM A DOCUMENT GIVEN TO A WOMAN AT WOMEN'S HEALTH CARE SERVICE REGARDING RISKS AND COMPLICATIONS FROM AN ABORTION. THIS WILL BE FOUND IN SECTION ELEVEN . (THE PROCEDURE BEING DESCRIBED WOULD BE USED AFTER THIRTEEN WEEKS.)

I WOULD LIKE TO POSE A FEW QUESTIONS REGARDING THE INFORMATION PROVIDED BY THE ABORTION CLINIC.

1. IT STATES THAT IT IS VERY IMPORTANT THAT YOU INFORM US FULLY ABOUT YOUR MEDICAL HISTORY. HOW MANY TEENAGE GIRLS COULD ACCURATELY GIVE THEIR MEDICAL HISTORY?
2. IT STATES MANY COMPLICATIONS THAT COULD ARISE EITHER DURING THE ABORTION, SHORTLY FOLLOWING THE ABORTION AND ALSO PROBLEMS IN THE FUTURE. HOW MANY TEENAGE GIRLS FACING A PREGNANCY COULD FULLY UNDERSTAND THE LONG TERM EFFECTS WHEN THEY ARE LOOKING FOR A QUICK ANSWER ?
3. IT STATES THAT THERE IS THE POSSIBILITY OF A LIVE BIRTH AND THAT THE PATIENT WILL BE RESPONSIBLE AS PARENT FOR MEDICAL CARE. WHAT HAPPENS WHEN THE PATIENT IS A MINOR? THE PARENTS OF THE MINOR WOULD BE RESPONSIBLE!
4. IT STATES THAT YOU FOLLOW POST OPERATIVE INSTRUCTIONS FOR AFTERCARE. HOW MANY TEENAGE GIRLS WILL FOLLOW THESE ON THEIR OWN AND IF THEY DO NEED ADDITIONAL CARE LATER HOW WILL THEY DO THIS SINCE THE ABORTION WAS NOT KNOWN TO A PARENT?
5. IT ALSO STATES THAT EMOTIONAL DISTRESS MAY OCCUR. DOESN'T IT MAKE SENSE THAT A PARENT SHOULD BE AWARE TO WATCH FOR SIGNALS OF DEPRESSION OR OTHER PSYCHOLOGICAL PROBLEMS?

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A TEENAGE PREGNANCY REQUIRES A GIRL TO MAKE ONE OF THE MOST COMPLEX AND DIFFICULT DECISIONS OF HER LIFE. HER CONSIDERATION OF MULTIPLE FACTORS MAY BE HAMPERED BY THE PHYSIOLOGICAL AND PSYCHOLOGICAL CHANGES PRODUCED IN HER BY THE PREGNANCY ITSELF. TEENS ARE OFTEN ILL-INFORMED ABOUT PREGNANCY AND ABORTION AND UNABLE TO MAKE MATURE, RATIONAL DECISIONS IN THEIR OWN BEST INTEREST.

KANSANS FOR LIFE ENCOURAGES THE PASSAGE OF PARENTAL NOTIFICATION LEGISLATION TO ALLOW A PARENT TO BE INVOLVED IN THIS DIFFICULT DECISION.

While the Food and Drug Administration (FDA) previously allowed lots of up to four condoms per thousand that leak to be acceptable for public sale,¹³² it has had to issue recalls in some circumstances. In one investigation the FDA found about 20 percent of the batches to be unsuitable.¹³³ Now the FDA allows less than three per thousand to be defective.

While condoms might help to reduce (though not eliminate) the spread of STDs, there are nevertheless problems in advocating their usage. Their availability and the widespread knowledge about how to use them do not ensure usage by persons of high risk.¹³⁴ For all these reasons, many physicians and public health officials are redefining safe sex to mean premarital abstinence, marital fidelity, and total abstinence among infected persons.¹³⁵

5. Abortion and Its Sequelae

Of the 1.1 million teen pregnancies annually, 40-50 percent end in abortion.¹³⁶ Often, the abortion seeker is unaware of the potential physical and psychological consequences of abortion. In part, this may be due to what students have been taught about abortion in the classroom. In comprehensive sex education, abortion is viewed as an integral subject, and it is often described as a perfectly safe procedure.¹³⁷ Major medical journals, however, offer studies to show that abortion is not hazard-free.

In 1983, the *New England Journal of Medicine* published an article titled "The Risks Associated With Teenage Abortion." The authors reported that though teenagers have lower rates of morbidity and mortality from abortion than older women, young teenagers have an increased risk of cervical injury during suction-curettage abortion, which is the predominant procedure performed during the first trimester. The authors noted:

Even when we controlled for parity, type of anesthesia, and the method of dilation, the increased risk of cervical injury in young teenagers persisted. Other investigators have also found that young nulliparous women had higher rates of cervical trauma. These findings cause concern because cervical injury in initial unplanned pregnancies may predispose young women to adverse outcomes in future planned pregnancies.¹³⁸

Though improved abortion techniques have helped to reduce cervical injury, the harms are nevertheless significant for young adolescents.

In a 1982 *Science* journal, studies were cited suggesting that induced abortion can result in a threefold higher ratio of miscarriage in future desired pregnancies.¹³⁹

Another potential complication correlated to abortion is ectopic pregnancies (in which gestation occurs outside the uterus). The number of ectopic pregnancies in the United States has increased almost threefold from 1970 to 1980,¹⁴⁰ during the time in which abortion became legalized. Though the death rate from ectopic pregnancies has fallen dramatically during this same time span, it still accounts for about 10 percent of all maternal mortality. It also adds to an increased likelihood of future compromised fertility, increased future miscarriages, and recurrent ectopic pregnancies. Though there are several contributing factors to ectopic pregnancies, abortion is cited among the nine risk factors associated with the increased rates.¹⁴¹

In addition to cervical injury, complications in future planned pregnancies, and ectopic pregnancies, teenagers who abort are also at risk for other problems. Studies have shown that a woman is at lower risk of developing breast cancer if she gives birth at a young age, but only if she has a full-term pregnancy. When first pregnancies terminate within the first four months, there appears to be an **increased** risk of breast cancer. A Los Angeles study found that in certain circumstances, the risk of breast cancer in young women more than doubled if they had had an abortion (either induced or spontaneous).¹⁴²

Besides potential physical problems, there are possible psychological consequences of abortion. Postabortion syndrome affects from 7 to 41 percent of all women who aborted.¹⁴³ One of the reasons postabortion syndrome has not received widespread discussion is that there is no systematic review of the literature on the psychological impact of abortion.

Lyons, et al, under a grant from the Office of Population Affairs, conducted a comprehensive search for all abortion studies published in journals over the past two decades, doing a computer search of six scientific databases. The review produced a total of sixty-one quantitative studies. The authors of 62 percent of the articles concluded that abortion had no negative psychological consequences, 17 percent found that abortion did have negative effects, and 21 percent were neutral or cited mixed effects.

Though these statistics would appear to suggest that postabortion syndrome is not prevalent, a closer review of the studies reveals some methodological shortcomings. Lyons and his associates discovered that few studies had adequate control groups or used reliable assessments, no standards existed for studying the impact of abortion over time, and controlled studies of abortion lack sufficient statistical power to detect significant effects. Understandably, then, the majority of studies detected no psychosocial effects of abortion. Lyons and his associates call for further, careful research in order to accurately detect the impact of abortion on individuals.¹⁴⁴

In January 1989, then Surgeon General C. Everett Koop arrived at the same conclusion and asked that there be a well-designed study to test for the psychological effects of abortion.

Summary About the Lack of Facts

Though contemporary sex educators say they present a well-balanced, decision-making model, it is highly unlikely that teens will be able to make informed choices without the necessary data regarding contraceptive failure, its side effects, sexually transmitted diseases, the myth of safe sex, and the effects of abortion. Professor Jacqueline Kasun, who has written many articles on contemporary sex education, observes:

It may come as a surprise to other parents, as it did to me, that the contemporary sex education movement does not focus primarily on the biological aspects of sex. The movement leaders and disciples are not biologists but mainly psychologists, sociologists, and "health educators." Their principal concerns are less with the physiology of procreation and inheritance than with "sexuality," a very broad field of interest running the gamut from personal hygiene to the population question, but largely concerned with attitudes and "values clarification" rather than with biological facts.¹⁴⁵

G. COMPREHENSIVE SEX EDUCATION AND COHABITATION

In value-free sex education, various lifestyles are often presented on equal levels, and the drawbacks are sometimes downplayed or omitted. This is particularly true regarding cohabitation, which is often presented as a positive experience that enables two people to determine if they are suited for marriage. The assumption is that a "trial marriage" will help to screen out incompatible couples, thereby producing future marriages with greater satisfaction, communication, and commitment. However, studies of cohabitators show that the opposite tends to occur.

In the *Journal of Marriage and the Family*, DeMaris and Leslie investigated 309 recently married couples and found that premarital cohabitation was associated with significantly lower perceived quality of communication for wives and significantly lower marital satisfaction for both spouses. The authors concluded, contrary to their original expectations, that cohabitation does not improve mate selection.

4-4

STAY AT WOMEN'S HEALTH CARE SERVICES STEP-BY-STEP WHAT TO EXPECT
INTRAUTERINE INDUCTION ABORTION

When you arrive at Women's Health Care Services, you probably have many questions, thoughts, and feelings about having an abortion. This information sheet is designed to answer some of your questions and let you and your visitors know what to expect. Please read this THOROUGHLY. If you have any concerns after reading, please do not hesitate to ask for a counselor.

SCHEDULE OF ACTIVITY

(Getting Started)

(PHASE I) DAY ONE

- a.m. - 9:00 a.m. Sonogram and financial arrangements.
- a.m. Orientation to Women's Health Care Services.
- a.m. -11:00 a.m. (P) 1. Lab work & medical history
(B) 2. Video explanations/consent and risk forms
(P) 3. Physical assessment
(P) 4. Laminaria insert
(P) 5. Medications and injection
- p.m. (S) Significant others help and communications group with Dr./Associate.
- Monday:
p.m. - 3:00 p.m. (B) Free activities of choice
- Tuesday:
p.m. - 4:00 p.m. (B) Free activities of choice
- Wednesday:
p.m. (P) Patients Support and Help Group
- Thursday:
p.m. (P) Patients Support and Help Group
- Friday:
p.m. - 9:00 p.m. (B) Free activities of choice
- Saturday:
p.m. (P) Rounds at motel (Please be in your room)
Doctor/Associate

(P) Patient (S) Significant Other (B) Patient and Significant Other

CONTINUING THE PROCESS

(PHASE II) DAY TWO

- 7:30 a.m./Wed.
1:00 p.m./Wed.
- 9:00 a.m.
- 9:00 p.m.
- (B) Return to office for 2nd insert of laminaria
 - (S) Significant Other group with Dr./Associate
 - (B) Free activities of choice
 - (P) Rounds at motel (please be in your room) by Dr./Associate

THE REAL THING

(PHASE III) DAY THREE

- 7:30 a.m.
- 10:00 a.m.
- 12:00-5:00 p.m.
- 1:00 p.m.
- 3:00 p.m.
- 5:00 p.m.
- After Discharge:
- (P) Return to clinic for the start of miscarriage process - patient observation area.
 - (S) Waiting and more waiting. If you leave the clinic please give a number where we may reach you in case of an emergency.
 - Progress report from patient observation area office manager/associate.
 - (P) Discharge interval for most patients.
 - (S) Visiting period (5-10 min.) for those who may not be ready for dismissal.
 - Progress report from patient observation area.
 - Progress report/discharge from patient observation area.
 - Restricted activities (nothing vigorous) until the next morning.

CHECK-UP - CHECK-OUT - AND GOOD BY

(PHASE IV) DAY FOUR

- 10:00 a.m./Friday
7:00 a.m./Saturday
- (B) Return to office for post-op exam and after care instructions.

THE WAITING, WAITING) MORE WAITING Good medical care requires time on your part and patience on your part. Since every patient must be evaluated by our medical staff before proceeding with the abortion, this takes additional time to give each patient individual attention. We know waiting is frustrating, yet there seems to be no way around it in a clinic setting. Please be assured that we are doing our best to give you good individual medical and emotional care.

2. RECEPTION After signing in, you will be given several forms to complete. Please fill in all spaces accurately, and please write clearly. ALL INFORMATION IS CONFIDENTIAL. Keep them until the nurse takes them away.

3. CASHIER You will be called to the cashier's window and be asked for the entire amount of the fee for the procedure in the form of cash, travelers checks, cashiers checks, Mastercard, or Visa. Under NO circumstances will we accept personal checks. YOU MUST HAVE THE ENTIRE AMOUNT OF YOUR FEE IN ORDER TO PROCEED.

Otherwise, we may have to admit you as a pre-exam or sonogram patient, and will be unable to guarantee your admittance to the clinic today. Please keep your receipt, and if a refund is indicated later, you will receive the full amount less the sonogram fee (\$75.00).

If you plan to file a commercial insurance claim, please submit insurance information to the cashier. We will give you an itemized statement which you will need to send to your insurance carrier in order for you to be reimbursed.

4. SONOGRAM Although you may have brought with you a sonogram report from another hospital or doctor, you will be required to have another one done. The sonogram is an ultrasound test using sound waves to take a picture of your pregnancy which shows how far along you are. The technician will ask you to lie down and apply some gel to your stomach. Having a sonogram does not hurt.

5. LABORATORY You will be called to the laboratory where the nurse will draw blood from your arm for several tests. Your Rh factor is typed as positive or negative. If it is negative, you will need to receive a shot of MicroGam or RhoGam after your abortion and before leaving the clinic. You will be weighted and vital signs, temperature, pulse and blood pressure will be taken. The nurse will listen to your heart and lungs and review your medical history with you.

6. VIDEO TAPE You will see an explanation of the entire procedure.

7. PRELIMINARY PELVIC EXAM The nurse-clinician and or physician assistant will do a size check of your uterus by feeling your abdomen, and possibly by doing an internal exam (pelvic) to find out how far along you are in your pregnancy and if you are eligible for the abortion today. Relax, it will make it more comfortable. You may wonder why this is needed if you have already been seen by your own doctor. Determination of gestation may vary by several weeks from one doctor to another. The physician doing the abortion today must determine your eligibility for the procedure.

8. INTRAUTERINE INDUCTION PROCEDURE The actual procedure will be done in an exam room. The procedure will begin with the insertion of the laminaria. Laminaria is a sterile substance which is inserted into the cervix (opening to the uterus or womb). It expands on contact with moisture and dilates or opens the cervix gently and slowly. This reduces the time between the induction and the abortion. The insertion of laminaria is the beginning of the abortion process, and afterwards YOU MAY NOT CHANGE YOUR MIND. You may have bleeding following the laminaria insertions. This is normal. The ~~process~~ ^{insertion} process takes only 15-20 minutes and involves some discomfort. A needle will be inserted through the lower abdominal wall into the uterus. Some pressure will be felt. Amniotic fluid may be withdrawn and medications will be administered through

the needle into the uterus. This will stimulate uterine contractions (menstrual-like cramps which CAN be painful) and abortion will usually take place within 12-36 hours.

9. DURING THE DAY Your contractions will become strong enough to expel or push out the fetus through the open cervix, much like a miscarriage. You will be awake throughout this process. The medical and nursing staff will be available to offer medical assistance, reassurance, and support. Some pain is associated with this process, and you may feel extremely thirsty and somewhat nauseous. The actual abortion will take place in your room or in the bathroom.

10. QUESTIONS AND INSTRUCTIONS While you are at the clinic, our staff will be available to answer any questions or concerns you or your visitors may have.

Before you are discharged, a nurse will review all of the important instructions on how to take care of yourself after you go home. All instructions will be given to you in writing as well. As you leave, you will be given a prescription to be filled in addition to the three medications that you have been given at the clinic.

11. COMPLICATIONS The statistical risks for induction abortion are about the same as for normal childbirth. Complications range from minor to severe, including the rare event of death. Many of the deaths during late abortions have been a result of physical complications present prior to the procedure. Therefore, it is very important that you inform us fully about your medical history. (We have NEVER had a patient death as a result of an abortion at Women's Health Care Services) Complications that can occur during or after the abortion include infection, incomplete abortion with some of the placenta (afterbirth) remaining

uterus, injuries to the uterus which sometimes occur during the abortion (cervical tear), heavy and prolonged bleeding, whole body complications such as blood clotting problems, adverse reaction to the drugs, shock, cardiac arrest, amniotic fluid embolism, and possible sterility. If you have a multiple pregnancy, the chance of complications is increased. There is also the possibility of cervical incompetency, which may result in problems maintaining a pregnancy in the future (possible miscarriage, stillbirth), low birth weight, premature delivery, or other complications in pregnancy. In most cases, complications are detected and cured easily while the woman is still in the clinic. Antibiotic drugs and blood transfusions may be required. In rare instances, the induction method will not result in abortion. There is no guarantee that the medications used in induction will cause abortion. Should this occur, the woman is offered the opportunity to have a Dilatation and Evacuation procedure under anesthesia. There is also the possibility of the live birth of the fetus and that the patient will be responsible as parent for medical care rendered which will include all steps necessary in the judgment of the physician to maintain life, including the possibility of the transfer of the fetus to a neo-natal intensive care facility. It is important that you return promptly for your follow-up visit in order to detect possible complications. Many complications could result from NOT taking care of yourself after leaving the clinic. It is very important that you follow the post-operative instructions for aftercare. Emotional distress such as depression or other psychological consequences may occur.

12. FOLLOW-UP CARE You may return to Women's Health Care Services for a routine check-up in 1 and 3 weeks. Please make your appointment before leaving the clinic as the schedule fills up quickly. This visit is included in the fee you paid for your abortion provided that you return in the 3 week time limit after your abortion. Otherwise, there will be a \$20.00 charge. You may choose instead to see your private physician or clinic.

STATE OF KANSAS

ARTIE LUCAS
REPRESENTATIVE, FORTY-NINTH DISTRICT
DONIPHAN COUNTY AND PARTS OF
BROWN, ATCHISON AND
JACKSON COUNTIES
608 E. VIRGINIA
RT. 1, BOX 170A
HIGHLAND, KANSAS 66035



TOPEKA

HOUSE OF
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MEMBER: ELECTIONS
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RESOURCES
TRANSPORTATION

TESTIMONY BEFORE THE SENATE
FEDERAL AND STATE AFFAIRS COMMITTEE

SB 129
PARENTAL NOTIFICATION

March 14, 1990

Mr. Chairman and members of the committee, thank you for allowing me the opportunity to come before you on the issue of Parental Notification. Although I am quite happy that the legislation has gotten this far, I am not satisfied with it's present form. I will not belabor the committee with the facts that led me to introduce a bill on this issue, but would like to mention several areas in SB 129 I would respectfully request the committee to review in their deliberations.

1. Age of the Minor-

SB 129 deals with girls under 16. K.S.A. 38-101 defines the Age of Minority as 18. If the age is left at 16, 90% of the girls under 18 receiving abortions will not be included. Also, by law, if a minor girl has complications arise following an abortion, her parents will still be financially responsible for expenses involved in treatment.

2. Type of Notice-

SB 129 does not specify the type of notice required except to say "actual notice" has been given. What constitutes this "actual notice", and when and how is it actually given? Can it be sent or made after the abortion is performed? This is very unclear to me. I also feel that a waiting period would be appropriate to assure the parents have had an opportunity to receive the notice and to review their options with their

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Att. 5

daughter. 48 hours would not be unreasonable.

3. The "Lane Amendment"-

(On Page 4 starting on Line 21, the wording dealing with a 21 year old blood relative or member of "any" religious denomination) This allows an older brother who has impregnated his minor sister, or any person who sends in \$10 through a magazine to become ordained, to be notified. Not always those who would have the girls best interest at heart. This section raises many concerns and the committee might want to consider striking it from the bill.

4. Judicial Bypass-

This is one aspect of the bill there is much confusion over. Many legislators feel that the bill would be unconstitutional if not included. Although it is true that the Supreme Court is hearing two cases right now on the subject, They have not, to date, said it must be included. But, if the committee feels the language is necessary, I would hope the members would limit the court involvement to the District Court in the district of residence.

5. Penalties-

It has been shown in many of the states where legislation dealing with this subject has been passed, that the type of penalties stipulated do make a difference in the effectiveness of the law. As the bill now stands, a doctor who does not comply with the requirements could have his license revoked if unprofessional conduct or incompetency is determined. I would suggest that violations be subject to a Class A Misdemeanor and civil penalties.

Criminal charges in this type of case are difficult to get. They first require a prosecutor who will prosecute and must also be proven beyond a reasonable doubt. Civil penalties, on the other hand, need only be proven to a preponderance of the evidence and punitive damages are not covered by either personal or malpractice insurance. This is a much greater deterrent than revocation of a license.

These suggestions are not unreasonable and would meet the concerns of many with the bill, as it now stands. Time and time again our legislatures and courts have recognized the importance of the family and parents' responsibility for the welfare of their children.

"...the guiding role of parents in the upbringing of their children justifies limitations on the freedoms of minors," the court stated in 1979.

That is precisely the reason laws are enacted to protect children and support parents in the discharge of their parental responsibilities. Laws allowing parental involvement are a constitutional means of properly balancing state, family and individual interest.

This bill would probably have been better named the Parental Rights bill, because that is precisely what we are dealing with. It seems so ironic to me that, according to K.S.A. 38-1583 the state and it's courts cannot terminate the rights of parents in caring for their children unless and until they are found unfit, but we are having trouble in determining if they should be allowed the right to parental involvement in this regard.

To allow the state to strip parents of their natural and legal authority to act as father and mother in this instance

is to undermine the authority and integrity of the family. Most parents rightly recognize the potentially traumatic nature of a teen pregnancy, and will provide the necessary parental love and advice that, after all is what families are for.

I would again thank the committee for it's indulgence and would be happy to stand for any questions.

Carolyn Matlock
1015 S. 4th
Madison, Kansas

Senator Reilly and members of the Federal and State Affairs Committee, thank you for the opportunity to speak before you today. I am here to speak in favor of the Governor's amended bill, Senate Bill 129.

On February 6, 1990 my seventeen year old daughter, whose name I will not use, was aborted without parental notification at George Tiller's abortion clinic in Wichita, Kansas, 80 miles from our home near Emporia.

My daughter had asked my permission to attend college day. I was very surprised, but gave my permission for her to miss the day of school.

When I returned home from work later in the day, she wasn't home, and I became concerned. I made several attempts to find her, and asked some of her friends if they knew where she was. They gave me somewhat conflicting information. Then I became very concerned, because I had recently feared that my daughter might be pregnant.

My husband called George Tiller's clinic, and the receptionist said she could not give out information about their patients. We contacted the Wichita police, who started a local search for my daughter and her eighteen year old boyfriend. We called George Tiller at home that evening around 10:30 P.M., and my husband asked George Tiller to please not touch our daughter or her baby. Dr. Tiller said it was too late.

My seventeen year old daughter, and her boyfriend, had made an appointment and spent the day at George Tiller's abortion clinic.

We then called Days Inn Motel in Wichita, where many ~~patients~~ ^{patients stay} ~~stay~~, and asked the desk clerk to connect us to our daughter's room. We were told she was not there. Our daughter and boyfriend were moved to another floor of the motel to protect their privacy, we were later told by our daughter. The Wichita police asked at Days Inn about our daughter, and they were told she had checked out.

We arrived in Wichita at 2:30 A.M., February 7th. My husband again asked at Days Inn for our daughter, and he was told she was not there. He asked a second time, and was told a room number on the fourth floor. When we found our daughter and her boyfriend, she was very upset. The baby, whose gestational age was 20 weeks, was dead, and our daughter had not yet gone into labor to deliver. George Tillers' abortions generally take two or three days to complete, but we arrived in the middle of the process, so the child was already dead.

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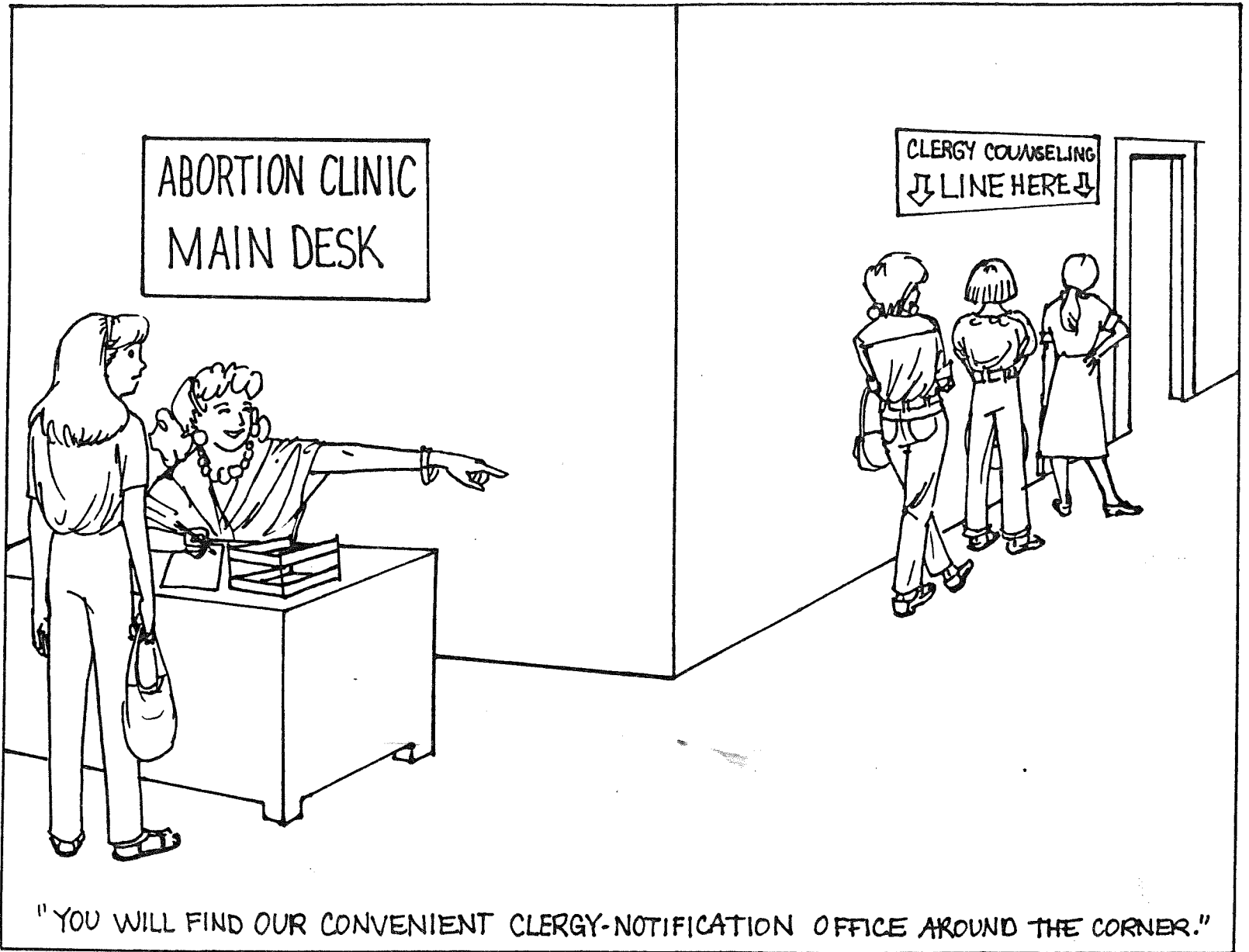
We consulted a physician in Wichita, who recommended that we allow George Tiller to complete the abortion he had started, and to stay with our daughter while the abortion was completed. On February 7th, we did spend the day at the clinic while the abortion procedure was completed.

Like most girls her age, she did this to please someone else. Knowing that the father of the baby would graduate, and go on to college next fall. She felt the need to comply with his wishes. He has since broken off communication with her. Our daughter's "choice" was to abort to protect the people around her. This has left her hurting, angry and confused. Her abortion experience has not gone away. How many other Kansas teenagers have gone through a so called "safe" abortion, only to then feel betrayed by the word "choice". My daughter now wishes I had intervened, and had put a stop to the killing of her baby. In a crisis such as a pregnancy, how can a teenager think clearly?

Is it possible there are people here in Kansas who do not support the rights of parents to be informed before their minor daughters are aborted?

As a parent and grandparent, I wish we had arrived in Wichita hours earlier. Would George Tiller have considered my husband's request, and not started the abortion until we had arrived to discuss this medical procedure further? We don't know. But we do know that if Kansas had Parental Notification, we could have discussed her options calmly with her, assured her of our love and support, and hopefully spared her some of the intense grief, anger, and emotional trauma she has since endured. Notification of parents, prior to the abortion of a minor daughter, should be the very least elected officials of Kansas pass this legislative session.

House Substitute for
SENATE BILL No. 129

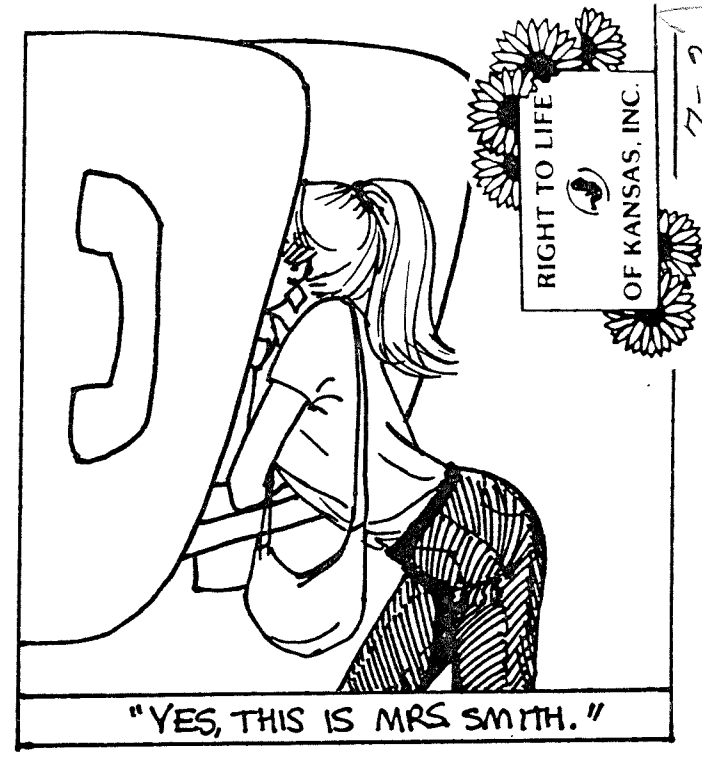
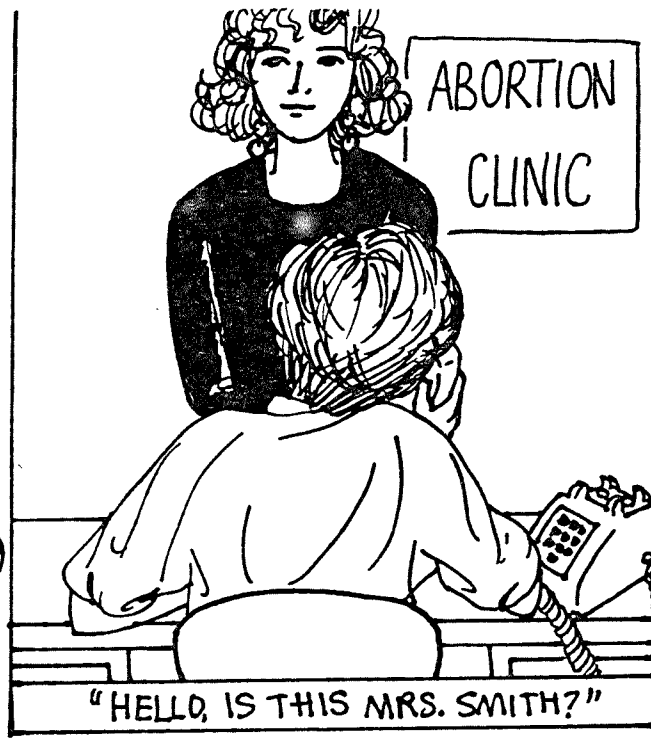
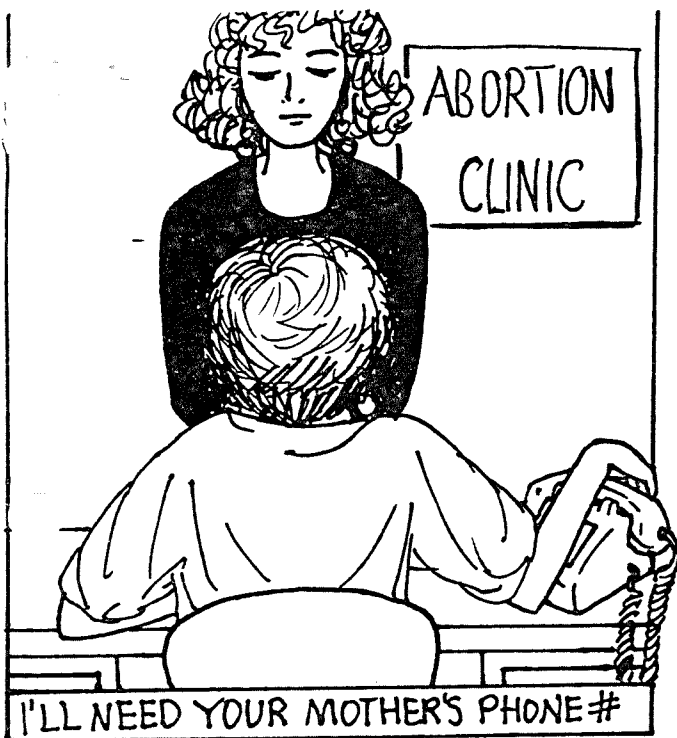


RIGHT TO LIFE

OF KANSAS, INC.

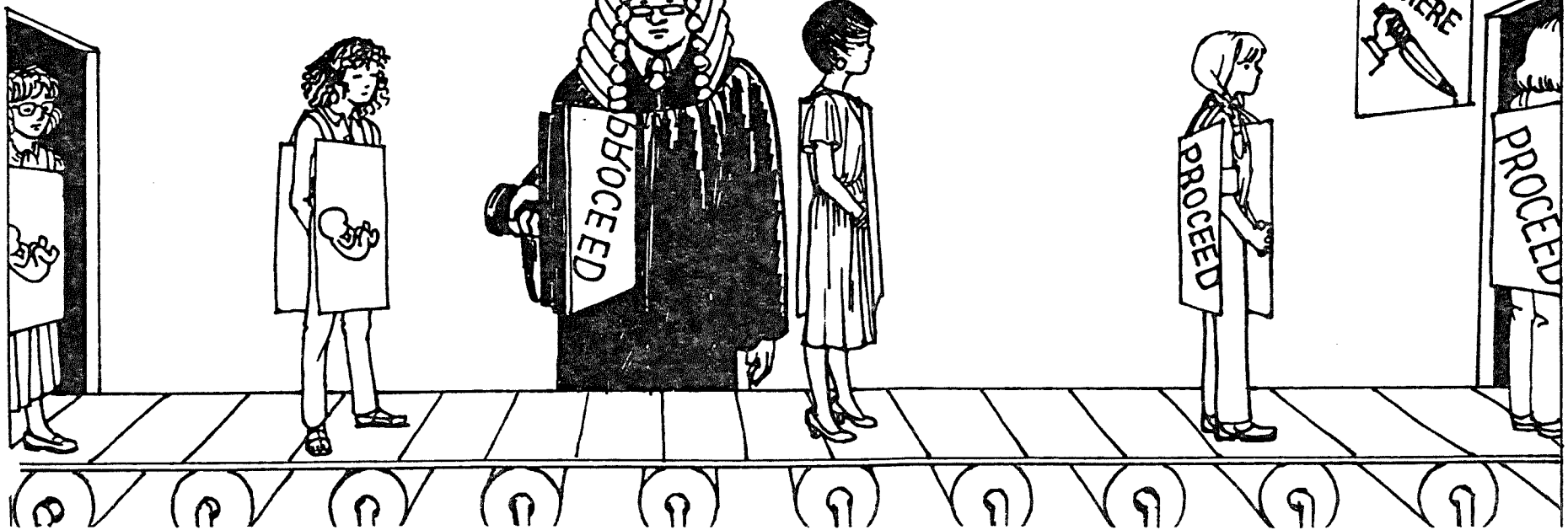
Crosby Place Mall
717 S. Kansas Ave.
Topeka, Ks. 66603

Senate F&SA
3-14-90
Att. 7



House Substitute for
SENATE BILL No. 129

JUDICIAL BYPASS



PARENTIAL NOTIFICATION

I appear today on behalf of Right To Life of Kansas, Inc. We support the concept of parental notification and we ask this committee to amend House Substitute for Senate Bill 129 to require parental notification before an abortion is performed on a minor. Senate Bill 129 does not do that now.

Some of the provisions of this bill are so ridiculous as to make us half wonder if they were proposed in jest, but no one was put on the apple committee for participating in this travesty. Unfortunately abortion is not a laughing matter and neither should the legislative process be. But one sitting through the House hearings and floor debate on this bill could only conclude that the whole thing was either a joke or that a lot of the speakers had taken leave of their senses. In fact none of the arguments against parental notification would be taken seriously if the issue were anything other than abortion. But it has been our observation that in their frenzy to justify the killing of innocent little babies the supporters of abortion seem to abandon all common sense and the rules that apply to everything else are thrown out.

Incredibly there are people saying that house substitute for SB 129 places some restriction on abortion. I have no doubt that there are some so called pro choice people who would say it was a restriction if you passed a law saying that the abortionist had to wash his hands before he performed the abortion but I'm sorry that's not my idea of a restriction!

On the premise that a picture is worth a thousand words, Mr. Chairman, I would like to illustrate for the committee what some of the provisions of Sub for SB 129 would mean in practical terms. In the first illustration we have tried to show how ridiculous the provision of telephone notice is. I wonder where else in the law a telephone call has ever constituted a legal notice. As the illustration suggests getting around the telephone notice can be as simple as having a girlfriend answer the telephone.

The second preposterous provision is the notification of any blood relative or a clergyman. Members of the committee have no doubt heard of an organization known as the Religious Coalition for Abortion Rights which numbers many clergymen who support abortion and who oppose parental notification. RCAR will probably testify tomorrow. But did you know that there are even clergymen who receive a referral fee for every girl they send to an abortion clinic. Such an organization, called Clergy Consultation even operated here in Kansas for several years. There would be no problem for any abortion clinic to call an RCAR member and tell them that Susie Smith is having an abortion in 15 minutes. Is that a restriction?

But it is the judicial bypass provision which gives us the most concern - not because it is any less ridiculous than the other two provisions - but because it is more seriously proposed. The experience in other states that have a judicial bypass is exactly this. Judges rubber stamp every abortion. Recently Connie Chung exposed the judicial bypass on national TV. One judge who was interviewed defended his 5 minute rubber stamp approval by saying that the fact that the girl was seeking the abortion consent was enough indication for him that she was mature enough to make her own decision. Statistics show in states that have judicial bypass that rarely is a girl turned down for an abortion. The judicial bypass is a misnomer because it is the parents who are being bypassed.

There has been some confusion regarding the difference between notification and consent. We do not support parental consent. We do not believe that a parent has the right to give consent to the killing of a grandchild. No one, not a parent, not a doctor, not a mother, not a legislator, no one has the right to consent to the killing of another innocent human being. The court has authorized the killing of innocent babies. If the legislature passes a parental consent bill it will have authorized the killing of babies - even though the intent may have been to save some babies the law would nevertheless authorize the killing of those babies whose parents would consent to the abortion of their grandchild.

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3-14-90
Att. 8

The second reason is that under parental consent laws the judicial bypass would protect the notification of parents. Under present Kansas law a minor is not legally competent to consent to surgery and in all cases even abortion must obtain the consent of a parent or guardian. The exception is the mature minor rule of *Belotti v. Baird*. That decision said that if a minor is mature she must be allowed to make her own decision on abortion. An immature minor must still have parental consent even for an abortion. Therefore if a parent knows about their daughter's pregnancy and can prove she is not mature enough to make her own decision they can prevent the abortion. If she is mature enough to make the decision the parental consent law would not apply. But, and this is the fatal flaw in the parental consent proposals, they must contain a judicial bypass. There is no way to write a judicial bypass that would not become the consummate loophole. Any pregnant teenager savvy enough to seek an abortion without her parents knowledge would certainly know how to use the judicial bypass and if not when she got to the abortion clinic they would let her know. Once the court is involved the court is required to protect her anonymity and the parents are written out of the picture.

Back to the notification proposal. If the age is put back to 18 and the judicial bypass is not removed then no minor will be required to seek notification of her parents if she does not wish to do so. If the age is left at 16 but the bypass is removed - at least the minors under 16 would be required to notify parents.

The bypass is therefore more crucial than the age. If the bypass is kept the bill will be worthless. If the court orders a bypass the bill would still be worthless but we would have made the effort. We think the court will uphold notification without a bypass and we are willing to take the gamble. For this reason we would support a bypass provision which would become effective only if ordered by the court and do have language for such a provision.

We have not discussed the grandparent support provision but are opposed to this and cannot support the bill if that remains.

Right To Life of Kansas

TESTIMONY - S.B. 129

Senate Federal and State Affairs Committee

Wednesday, March 14, 1990 - 11:00 a.m.

KANSAS CATHOLIC CONFERENCE

BY: Robert Runnels, Jr., Executive Director

Mr. Chairperson, members of the Senate Federal and State Affairs Committee, my name is Bob Runnels, I am Executive Director of the Kansas Catholic Conference and speak under the authority of the Roman Catholic Bishops of Kansas.

It is a pleasure for me to be with you today and give testimony regarding Senate Bill 129.

The principle of parental involvement must be paramount in a child's life. A child with a pregnancy problem needs the strong support of parents during perhaps the most frightening challenge the child would have to face in her young life.

It is inconsistent with reality not to have parental support during this trying pregnancy period.

We find this bill faulted in several areas but could give it our limited endorsement if this committee would change the age requirements from those under 16 years of age to those below 18 years of age seeking an abortion.

Around the country each time a parental notification bill, or any pro-life legislation has begun to show signs of possible passage, those who oppose LIFE BILLS try to weaken the legislation by proposing that it apply to only those below 16 years of age. They know most teenage abortions take place with young girls who are 16 or 17 years of age. The number of 15, 14, and 13

Testimony - S. B. 129
March 14, 1989

Page 2

year olds getting abortions is very small. Following are some basic principles of law that demonstrate why parental notification for an abortion should apply to those below 18 years of age.

1. A minor cannot buy cigarettes until he or she is 18 years of age.
2. A parent is responsible for the care and basic needs of a child until the age of 18.
3. A parent is held responsible for any vandalism that a minor does until age 18.
4. A parent is held responsible for medical bills for a child until age 18.
5. If a minor runs away from home, he or she can be made a ward of the court and put into a foster home until age 18.
6. In order to get married before 18 a minor must get the written consent of a parent.

* * * * *

TO: Senate Standing Committee
Federal and State Affairs

RE: Senate Bill 129
Parental Notification

Chairperson Senator Reilly, and Senators,

My name is Thomas R. Zarda, I am the immediate Past State Deputy of the Knights of Columbus in Kansas. We are a Fraternal Society. We have in excess of 30,000 members in Kansas. Our members all being men, represent an estimated 120,000 voters. We have 211 local councils (chapters), those being located in every county in the State.

The State Officers have asked that I represent them here today. The comments that I make here today are, as if they were here, for they believe as I do.

The State should protect the parents rights, in most instances it does. We have the right to select schools and their records, ^{proven} we must give permission for such things as trips, the administration of medicines etc...

The Supreme Court even says that a teenager is less able to evaluate the consequences of his, or her actions. Teenagers can't drink, vote or drive a car until they reach a certain age. That is why laws are passed to protect parental rights.

We constantly hear comments urging stronger family units and the importance of that unit in American Society.

To allow the State to, not give, to the parents their natural and legal authority to act as Father and Mother is to lessen the authority and integrity of the family.

The court said in 1979 " the guiding role of parents in the upbringing of their children justifies limitations on the freedoms of minors".

There are surveys that show that 2/3, or more, people recognize the authority and right of parents when ^{it} comes to their daughter considering an abortion.

The rights of parents must be protected.

Then there is the psychological effect. Women having had an abortion, face a suicide risk nine times greater than those not. With most teenager abortions coming in the age range of 16-18 years old, we must try to curtail these abortions. Teenagers that have had an abortion, more so than older women, suffer anxiety, depression, guilt and regret. Again most happen when girls are 16-18 years old.

We hear the weak argument that teenage abortions are because of incest or rape. Even though these amount to a very minor portion of the total, the legislation proposed here provides adequate protection of those instances when that does happen. And I believe that it provides for those whom are fearful of the reaction of their parents.

Senate F&SA
3-14-90
Att. 10

Today, I can't provide you with supporting material for several statements I made, but upon your request it will be furnished.

I stand here representing the State Officers of the Knights of Columbus in Kansas. They are elected by the membership. Their position is that we strongly urge the amendment of the Senate Bill 129. That it states that notification will be required up to 18 years of age. We then recommend that you vote in favor of the amended bill.

Thank You,

Thomas R. Zarda P.S.D.
6770 Mize Road
Shawnee, Kansas 66226
(913-631-8822)

Senate Federal and State Affairs Committee Members, my name is Michael Brown. I am a registered nurse-children's advocate. If SB #129 passes, I suggest amending it to include indirect REDUCTION OF SCHOOL-AGE ABORTIONS by incorporating effective public school pregnancy prevention into the state Department of Education human sexuality/AIDS awareness program.

In 1988, SB #129 may have helped 131 Kansas girls 12-15 who had abortions. This idea may have also helped 487 girls 16-17 who had abortions and 1,466 girls 12-17 who had babies then.

A side benefit of helping prevent school-age pregnancies would be a REDUCTION IN THE HUGE PUBLIC COSTS of adolescent childbearing. During 1985, Kansas legislators spent NEARLY \$144 MILLION OF TAXPAYERS' MONEY on just food stamps, Medicaid, and Aid to Families with Dependent Children for families begun when the mother was 19 or younger. THAT COST LIKELY IS HIGHER NOW. Legislators spend MORE PUBLIC FUNDS on such families through several other related programs.

Not aborting up to about 600 Kansas school-age pregnancies yearly will help RAISE THOSE COSTS. Only about four percent of babies born to single teen and pre-teen mothers are put up for adoption. Also, the percentage of all Kansas babies born in a year to single mothers rose an average of one-half percent per year for 29 years in a row to 18 percent during 1988.

A PUBLIC SCHOOL DISTRICT in South Carolina lowered its pregnancy rate for girls 14-17 by a STRIKING 63 PERCENT between 1982 and 1984. Through its program (description on back), that rate FELL EVEN MORE over the next two years. The 1984-1986 pregnancy rates were followed for girls 14-17 in three South Carolina counties similar to that intervention SCHOOL SYSTEM. The rates were USUALLY AT LEAST TWICE the 1984-1986 rates for that intervention SCHOOL DISTRICT.

State legislators can also help indirectly REDUCE ABORTIONS AMONG SCHOOL-AGE GIRLS by cost-efficiently increasing the state Department of Education human sexuality/AIDS awareness funding from the current \$1.5 million to \$2 MILLION, as recently proposed by Governor Hayden.

Then, Kansas public schools will have more resources to adapt and apply the South Carolina public school district proven model and/or other effective pregnancy-prevention models.

So, lawmakers incorporating EFFECTIVE PUBLIC SCHOOL PREGNENCY PREVENTION into the state Department of Education human sexuality/AIDS awareness program has SIGNIFICANT potential to help indirectly REDUCE SCHOOL-AGE ABORTIONS. The South Carolina program's GREAT SUCCESS suggests that legislators spending an additional \$500,000 through that Kansas SCHOOL PROGRAM can LOWER Kansas taxpayers' HUGE adolescent childbearing COSTS by MANY TIMES that amount!!

Senate F's SA
3-14-90
Attach. 11

Community proves united effort can curb teen pregnancies

vo months ago, The Capital-Journal published a front-page story citing the lack of progress Shawnee County and Kansas have made over the last few years in reducing teen and pre-teen pregnancy. Yet, a public school district in South Carolina reduced its pregnancy rate among resident girls 14-17 by a striking 63 percent in just two years. I recently visited that site and talked with several people connected with that community-reinforced program.

During 1988, Kansas girls under 18, including pre-teens, had 1,466 babies, obtained 618 abortions and had 10 stillbirths. That was 200 more pregnancies than 1987.



Michael D. Brown

Such pregnancies can have a variety of major negative effects that last lifelong for the girl, her boyfriend, their baby, plus their immediate and extended families.

Kansas school-age girls and boys can take actions that protect them 100 percent or nearly 100 percent from helping start pregnancies.

During 1987, the U.S. government spent more than \$19 billion on just three programs (Aid to Families with Dependent Children, food stamps and Medicaid) for families started when the mother was 19 or younger. It clearly is cost-effective for single school-age girls and boys 17 or younger, their communities, the state and the nation for such young people to avoid helping start pregnancies.

The Bamberg County, S.C., School District No. 2 program cited earlier has been going since October 1982. That mostly-rural and low-income school system has about 550 students in the 8th-12th grades.

The program relies heavily on active participation by parents, public school administrators and teachers, ministers and churches, selected student leaders ("peer educators"), a full-time on-site coordinator, the school district's board of education, other local elected officials, health care and other pertinent community agencies, the media, plus other concerned citizens.

The program's major goal is for single school-age girls and boys not to start having sex until they at least finish high school. For those students who start having sex, the goal is that they will either (1) stop having sex until they at least finish high school or (2) properly use effective birth control.

Significant active participation by parents and ministers in several aspects of planning, implementation and program maintenance was sought even before the program started. Parents and ministers were offered a series of five weekly hour-and-a-half training sessions on promoting good communication with parents and others, developing an appropriate value system, facilitating good decision-making, enhancing students' self-esteem, plus understanding human reproduction and birth control. Several of those ministers and parents continue to be some of the program's most publicly-active supporters.

Before the program began, teachers and school guidance counselors were offered three free graduate-level courses over several months. Those courses were intended to help educators facilitate more open discussion on sexuality with parents and others, encourage individual responsibility, help each student understand his own behavior, reduce students' concerns about their development and feelings, give students accurate sexuality information, plus help students be more tolerant of others.

Six local school district elementary, middle and high school educators then wrote a detailed general teaching plan with help from 15 other local school system teachers and administrators plus three educational consultants.

They prepared the kindergarten-through-12th grade overall plan with special education students in mind and with much input from other community residents. That plan calls for pregnancy prevention content to be presented through a variety of other related class subjects and/or courses.

The female and male peer counselors purposely are chosen mainly from 10th- and 11th-grade students. They must show a desire to communicate informally and well with fellow students about pregnancy prevention information and advice. Peer educator applicants cannot participate without their parents' permission. They also must complete 70 hours of in-depth training before and after school and on weekends in communication with parents and others, values clarification, decision-making, self-esteem, plus human reproduction and birth control.

More information about the program is in the 40-page federal booklet "Reducing Unintended Adolescent Pregnancy Through School/Community Educational Interventions: A South Carolina Case Study." It is available for \$3.50 from Professor Murray L. Vincent, Department of Health Promotion and Education, University of South Carolina, Columbia, SC 29208.

(803) 777-5152
(803) 777-6255

tele-
phone

Other information can be gotten from the on-site coordinator: Charles Johnson, Community Health Educator, Teen Life Center, Denmark-Olar School District, P.O. Box 345, Denmark, SC 29042.

(803) 793-5001
(803) 777-6255

tele-
phone

The potential for at least aspects of such a successful community-reinforced program to be reasonably adaptable to Topeka-area school systems appears to be significant. That potential likely will never be tapped, though, unless enough readers, members of the media, and/or other concerned local citizens ask their public school administrators, school board representatives, other local elected officials, ministers, local Parent-Teacher Associations and Kansas-National Education Association leaders, heads of health care and related agencies, and/or other community leaders to begin as soon as possible to plan the implementation of such programs.

By the way, one of the few things that both abortion "pro-choice" liberals and abortion "pro-life" conservatives usually can agree on is that, in relation to abortion, it plainly is in the general best interest of single teens and pre-teens for them not to help start a pregnancy in the first place.

Also, many of the effective actions single school-age girls and boys can take to avoid helping start a pregnancy also help protect them from getting incurable and fatal AIDS, gonorrhea (that can cause sterility), syphilis (that can cause much harm to the heart, major blood vessels, and/or nervous system), incurable genital herpes and chlamydia (that can cause sterility). During 1988, nearly 1,400 Kansas school-age and preschool-age girls and boys were treated for such sexually-transmitted diseases.

Mike Brown, Topeka, is a registered nurse.

By MICHAEL D. BROWN
Special to The Capital-Journal

The Topeka Capital-Journal

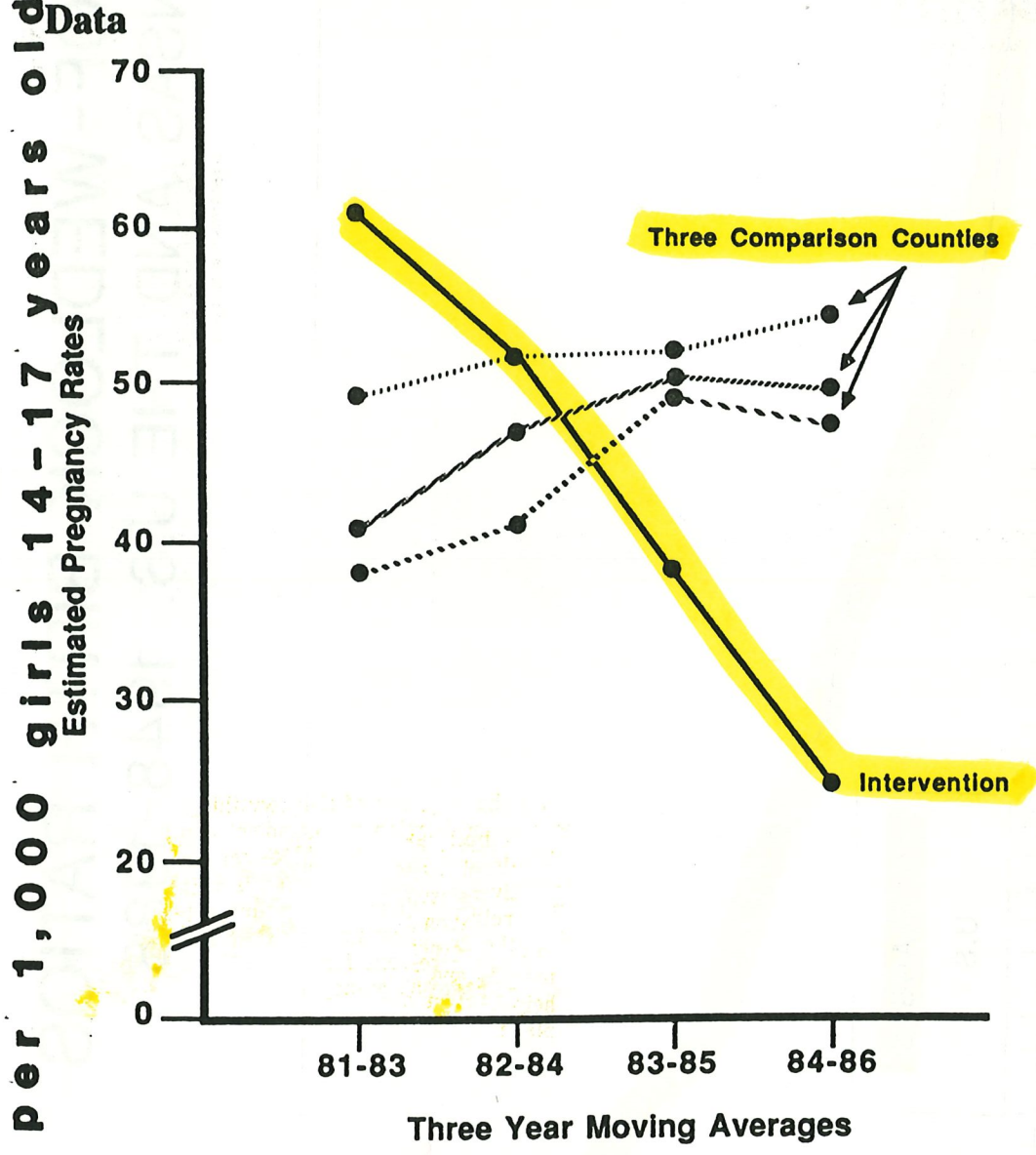
Friday, July 28, 1989 5-A

11-2

(new babies & abortions & stillbirths in one year)

funded through the South Carolina State Health and Human Services Finance Commission, the intervention's effectiveness was assessed by comparison with four other geographically delimited populations that were similar to the intervention population in sociodemographic characteristics. The base measure of comparison was the *Estimated Pregnancy Rate*⁷.

FIGURE 1. Estimated Pregnancy Rates (Three year average), Females Ages 14-17, Intervention Community and Three Comparison Counties, 1981-1986 Residence Data



The estimated pregnancy rate, expressing the number of live births per 1,000 females in a population aged 14 through 17 years)

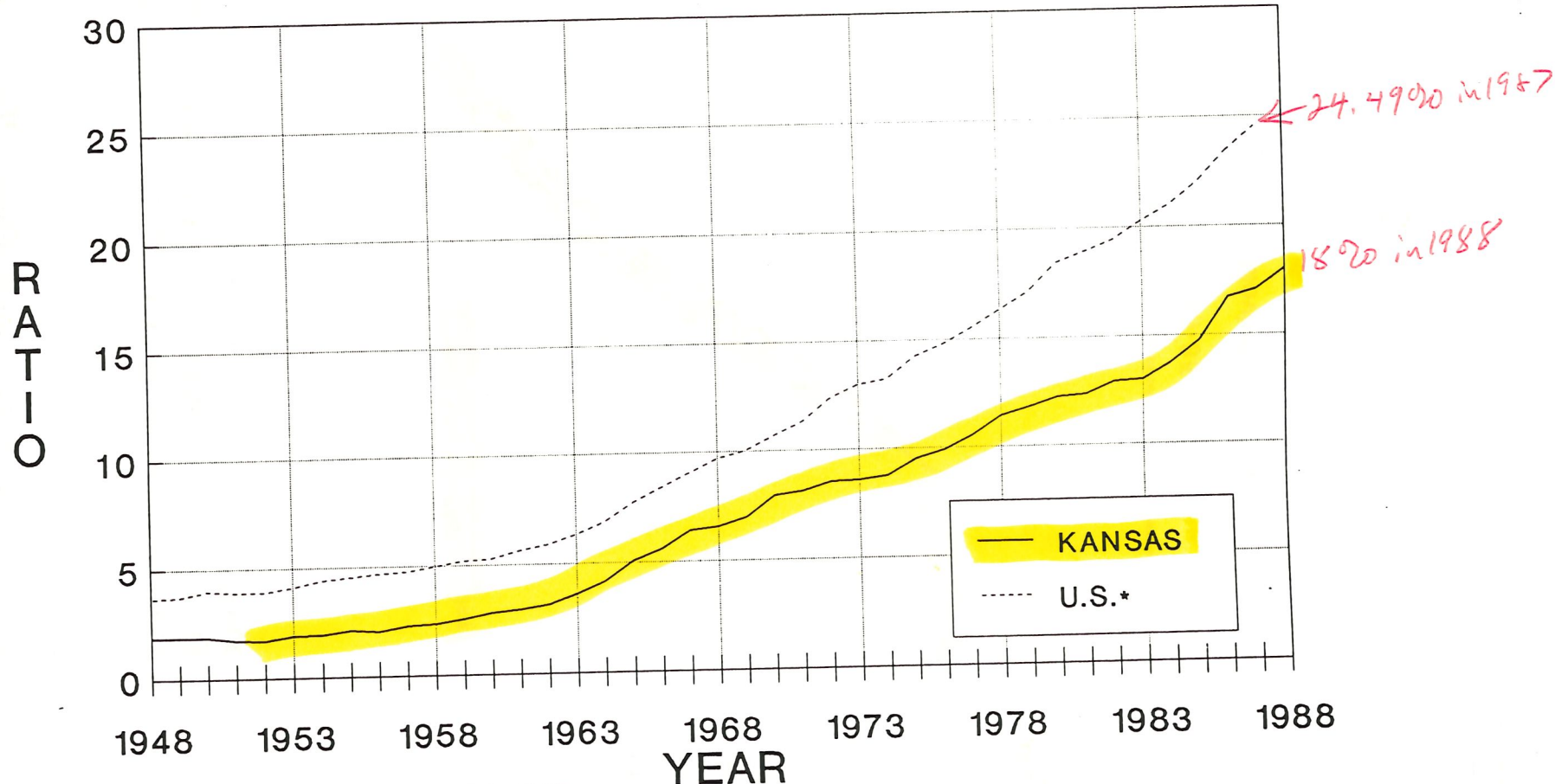
$$EPR = \frac{\text{Live Births} + \text{Abortions} + \text{Stillbirths}}{\text{Number of Females}} \times 1000$$

Intervention effectiveness was measured by the average estimated pregnancy rate before and after the intervention. The difference between the pregnancy rates in the intervention community and the three comparison counties before the program. Figure 1 shows the EPR data for the intervention community and the three comparison counties. The intervention community experienced a 54% decrease in the EPR from 1981-83 to 1984-86. This success in achieving a reduction in adolescent pregnancy rates is attributed to the intervention's success in developing and capacity for addressing adolescent pregnancy; and the implementation and evaluation of the intervention. (A more comprehensive evaluation can be found in the full report.)

(percent of ALL babies born to SINGLE mothers)

OUT-OF-WEDLOCK BIRTH RATIOS KANSAS AND THE U.S., 1948-1988

52
4-11



*DATA NOT AVAILABLE FOR 1988
RATIO PER 100 LIVE BIRTHS
RESIDENCE DATA

Figure 15

Testimony on Senate Bill 129

Senate Committee on State and Federal Affairs

March 13, 1990

Dear Chairman Reilly and Members of the Committee,

I am Louise Wolfe of Manhattan, mother of 3 children. I am glad that there are laws to protect my minor children from entering into irrevocable contracts, to protect them from obtaining drugs, or even aspirin from the school nurse without my consent, and to protect them from having irrevocable surgical procedures performed without my consent.

It seems inhumane and illogical to not offer them the same protection in making a hasty, irrevocable decision regarding the termination of a pregnancy and being uninformed of the possible life-long side effects that can occur, both physically as well as psychologically.

I have had to sign a paper every time one of my children had a DPT vaccination and I am glad the laws protect me and my children in this way by making us become informed.

Why are our daughters denied this protection?

I feel strongly that one parent or legal guardian's written consent should be required before an abortion is performed on a minor. I don't believe the clergy, or even any other member of the family, should carry this heavy of a responsibility. I do not want the responsibility of abortion notification if one of my nieces calls to tell me of her abortion intent. A responsibility of this magnitude should only be borne by the parent or legal guardian. The parents can then be supportive, go with her, and be her partners rather than be totally aloof due to ignorance when she desperately needs their involvement.

I admit, children usually fear their parents' finding out about a drug problem, wrecking the family car, an arrest, even a failing grade. While children will also fear parents' finding out about a pregnancy, once the initial shock is over, parents can help their children deal with their crisis; only, however, if they are informed.

Without required parental consent, parents can legally practice child neglect and not have to be bothered by the decision. We must protect our Kansas girls.

Don't let them become legal victims of child neglect.

Sincerely,

Louise B. Wolfe
3328 Effingham
Manhattan, KS 66502
913/539-8047

Senate F&SA
3-14-90
Att. 12

House Substitute for
Senate Bill No. 129

March 14, 1990

Chairperson Riley and members of the committee, my name is Cleta Renyer, lobbyist for the Right to Life of Kansas. I am testifying in favor of notification of parents in abortion of minor girls.

Two weeks ago, I was among many interested people listening to the members of the House take House Bill No. 2663 and make it a meaningless piece of legislation. Not only that it became a media joke.

Right to Life's position is that taking the life of any unborn child is wrong. We felt that House Bill No. 2663 may be a start in the right direction so we supported it. We still support the language of that Bill. We feel parents ought to know if their child is considering an abortion, after all we parents are usually informed about every other aspect of our child's life be it good grades, truant from school, or running into someone with their car, we are responsible.

One of the arguments that the pro-choice representatives kept bringing up was that a person has a right to privacy when it comes to sexual matters in their reproductive years. This may be true when a girl is in her late teens but the 12-, 14-, 16-year-old girls are not mature enough to make a decision of the magnitude of abortion.

It's truly amazing that these children can't legally drive until they are fourteen with limitations, quit school until they are sixteen, drink beer and alcohol until twenty-one, but are supposed to be mature enough to make the life and death decision of whether or not to abort a baby. Parents are responsible for all of their child's actions but in the matters of sex there is a veil of secrecy. This makes one wonder why.

Another reason that the original Bill 2663 was favored was because of no judicial by-pass. A by-pass is just another way for the system to come between parent and child. As Will Durant says, "The family can survive without the state, but without the family all is lost."

Right to Life of Kansas

Cleta Renyer

Senate F&SA
3-14-90
Att. 13

Testimony before the Federal and State Affairs Committee

Testimony in Support of the Parental Notification Proposal
Senate Bill 129 (Mrs. Walter Schumm, Manhattan, March 14, 1990)

Dear Senator Reilly and Members of the Committee:

I am in favor of parental notification regarding abortion for several reasons.

1. If parents are granted notification rights for most other medical/surgical procedures, if not granted permission rights, why make abortion an exception? It seems incongruous to require parental permission for ear piercing, but to contest parental notification for an abortion.

2. Deciding on whether to have an abortion or where to have an abortion strikes me as a rather complicated decision to impose upon an adolescent with no adult consultation. Can an immature adolescent make the best decision in such a difficult matter without adult advice? I do not truly trust the advice of the abortionist per se as this is like asking the fox if he would like chicken for dinner. It is not in the financial interest of the abortionist to provide a range of options in counseling, or to include the options of other abortion facilities that may be able to provide better post abortion care for the patient, especially in terms of the fewest medical complications, if records exist to substantiate such outcomes.

3. Providing abortion on demand for adolescents without some form of independent consultation with a mature adult, usually the parents, exposes vulnerable female adolescents to a serious risk of male exploitation. Abortion is often in the self interest of exploitive males who would rather force an immature adolescent into having an abortion than having to face up to 20 years of child support payments after a paternity suit. How many adolescents can resist the pressure of a boyfriend who gains the most financially by "persuading" them to abort at a time and place convenient for the male rather than the female? Parental notification will assist young women in making a free choice about their pregnancy against the pressures imposed on them by a male who didn't care enough to begin with to not make them pregnant against their will.

4. Better protection of minor's rights will be provided if this bill is extended to 17 year olds, prohibits notification by answering machine, and involves appropriate penalties for violators (e.g. refunding abortion cost to the minor or state).

Ladies and Gentlemen of the Senate;

Several years ago I did not have a strong opinion on abortion. I, like many people, was ignorant about the development of a baby in the womb. I even thought that, in the early stages of pregnancy, the baby was "just tissue". Then I began to do some reading on the subject and I found out that the medical facts were quite contrary to what I had thought. For example, I was very surprised to learn that a heart is beating in a baby less than a month after that child has been conceived. I realize that many people would argue that the presence of a heartbeat does not signal the presence of life, and that a baby isn't truly alive unless it can survive outside the mother's womb. I strongly disagree. My 21 month old son cannot survive outside the womb without someone to feed and care for him, but that doesn't make him any less alive. As for the baby still in the womb, we are all dependent on something to sustain our lives. If our earth's atmosphere were suddenly ripped away, every one of us would die very quickly. Just as we are dependent on the protection of the atmosphere to sustain our lives, so a baby is dependent on the womb to sustain its life. Being dependent on something to sustain life has no bearing on whether or not life actually exists.

As you can see, after reading about the subject, I formed a strong opinion about abortion. But here I was, a woman in her mid twenties, a college graduate who had been a television news reporter and anchor for an NBC affiliate for 3½ years before I was married, and I had NO idea about how a baby develops until I took the time to research it. If I didn't know, and only learned because I took the time to do so, surely that must be the case for hundreds of young girls who get abortions. That's one reason I believe a girl's parents (and I do believe it should be the parents and NOT someone else!!) should be notified before a girl has an abortion. Maybe, just maybe the parents can help the girl get some more information on what she is about to do. I have here a poem that was written by a 16 year old girl who had an abortion, and later found out the medical facts. This poem was aired on a radio program called "Focus on the Family" which airs on stations throughout the United States and in Canada. The poem is entitled "You didn't tell me"

"You didn't tell me she had fingers and toes,
that her heartbeat sound,
that she could hear my voice.

"You never mentioned that she felt safe in my womb,
the pain she would endure
or the scream that would be heard.

"I knew I had the right to choose,
I can't put all the blame on you,
but had you taken a moment in time
to explain more fully this awful crime
Today my child would be alive."

That was written by a 16 year old girl. I wonder if her parents were told before she chose abortion? Ladies and gentlemen of the Senate, we always hear that we should be involved in our children's lives. Please help us do that by passing Parental Notification. Thank You.

TO: The Committee on Federal and State Affairs
Kansas State Senate
Senator Ed Reilly, Chairman
Testimony concerning Substitute for Senate Bill NO.129

From: Dr. and Mrs. Gerald L. Mowry
2007 Arthur Drive
Manhattan KS 66502

Someone told me that this bill's original intent was to provide the parents of a teenage daughter notice that she is pregnant and about to undergo a life-changing surgery.

Amazing!

It seems to have traveled along a rocky road, and has been amended into an anti-family abandonment of our daughters.

At a frightening time when girls most need mothers and fathers, we substitute a social worker, a court appointed lawyer, a judge, and an abortionist.

Where will THEY be when she is feverish and bleeding from her safe, legal abortion? Where will they be later when she is having nightmares, depression, guilt and grief? What will they say as she mourns.

Most young women who have abortions in Kansas are over 18. This bill's original intent was to protect our youngest teenagers and to return to families the right to help their daughters in crisis. Even at 18 most Kansas girls are yet in high school.

The bill's use of the term "woman" is contradictory. They may be pregnant, but they are not women at 15, 14, 13, or younger. This bill could be fairly amended to age 18 to protect our vulnerable 16 and 17 year olds.

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The definition of "parent," if we care about the families we represent here, could be defined in the bill as any one parent who has legal custody of his/her daughter. A judge could certainly identify exceptional cases.

And where are the rights of the father of the baby addressed? Is he entitled to notification. If not, why?

In my town, as in yours, there really are abusing families. Some girls do have dangerous home situations. But to draft a bill that assumes every pregnant teenager comes from an abusing or incestuous home is silly.

Most girls are embarrassed more than afraid of their parents. They fear because they know they have been irresponsible. But in the average Kansas family, after the tears and regret, you will find fathers and mothers who help their daughters through the crisis.

We steered 4 children through a typical sexual education in Kansas public schools. They learned, and told us, that recreation sex is a normal teenage pastime....that if you give birth to more than two children, you should abort the rest because of over-population....that you can get your birth control at the Health Department so your Mom and Dad won't know. And if your birth control fails (or you fail to take it) you can always get an abortion.

Is this the way you want your pregnant teenager treated?

Even the judge in this bill can be irresponsible. He is allowed to ignore the request for waiver of notification a couple of days and let it die on his desk...until the need for it expires!

And a physician, any kind, is given the right to "perform an abortion anywhere without first obtaining the minor's consent! What a blank-check for the unscrupulous!

Let us amend this bill with some good Kansas common sense!

A parent is a parent. Let the bill say so. If a girl is truly in danger, let more than one counselor or teacher take responsibility to help her. We all know that abortion is not her only option. Let her and her parents know all their options so she can make an informed decision about abortion just

as they do for any other surgery.

Let this committee return to Kansas families their right, responsibility and opportunity to help their pregnant teenage daughters.

March 14, 1990

March 14, 1990

Testimony before the Federal & State Affairs Committee

Testimony in support of the Parent Notification Proposal

Dear Chairperson Reilly and Members of the Committee:

I am Lacy McMullen from Manhattan, Kansas. As the mother of two teenage daughters, I feel compelled to express my feelings. I am concerned that my daughters can get an abortion without my knowledge or consent because of the lack of Kansas laws. Do you feel this is fair to us as parents, that we have no control over our daughters bodies when an abortion is being considered? How can a young person between the ages of 12-16 know what the right decision would be in a situation like this? They are on such an emotional roller coaster all through adolescence that a decision made without parents' support could devastate and scar this "child" the rest of her life.

Did you know that teenagers must have parents consent to have any other kind of surgery? Just recently, I had to accompany my daughter to sign a consent form so she could get her ears pierced. But, if she should happen to want an abortion, she could drive 20 miles to Junction City (an example) and get one without my knowledge. Is this logical? By the way, my daughter is against abortion and has supported me in my stand in favor of the Parent Notification Act. As for my stand on abortion, I am totally against it when it's being used as a form of birth control. And I'd say most young girls under the age of 16 are using abortion as a form of birth control. Our States lack of restriction in this area appears to encourage teenage promiscuity.

I have read that in Minnesota after a similar Parent Notification bill was enacted, statistics from 1980-1983 show abortions to teens decreased 40%, births decreased 23% and pregnancies decreased 32%.

I gave birth to my daughters and I have every right to know if an abortion is being considered. I ask you to vote for the **Parents Notification Bill**, so that the responsibilities of the parents can continue to be ours, so that we may keep our girls' best interest in mind.

As parents, we are to financially, emotionally and physically care for our young. Yet, when the government comes in and tells us we have no input regarding our daughters' decision, **WHERE IS OUR DEMOCRACY AS PARENTS, VOTERS AND TAX PAYERS??!**

I thank you for this opportunity to voice my opinion on this subject, and I believe that I speak for the majority of parents in Kansas. Please don't let our children continue to make decisions without support. In closing, I'd like to quote psychologist Dr. James Dobson, who stated "Remember that lasting love and affection often develops between people who have survived a crisis together".

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