

Approved July 8, 1991
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Representative Kathleen Sebelius at
Chairperson

1:00 ~~xxx~~ p.m. on Friday, April 26, 1991 in room 526-5 of the Capitol.

All members were present except:
Representative Sam Roper - Excused

Committee staff present:
Mary Galligan - Kansas Legislative Research Department
Lynne Holt - Kansas Legislative Research Department
Mary Torrence - Office of the Revisor
Connie Craig - Secretary to the Committee

Conferees appearing before the committee:

SB 147 - PROPONENTS

Kenda Bartlett, Concerned Women For America of Kansas
Cynthia J. Patton, Kansans for Life
Amy Jurcyk, K.U. Students for Life
Artie Lucas, Executive Director, Kansas Family Institute
Kevin G. Yowell, Legislative Vice President, Kansans for Life
Cleta Renyer, Right To Life of Kansas
Virginia Leonard, Kansas
Robert Runnels, Jr., Kansas Catholic Conference
Thomas R. Zarda, Past State Deputy, Knights of Columbus, Kansas

SB 147 - OPPONENTS

Marilyn Harp, Board President, Planned Parenthood of Kansas
Gayle Bennett, Manhattan Area Unit of the Religious Coalition for
Abortion Rights
Leslie Bennett, Senior, Manhattan High School, Manhattan, Kansas
Viola Dodge, Olsburg, Kansas
Dr. Jimmie Gleason, OB-GYN, Topeka, Kansas

Chair Sebelius called the meeting to order, and began the public hearing for SB 147, Parental Notification, with the proponents of the bill.

Kenda Bartlett appeared before the Committee as a proponent of SB 147, and read from her written testimony, Attachment #1, in support of the bill.

Cynthia J. Patton urged the Committee to support SB 147, and read from her testimony, Attachment #2.

Amy Jurcyk testified before the Committee as a proponent of SB 147, and read from her written testimony, Attachment #3, in support of the bill.

Artie Lucas presented written testimony, Attachment #4, in support of SB 147. He urged the Committee to pass the bill favorably, and asked the Committee to consider an interim study on requiring all hospitals and ambulatory surgical centers who perform these procedures to provide certain information prior to the procedure being performed so those affected can make a knowledgeable choice.

Kevin Yowell appeared as a proponent of SB 147, and read from his written testimony, Attachment #5, in support of the bill. He urged the Committee to pass the bill favorably.

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room 526-S, Statehouse, at 1:00 ~~xxx~~/p.m. on Friday, April 26, 1991

In response to Mr. Yowell's remarks, Chair Sebelius stated that she never said that there would not be a hearing. She added that she did not know if Mr. Yowell believed everything he reads in the newspapers, but she certainly does not. When asked whether there would be time for a hearing, she added that she honestly said that she did not know. Chair Sebelius went on to say that she contacted the Ranking Minority Member, as well as the Vice-Chairman, immediately when the bill passed to begin to discuss whether or not a hearing was possible. She explained that we cannot put out a calendar during the break because one is not published. She listed the hearing as soon as it was possible. She apologized if the hearing did not meet with the proponents' timetable, but that is not the Legislature's responsibility. She added that this is a full and fair hearing, the Senate scheduled an hour plus hearing, and that we will have an hour and a half of hearings. She explained that he is welcome to reintroduce the bill if it fails. This bill, and no bill in the Kansas House, comes to a full House debate unless it passes through a Committee. Chair Sebelius stated that she resented the implication that somehow she had lied, and she was never contacted by any of the proponents to be asked whether there was a hearing.

Cleta Renyer appeared before the Committee as a proponent of the bill and submitted written testimony, Attachment #6, which included testimony from Pat Goodson. She also handed out to Committee members a copy of the Attorney General's Opinion No. 91-43, Attachment #7. She urged the Committee to pass the bill favorably.

Virginia Leonard came before the Committee to ask support for SB 147. She presented written testimony, Attachment #8, and added that parents should have a right to be involved in this decision.

Robert Runnels stated to the Committee that the Kansas Catholic Conference does support SB 147. He read from his written testimony, Attachment #9, and added that it is the position of the Kansas Catholic Conference that this bill should be tabled this Session to give an opportunity to clarify some of the points of concern.

Thomas Zarda appeared as a proponent of SB 147, and read from his written testimony, Attachment #10, urging the Committee to support the bill.

Committee Discussion:

1. In response to a question from a Committee member, Mr. Runnels stated that he did not know whether Minnesota had any teen pregnancy prevention programs, but he thought most schools across the nation did give some type of parental direction as far as sex education was concerned.

2. There was some discussion on the judicial bypass and who represents these young girls to obtain the bypass. One Committee member asked who would pay for this since the bill states that the court has to assure that the minor has assistance, although it does not spell out from whom, and the court then shall appoint a guardian ad litem and shall provide legal counsel free of cost.

3. One Committee member stated that why would a district judge would have the ability to grant a judicial bypass. He went on to say in the case Hodson vs. Minnesota, there are 9 separate opinions from each member of the Supreme Court.

3. Ms. Patton stated that what the judge is determining is whether the minor is mature enough to make the decision for abortion herself.

Marilyn Harp appeared before the Committee as an opponent of SB 147. She read from her written testimony, Attachment #11, urging the Committee to oppose the bill.

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MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,

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Viola Dodge appeared as an opponent of SB 147. She read from her written testimony, Attachment #12, which she suggested that instead of passing this type of bill, why not pass a bill that states no man can have sex with a woman under 17. She urged the Committee not to put women back 50 years and vote "NO" on SB 147.

Dr. Gleason appeared before the Committee from the angle of a trench fighter. He went on to say that from the position of an OB-GYN, it is very important that the whole picture is looked at very carefully and appropriately. In regards to his background, he stated that he has been in Topeka for about 25 years, that he helped to start the family planning clinic and the maternal and infant care program. He pointed out that in the Newsweek magazine about five years ago, a survey showed that only 2% of the families talked to their young people about sex education. In one of his cases, he stated that a patient was trying to figure out if parental consent was an issue because she had 4 sets of parents involved in this decision. He felt that it is very difficult to try and decide what is appropriate for this young lady, when the mother and father disagree totally, and the fights break out in the waiting room. He added that certainly he wanted to make sure that every parent is involved in this process when it is appropriate. There are times when it is not appropriate such as the time when he saw a young girl who had been beaten by both her mother and father so severely that she had two broken legs and one broken arm. He asked "Are they the people who should make the decision for this young girl?" He added that the youngest patient he has seen in the family planning clinic is eight years old, and was brought in by her mother. He asked the Committee to please not add to the situation when I am trying to deal with the appropriate treatment of a patient. He felt that it is very important to get all of the parents involved in this whole process, but at times it is not possible. At times parents cannot be found, parents disagree, and a judge may not be the answer either. He asked the Committee to vote "NO" on SB 147 and not string physicians with other additional situations. Dr. Gleason closed by telling of the patient who was 10 years old and pregnant by her father, which he felt was the ultimate in parental consent.

Leslie Bennet appeared before the Committee as an opponent of SB 147, and read from her written testimony, Attachment #13.

Gayle Bennett testified in opposition to SB 147 by reading from her written testimony, Attachment #14. She also added that she and her daughter, Leslie, had 24 hour notice to be at the public hearing, and did not find it unduly onerous to be here.

Beth Powers and Peggy Jarmen passed their time to the rest of the conferees.

The Majority For Choice submitted a list of groups who wish to be reported as opposing SB 147, and all parental notification legislation, Attachment #15.

The League of Women Voters of Kansas presented written testimony, Attachment #16, opposing SB 147.

Written testimony, Attachment #17, was submitted by Dr. Gordon Risk, American Civil Liberties Union of Kansas, opposing SB 147.

Attachment #18 is written testimony opposing SB 147 from Darlene Stearns, State Coordinator for Religious Coalition for Abortion Rights in Kansas.

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room 526-S, Statehouse, at 1:00 ~~xx~~/p.m. on Friday, April 26, 1991.

Committee Discussion:

1. In response to questions, Dr. Gleason stated that his career has spanned the legal and illegal abortion times, and that when he was a resident at the University of Kansas Medical School, they were seeing one to two women every day in the emergency room with complications from illegal abortions. He added that after the abortion laws were changed, the maternal mortality rate figures went down one-third. He added that he is again seeing some things again, occasionally, such as coat hangers, etc., which are related to patients on S.R.S., who are not allowed to have terminations.

2. Marilyn Harp stated that she is an attorney in Wichita, employed by Kansas Legal Services, and does not get into this area. In response to a question, Ms. Harp answered that under some Supreme Court authority, the going rate for appointed counsel for felony convictions is \$50 per hour. So maybe between \$40 to \$50 per hour multiplied by how long the hearing for judicial bypass takes, plus a couple of hours for the attorney to prepare for it, in relation to the cost of a judicial bypass.

3. Ms. Harp also stated that she remembered that Ms. Patton, a proponent of the bill, estimated that approximately 750 young women a year are going through this process, presently.

4. Ms. Harp pointed out that the whole point of the judicial bypass is that a decision is to be made if this young woman is mature. She felt that this ties back to the Attorney General's Opinion 91-43, Attachment #Z, which says that there is a problem with unemancipated immature minors consenting to treatment. She added that the premise of this law is that immature minors need the consent of their parents. The judge decides this is a mature minor able to decide on her own and, therefore, will accept her decision.

5. Ms. Harp stated that the word abortion is not mentioned in the Attorney General's Opinion at all. She added that it has to do with liability and whether physicians might be taking some risks under the current situation by accepting consent from minors for abortions. But it certainly does not mandate parental consent or involvement.

Chair Sebelius closed the public hearing for SB 147, and opened the floor for action.

Representative Baker moved to amend SB 147 by striking the age 18 and substituting the age 15 on page 2, line 7. Representative Allen made a second to the motion.

Representative Wagon made a substitute motion to report SB 147 adversely. Representative Hamilton made a second to the motion.

One Committee member stated that that statutory rape law in Florida has been struck down because of the conflicts of a mature minor and an immature minor. It is a recent decision, and we just got word on about 45 minutes ago. If the motion had not been made to report the bill adversely, he added that he would have made a substitute motion to table the bill for various reasons. He pointed out that this issue is not going to go away until the full Floor decides whether to vote this up or down. He felt that there are strong feelings on both sides of this issue which need to be rectified with a full Floor debate. He added that if the substitute motion fails to report this adversely, he will make a substitute motion to table the bill, and save a tree.

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room 526-S, Statehouse, at 1:00 ~~x:p.m.~~/p.m. on Friday, April 26, 1991.

Chair Sebelius called for a vote on Representative Wagnon's substitute motion. The motion was voted on by a voice vote, and the ayes appeared to have it. Division is called for. Motion passes by a show of hands, 15 in favor, 7 against.

Representative Long, Representative Lawrence, Representative Graeber, and Representative Ramirez request to be recorded as voting no.

Chair Sebelius presented to Connie Craig, Secretary to the Committee, a beautiful commemorative plate in honor of Secretarys' Day from the Committee.

Representative Wagnon moved to approve minutes for the March 5, 1991, and March 6, 1991. Representative Lawrence made a second to the motion, which passed on a voice vote.

Chair Sebelius adjourned the meeting.

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BEVERLY LAHAYE
PRESIDENT

BEVERLY TUCKER
AREA REPRESENTATIVE

KENDA BARTLETT
LEGISLATIVE LIAISON

April 26, 1991

TESTIMONY BEFORE HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
Representative Kathleen Sebelius, Chairperson
Senate Bill 147

Madam Chair and Members of the Committee:

I rise today in support of SB 147. CWA of Kansas does not see SB 147 as an "abortion" bill. We see this as a parents' rights bill. Until recently, American law and policy sought to protect the integrity of the family unit and the sanctity of the parent/child relationship. This history has reflected the duty and authority of parents in the nurture and protection of their children, the natural love and concern of parents, and the evident inability of children to exercise the necessary maturity, wisdom, and foresight to make weighty decisions for themselves. The "right" to abortion seemingly has become the "exception to every rule", including the right of parents to direct the upbringing of their children.

With two teenaged daughters in our home, my husband and I have on numerous occasions been required to exercise our authority over our daughters. When accidents happened and visits to the emergency room were made, the doctor reminded us of our responsibility as he explained the options for treatment and pointed out to us the consequences of each decision. As both of our daughters grew, they became involved in all kinds of activities. With each activity came a permission slip that we had to sign that gave them our permission to participate, and in most cases absolved the school or club from any responsibility if anything should happen to our daughters as they participated. When our oldest daughter made her decision to sign a scholarship agreement to play basketball for Texas A & M University we had to co-sign that agreement. Once she enrolled at A & M the team doctor found himself in a dilemma. Our daughter was only seventeen; she was not legally able to make medical decisions for herself. The doctor sent us a form to fill out that gave him our permission to treat her if she should hurt herself while playing basketball. Every day and

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in many ways we are reminded of our responsibility to our daughters.

But, somewhere along the line the state has decided that we as parents should not have any say if one of our daughters would choose to have an abortion. How is it that we are so responsible in every other way, but yet in this one area we all of a sudden have violated her right to privacy?

Opponents to this bill would say, "Yes, but you care about your daughters. What about the poor girl whose parents don't care what happens to her or who would even be abusive to her?" We believe that we are dealing with a very small percentage of the cases when we narrow the argument down to this issue. While the Director of a home for unwed mothers in Georgia, I had a chance to deal with a number of young women who were trying to make a decision about their pregnancy. In every case we encouraged the girls who were estranged from their parents to meet with them and talk the situation through. We always had favorable results. In some cases the parents did not offer any financial help, but they did offer emotional support. In some cases the young women found that they did not need our services after all and went home to complete their pregnancies.

We must be sure that when we look at the issue of Parental Notification we do not get side-tracked by an argument that refers only to a small percentage of girls that seek abortion. According to Don Rutledge, Department of Social and Rehabilitative Services, from July-December of 1989 there were 284 confirmed cases of child abuse and neglect in the 12-18 year age group in the state of Kansas; 191 of these involved girls. This would extrapolate out to 382 confirmed cases in one year. The Bureau of Vital Statistics, Institute for Public Policy and Business Research, Report #158, states that in the total population of Kansas there are 169,012 females in the 10-19 year age group in 1990. This means that less than .0023% of girls in these age groups would fall into the category of abused or neglected. Simply stated, a very small percentage of girls in Kansas live in homes where abuse or neglect has been confirmed to the state. The argument that fear of abuse would drive girls to seek back alley abortions if this law was passed does not seem warranted. The state, therefore, should not infringe upon a parents' rights to be notified so they can offer counsel to the child for whom the state says they are responsible.

In closing I would like to quote the results of two studies. In a Planned Parenthood poll of 1,000 teenagers in 1986, the following question was asked: What would make you delay having sex? Respondents could choose more than one answer. The results were as follows:


Worry about sexually-transmitted diseases	65%
A pregnancy could ruin their life	62%
Worry about parents finding out	50%

It would ruin their reputation 29%

The second study was done by Hogan and Kitagawa and quoted in the Journal of Marriage and Family, 1987. They found that rates of teenage pregnancy were reduced when parents supervised **WHO** the adolescent dates, **WHERE** the adolescent went on dates, and the **ARRIVAL TIME** back home.

It should be clear that parents do still exert some influence over their teen, and the state should not allow a young woman in the anxiety of her crisis to by-pass her parents' input into probably the most important decision that she will ever make.

Thank you for the opportunity to address the committee.


Kenda Bartlett
Legislative Liaison

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PHONE (913) 273-4330

April 26, 1991

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 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. Missouri, Massachusetts and Minnesota 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%.

According to the March, 1991 American Journal of Public Health, "the claim that the law caused more minors to obtain late abortions is unsubstantiated. In fact, the reverse is true. For ages 15-17 the number of late abortions per 1,000 women decreased following the enactment of the law. Therefore, an increased medical hazard due to a rising number of late abortions was not realized."

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

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

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 intentional death of one's fetal child by abortion can produce characteristic symptoms of a post-traumatic stress disorder.

In Queen's New York, Dawn Ravenell, a 13 year old girl died following a legal abortion. The girl went to the abortion clinic with her 15 year old boyfriend. She ate something before the procedure, which was not picked up in the medical history. Clinic records show that Dawn Ravenell awoke mid-operation and began gagging and choking on her vomit before going into cardiac arrest. She was stabilized and left unattended in the recovery room. Ravenell went into cardiac collapse before a passing attendant noticed the girl's condition and had her rushed to the hospital where she later died.

In Maryland, Erica Richardson died following a legal abortion. Erica's vagina, cervix and uterus had been punctured, causing hemorrhage and an air embolism which entered her heart. The official 1989 Maryland abortion statistics do not list Erica's death and report no abortion deaths for 1989, dispute Erica's and another 1989 Maryland abortion death.

In Kansas, Erna Fisher died after undergoing an abortion at the hands of Kansas City abortion provider, Dennis Miller on March 10, 1988. According to a Kansas City Star article, Erna jerked upright during the abortion, then went rigid from an apparent seizure and started vomiting. According to the article Kansas authorities prohibited Miller from doing abortions in his office, but could continue to do them at the Comprehensive Health for Women in Overland Park.

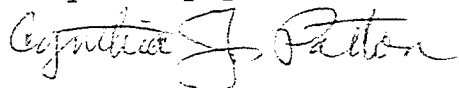
This 6/3/90 article stated Miller settled six malpractice cases in the Kansas City area in the 1980's with women or their survivors. It also noted he flunked the Missouri state medical exam three times and gave up his license in that state; it said he took nine tries to pass the medical exam in Kansas.

For this state to continue the policy of allowing minors to get abortions without the notification of parents is pure folly. Abortion is no picnic. There are serious psycholog-

ical and physical complications which occur and parents are needed to insure that the clinic takes an adequate medical history and to insure sufficient follow-up care is provided. The abortion clinic does not follow-up on their patients.

According to *Hodgson vs. Minnesota*,⁴¹ a free and enlightened society may decide that each of its members should attain a clearer, more tolerant understanding of the profound philosophical choices confronted by a woman who is considering whether to seek an abortion. Her decision will embrace her own destiny and personal dignity, and the origins of the other human life that lie within the embryo. The State is entitled to assume that, for most of its people, the beginnings of that understanding will be within the family; society's most intimate association. It is both rational and fair for the State to conclude that, in most instances, the family will strive to give a lonely or even terrified minor advice that is both compassionate and mature. The statute in issue here is a rational way to further those ends. It would deny all dignity to the family to say that the State cannot take this reasonable step in regulating its health professions to ensure that, in most cases, a young woman will receive guidance and understanding from a parent."

Very truly yours,



CYNTHIA J. PATTON
Kansans for Life

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American Public Health Association

Featuring
Women's Health

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Notification Law on Abortion and Birth

ABSTRACT

Background. The impact of the Minnesota Parental Notification Law on abortion and birth was examined.

Methods. Using linear models, outcome parameters were compared before and after enactment of the law. Time by age group interactions also were examined.

Results. The pre-enactment to post-enactment change in the Minnesota abortion rate reflected a greater decline for minors (≤ 17 years old) than for 18-19 year-olds (who were not under the law). An increase in abortion rate occurred for women ages 20-44. The law appeared to have had no impact on birth rate in minors. Following the enactment of the law, the rate of early abortions (≤ 12 weeks) declined among minors more than the rate of late abortions (> 12 weeks). This resulted in a pre-enactment to post-enactment increase in the ratio of late-to-early abortions among minors.

Conclusions. These data suggest that parental notification facilitated pregnancy avoidance in 15-17 year-old Minnesota women. Abortion rates declined unexpectedly while birth rates continued to decline in accordance with a long-term trend. (*Am J Public Health* 1991;81:294-298)

James L. Rogers, PhD, Robert F. Boruch, PhD, George B. Stoms, BA, and Dorothy DeMoya, DNSc

Introduction

Laws requiring parental consent or parental notification prior to legal induced abortion for minor women, collectively called parental involvement laws, exist or have been proposed in numerous states. As of July 1990, laws in the United States requiring parental consent were in effect in Alabama, Indiana, Louisiana, Massachusetts, Missouri, North Dakota, and Rhode Island. Laws requiring parental notice were in effect in Arkansas, Idaho, Utah, and West Virginia; and parental involvement statutes were under challenge in Arizona, California, Georgia, Illinois, Kentucky, Mississippi, Nevada, Pennsylvania, and Tennessee. National attention focused on these laws when statutes from Minnesota and Ohio were heard by the US Supreme Court during its October 1989 term resulting in a decision largely supporting these laws. The present paper concerns the Minnesota law, enacted in August 1981 and enjoined in March 1986. This law required a minor woman to notify both parents at least 48 hours prior to an abortion or else seek court approval.

Few empirical studies have evaluated the impact of parental involvement statutes on minor women. Cartoof and Klerman¹ determined that abortions to minors in Massachusetts declined dramatically (43 percent) following the enactment of a parental consent law. However, during this time an approximately equal number of women migrated to surrounding states to obtain abortions. Blum² found that under parental notification in Minnesota, communication with parents about a minor's planned abortion occurred more often than had been reported by Clary³ in a Minneapolis/St. Paul study predating the law. But Blum found that patterns of com-

munication differed little from those among teenagers simultaneously surveyed in the neighboring state of Wisconsin (without such a law).

Common negative claims about parental involvement laws are that they force minors to leave the state to obtain abortions (as in Massachusetts), and that they result in increased birth rates, late abortions and medical complications. These effects are presumably related to a minor's reluctance to discuss her pregnancy with parents.⁴ Positive claims about these laws are that they promote responsibility (by encouraging teenagers to "think before they act"), foster parent-child communication, facilitate mature decision making, and may reveal medical history information that would otherwise remain unknown to the physician.^{5,6}

Empirical evaluation of assertions like these will necessitate multiple studies under a variety of circumstances and localities. The Cartoof and Klerman study¹ was conducted in Massachusetts, located in close proximity to states without parental involvement laws. This made it possible for minors to avoid the law altogether by crossing state lines. In Minnesota, the distance from out-of-state abortion facilities appears to have worked against mi-

Address reprint requests to James L. Rogers, PhD, Professor, Department of Psychology, Wheaton College, Wheaton, IL 60187. He is also Senior Research Associate, Department of Medicine, Northwestern University Medical School. Dr. Boruch is University Trustee Professor, Graduate School of Education, and Department of Statistics, Wharton School, University of Pennsylvania; Mr. Stoms is with the Department of Psychology, Wheaton College. Dr. DeMoya is Consultant Therapist, Family Resources, Philadelphia, PA. This paper, submitted to the *Journal* July 17, 1989, was revised and accepted for publication October 10, 1990.

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gration determined that "[i]n counter-terrist to the Massachusetts data, there is no evidence to indicate large numbers of Minnesota youths are leaving the state for abortion (data available on request to author)."² It cannot be assumed that findings characterized by one set of background factors, such as proximity to out-of-state abortion facilities, will generalize to other settings.

In this study, the statewide impact of the Minnesota Parental Notification Law upon the incidence rate of abortion and birth, as well as upon the ratio of abortions to births and the ratio of early to late abortions, is examined.

Methods

Data

Abortion and birth incidence data were provided by the Minnesota Center for Health Statistics (MCHS). The data exclude all observations of unknown age and are restricted to residents of Minnesota. Live births to Minnesota residents are included regardless of whether the birth occurred inside or outside of Minnesota. Induced abortions reflect only those occurring in Minnesota.

Population estimates by age and gender are provided by the Minnesota Center for Health Statistics that computed them using a modified version of the cohort-component method for all years following the 1980 census.⁷

Throughout this report "birth(s)" and "abortion(s)" will refer to live birth(s) and induced abortions(s), respectively.

Outcome Measurements

The report utilizes six outcome measurements: four rates and two ratios.

- The abortion rate, the late abortion rate (>12 weeks), the early abortion rate (≤12 weeks) and the birth rate refer to the number of reported abortions (or births) in one year divided by the population estimate of females, in thousands, for that same year.

- The abortion-to-birth ratio refers to the number of abortions in a year divided by the number of births. Alternatively, this may be thought of as the abortion rate divided by the birth rate for a given year.

- The late-to-early abortion ratio refers to the number of late abortions in a year divided by the number of early abortions. Again, this may be thought of as the late abortion rate divided by the early abortion rate for a given year.

Each rate and ratio was examined using a linear model.^{8,9} Serving as a dependent variable, the rate (or ratio) was modeled as a function of age category (≤17, 18-19 or 20-44 years old), the year of occurrence (1975 through 1987), and the age by year interaction.

First, each model was employed to determine whether a given rate (or ratio) three years before and four years after enactment of the Minnesota Parental Notification Law differed within each age category. Because the modeling was performed in the log scale, the pre-enactment (1978 to 1980) and post-enactment (1982 to 1985) values represent the geometric mean of the individual values comprising the pre-enactment and post-enactment periods. (The antilog of the arithmetic mean of log values corresponds to the geometric mean of the same measurement in the original scale. That is, $\ln [(\ln a + \ln b)/2] = \sqrt{[ab]}$.)

Second, three additional contrasts were constructed to detect the presence of any age group by time interaction that might exist for a given rate or ratio. These contrasts reflect whether the pre-enactment to post-enactment change was different among minors than among 18-19 year-olds, or 20-44 year-olds, or among 18-19 year-olds than women 20-44 years old. It was assumed that a change due to the law, rather than to general factors operating in all age groups, would be most pronounced among women 17 years of age or younger; less evident among 18 and 19 year-old women who would have recently been, but would not presently be under the law (pregnancy at age 17 may mean birth at age 18); and least present among older women not subject to the law for at least two years.

Models

The mechanics underlying the linear models^{8,9} used to construct the six contrasts described above were as follows. The model parameters, representing age category (two parameters capturing three age classifications), year (12 parameters capturing 13 years), and the age by year interaction (24 parameters reflecting the cross-product of age and year), were regressed against the *natural log* of the rate or ratio under question. Rows of each model's design matrix were combined to form the six contrasts. When the abortion rate, late abortion rate, early abortion rate, or birth rate served as the dependent variable, weighted least squares estimates and

were obtained. ¹⁰ PROC CATMOD of Version 6.03 of the Statistical Analysis Software (SAS)¹⁰ was employed to fit the models.

For ease of interpretation, the authors elected to display each contrast effect as a quotient (contrast ratio) in the original scale rather than a difference in the log scale. For any given contrast, this means that rather than presenting in tables the difference between two natural log values, it is the antilog of this difference that has been presented. It is evident that the difference between two identical log values will be "zero" while the corresponding contrast ratio will be unity (one). That is, $(\ln A) - (\ln A) = 0$ implies that the antilog is unity. Thus, contrast ratios equal to unity imply equivalence between the contrasted values.

Results

Table 1 contains the outcome measures examined in this study. For each outcome measure, Table 2 contains the contrast ratios that compare the pre-enactment and post-enactment periods. Contrast ratios greater than unity imply an increase in the outcome measure (abortion rate, birth rate, etc.) after enactment of the law and contrast ratios less than unity imply a decrease. Similarly, Table 3 contains ratios that reflect the age by time interactions. Here, a contrast ratio less than unity indicates a greater pre-enactment to post-enactment decline in the younger age group of the two being compared; a contrast ratio greater than unity indicates a greater increase.

Abortion Rate

Deviations from unity for the contrast ratios that compare pre-enactment and post-enactment periods (Table 2) are substantial in all age groups. Whereas the yearly abortion rates after the law's enactment increased for women 20-44 years old (who were substantially removed from its impact), abortion rates declined in both 15-17 and 18-19 year-olds during this same period. The pre-enactment to post-enactment decline was substantially greater for 15-17 than 18-19 year-old women, and for 18-19 year-old women than 20-44 year-old women (Table 3).

BLE 1—Outcome Measures and Population Estimates for Minnesota Women, 1975 to 1987*

Outcome Measure	Age (years)	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
Abortion Rate†	15-17	12.38	16.50	18.60	18.25	19.24	19.57	16.06	14.25	12.80	13.03	14.54	14.42	15.45
	18-19	20.47	28.92	31.27	35.71	38.72	40.26	38.37	36.45	33.09	35.05	34.07	31.89	30.83
	20-44	7.32	9.55	11.48	12.36	13.41	14.33	14.00	13.96	13.11	14.21	14.48	14.29	14.17
Birth Rate†	15-17	20.94	19.64	19.62	17.80	17.71	17.48	17.36	16.54	14.55	16.00	15.01	15.52	15.03
	18-19	56.11	52.98	55.10	55.80	57.00	59.46	59.33	56.57	48.76	48.85	47.13	42.65	43.68
	20-44	74.02	72.48	75.79	76.14	76.05	79.80	73.43	78.13	75.18	75.57	75.92	74.00	72.67
Abortions/Births	15-17	0.59	0.84	0.95	1.03	1.09	1.12	0.93	0.86	0.88	0.91	0.97	0.93	1.03
	18-19	0.36	0.55	0.57	0.64	0.68	0.68	0.65	0.64	0.58	0.72	0.72	0.75	0.71
	20-44	0.10	0.13	0.15	0.16	0.17	0.18	0.18	0.18	0.17	0.19	0.19	0.19	0.19
Early Abortion Rate†	15-17	10.22	12.81	14.73	14.97	15.73	15.34	12.93	11.37	9.86	9.68	11.24	11.38	12.65
	18-19	17.81	24.01	25.89	30.46	33.31	33.56	32.58	30.92	27.83	28.42	28.13	26.04	26.23
	20-44	6.62	8.45	10.23	11.24	12.19	12.71	12.74	12.65	11.87	12.69	13.04	12.85	12.84
Late Abortion Rate†	15-17	2.16	3.69	3.68	3.28	3.51	4.23	3.13	2.89	2.94	3.36	3.30	3.04	2.80
	18-19	2.65	4.91	5.39	5.25	5.41	6.69	5.78	5.53	5.44	5.63	5.94	5.85	4.56
	20-44	0.70	1.10	1.25	1.11	1.23	1.42	1.27	1.31	1.24	1.53	1.44	1.44	1.31
Late/Early Abortions	15-17	0.21	0.29	0.26	0.22	0.22	0.29	0.24	0.25	0.20	0.35	0.29	0.27	0.22
	18-19	0.15	0.20	0.21	0.17	0.16	0.20	0.18	0.18	0.20	0.23	0.21	0.22	0.17
	20-44	0.11	0.13	0.12	0.10	0.10	0.11	0.10	0.10	0.10	0.12	0.11	0.11	0.10
Population	15-17	115684	117102	116317	115722	115252	113600	108143	103981	104371	100131	100912	101172	101846
	18-19	85889	86826	86110	85525	85047	83964	79863	76786	77004	73784	74295	74375	74788
	20-44	662309	683069	700327	722162	747058	761209	779081	797138	799912	811693	819042	821954	828167

*Raw data provided by the Minnesota Center for Health Statistics.
 †Abortion, birth, early abortion and late abortion rates are expressed as the number of abortions or births per 1000 women.
 NOTE: Early abortions: ≤ 12 weeks. Late abortions: > 12 weeks.

Birth Rate

Birth rates decreased in all age categories following enactment of the law (Table 2). However, the decline was most pronounced in 15-17 and 18-19 year-old women. Table 3 reveals that the pre-enactment to post-enactment change among 15-17 and 18-19 year-old women was similar, with both age groups evidencing a substantially greater decline than found among women ages 20-44.

Ratio of Abortions to Births

A marked drop in the abortion-to-birth ratio occurred after the law in 15-17 year-old women when compared to both 18-19 year-old women and 20-44 year-old women (see Tables 2 and 3). In Figure 1, the abortion rate and birth rate are plotted separately for 15-17 year-old women along with the abortion-to-birth ratio (abortion rate/birth rate) in order to examine the relative importance of abortions and births to the markedly declining abortion-to-birth ratio in this age group. It is evident that birth rates continue a modest and nearly linear decline, apparently unaffected by the law (r = -0.89 between birth rate and year). On the other hand,

the abortion rate falls dramatically after the enactment of the law in August 1981. Together, these facts indicate that the drop in the 15-17 year-old abortion-to-birth ratio is due to a disproportionately greater decrease in the abortion rate (numerator).

Early and Late Abortions

The early abortion rate closely tracks the overall abortion rate (Tables 2 and 3). The pre-enactment to post-enactment late abortion rate substantially declines for women of 15-17 years, increases for women of 20-44 years, and remains nearly constant for women of 18-19 years (Table 2). The pre-enactment to post-enactment change in the late abortion rate, when compared between age groups, evidences a greater decline in late abortions for 15-17 than for either 18-19 or 20-44 year-old women (Table 3).

The late-to-early abortion ratio increased after the enactment of the law in all age groups (Table 2). However, the increase was greater among 15-17 year-old women than 20-44 year-old women (Table 3). Figure 2 reveals that a steep decline in early abortions, not an increase in late

abortions, accounts for the increased late-to-early abortion ratio in 15-17 year-old women.

Discussion

Data presented in this study are compatible with the hypothesis that, initially, parental notification facilitated pregnancy avoidance in 15-17 year-old Minnesota women. Abortion rates fell markedly in this age group relative to older women. Birth rates also fell, but only in keeping with a long-term trend established before enactment of the law. One possibility is that when minor women are restricted from abortion without notifying parents or seeking court approval, and are geographically prohibited from easy access to out-of-state abortions,² they are more likely to take measures to avoid pregnancy.

Although the data are compatible with this hypothesis, other explanations are possible. For example, a growing concern over human immunodeficiency virus infection, and/or awareness and availability of birth control may explain in part or in full these findings. However:

TABLE 2—Contrasts Between Pre- and Post-Enactment Periods*

Outcome Measures	Age (years)	Pre-Enactment**	Post-Enactment†	Contrast Ratio (Post/Pre) With 95% CI
Abortion Rate**	15-17	19.012	13.635	0.717 (0.692, 0.743)
	18-19	38.181	34.638	0.907 (0.883, 0.932)
	20-44	13.280	13.931	1.049 (1.034, 1.064)
Birth Rate**	15-17	17.683	15.510	0.878 (0.848, 0.909)
	18-19	57.338	50.213	0.876 (0.857, 0.895)
	20-44	77.982	76.191	0.977 (0.971, 0.983)
Abortions/Births	15-17	1.076	0.879	0.817 (0.777, 0.859)
	18-19	0.666	0.690	1.036 (1.000, 1.074)
	20-44	0.170	0.163	1.074 (1.057, 1.091)
Early Abortion Rate**	15-17	15.343	10.507	0.685 (0.658, 0.713)
	18-19	32.413	28.749	0.887 (0.861, 0.914)
	20-44	12.032	12.554	1.043 (1.027, 1.059)
Late Abortion Rate**	15-17	3.653	3.114	0.852 (0.788, 0.921)
	18-19	5.750	5.867	1.020 (0.962, 1.083)
	20-44	1.247	1.275	1.103 (1.052, 1.157)
Late/Early Abortions	15-17	0.238	0.296	1.245 (1.140, 1.359)
	18-19	0.177	0.204	1.150 (1.067, 1.241)
	20-44	0.104	0.110	1.058 (1.006, 1.112)

*Raw data provided by the Minnesota Center for Health Statistics.
 **Geometric mean, years 1978-80, Table 1.
 †Geometric mean, years 1982-85, Table 1.
 **Abortion, birth, early abortion and late abortion rates are expressed as the number of abortions or births per 1000 women.
 NOTES: 1) Early abortions: ≤12 weeks; Late abortions: >12 weeks.
 2) Pre-enactment (1978-80) to post-enactment (1982-85) means are compared (post/pre) in the form of contrast ratios. A contrast ratio of one implies no pre-enactment to post-enactment change.

TABLE 3—Age by Time Interactions*

Outcome Measures	Age Group Comparison	Post- / Pre-enactment Ratios**		Contrast Ratio (younger/older) with 95% CI
		Younger	Older	
Abortion Rate	15-17 vs 18-19	0.717	0.907	0.791 (0.758, 0.827)
	15-17 vs 20-44	0.717	1.049	0.684 (0.658, 0.710)
	18-19 vs 20-44	0.907	1.049	0.865 (0.839, 0.892)
Birth Rate	15-17 vs 18-19	0.878	0.876	1.003 (0.962, 1.045)
	15-17 vs 20-44	0.878	0.977	0.899 (0.867, 0.931)
	18-19 vs 20-44	0.876	0.977	0.895 (0.876, 0.917)
Abortions/Births	15-17 vs 18-19	0.817	1.036	0.788 (0.741, 0.839)
	15-17 vs 20-44	0.817	1.074	0.761 (0.722, 0.802)
	18-19 vs 20-44	1.036	1.074	0.965 (0.928, 1.003)
Early Abortions	15-17 vs 18-19	0.685	0.887	0.772 (0.735, 0.812)
	15-17 vs 20-44	0.685	1.043	0.656 (0.629, 0.685)
	18-19 vs 20-44	0.887	1.043	0.850 (0.822, 0.879)
Late Abortions	15-17 vs 18-19	0.852	1.020	0.835 (0.753, 0.927)
	15-17 vs 20-44	0.852	1.103	0.772 (0.705, 0.846)
	18-19 vs 20-44	1.020	1.103	0.925 (0.850, 1.006)
Late/Early Abortions	15-17 vs 18-19	1.245	1.150	1.082 (0.963, 1.215)
	15-17 vs 20-44	1.245	1.058	1.177 (1.064, 1.302)
	18-19 vs 20-44	1.150	1.058	1.088 (0.994, 1.191)

*Raw data provided by the Minnesota Center for Health Statistics.
 **Post- / pre-enactment ratios are from Table 2.
 NOTES: 1) Early abortions: ≤12 weeks; Late abortions: >12 weeks.
 2) Post-enactment to pre-enactment ratios (Table 2) are compared across age groups (younger/older) to examine age by time interactions. A contrast ratio of one implies equivalent post- / pre-enactment ratios for both age groups (no interaction).

tion rate, a phenomenon found also in Massachusetts by Cartoof and Klerman,¹ makes these rival hypotheses less tenable. In any event, the data argue against Clary's³ concern that more minors might carry pregnancies to term as an indirect effect of the parental notification law. If such were the case, it seems unlikely that birth rates would have continued to decline in 15-17 year-olds along the linear trend line established prior to the law, or that the decline in birth rates would be nearly identical between 15-17 and 18-19 year-old women.

The pre-enactment to post-enactment increase in the proportion of late (>12 weeks) to early (≤12 weeks) abortions was greater for 15-17 than for 20-44 year-old women. At least two hypotheses may explain this finding. First, the law may have been more successful in preventing pregnancy among minors who would have had early abortions than among minors who would have had late abortions. A second possibility is that the law caused delays for a greater percentage of a declining number of minors seeking abortions. Regardless, the claim that the law caused more minors to obtain late abortions is unsubstantiated. In fact, the reverse is true. For ages 15-17 the number of late abortions per 1,000 women decreased following the enactment of the law. Therefore, an increased medical hazard due to a rising number of late abortions was not realized. //

In this paper no effort has been made to confront the philosophical and legal issues surrounding parental involvement laws. Rather, the authors have pursued a limited task, that of empirical evaluation within a framework of defined outcome parameters. This study is consistent with the hypothesis that conception among minor women may be reduced immediately following enactment of parental notification legislation when migratory abortion across state lines is not a viable alternative. However, generalizations to other states must be made cautiously, as Minnesota is a unique state with a low minority population and a low pregnancy rate even before the parental notice legislation. The authors emphasize that replication in states other than Minnesota will be required to sustain the hypothesis. □

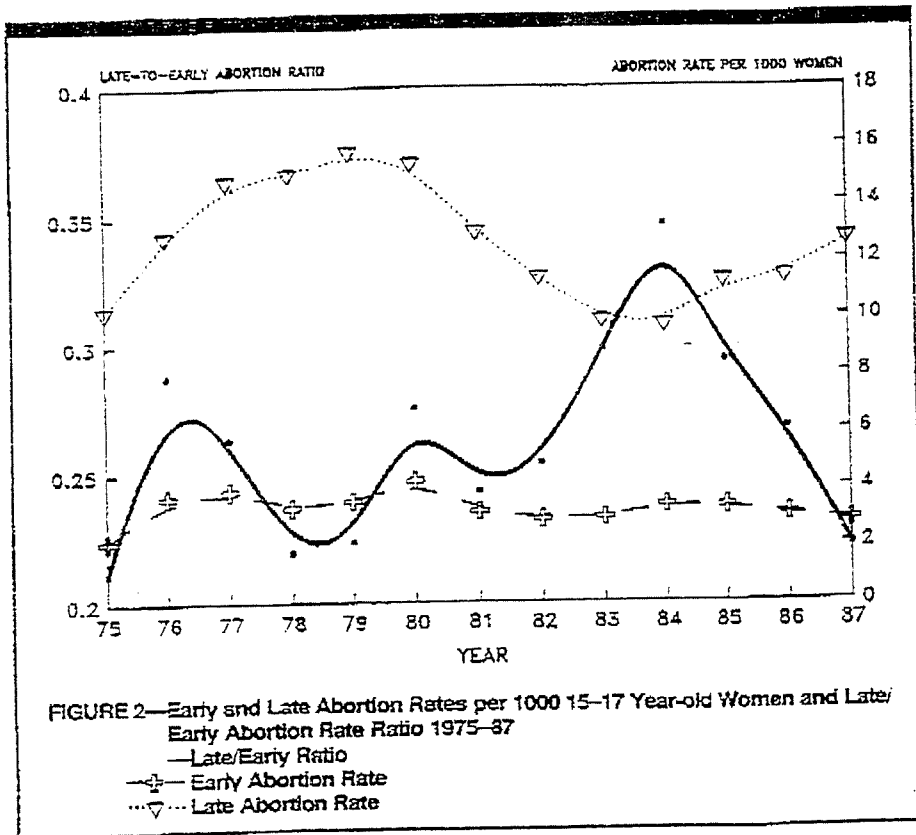
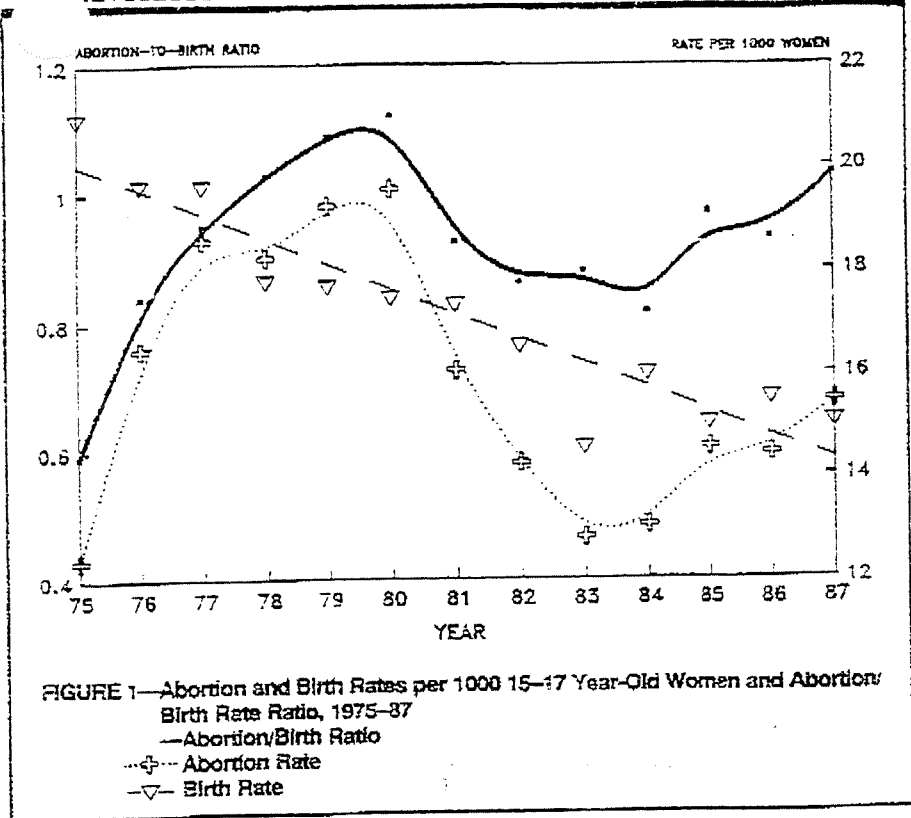
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Source:

This story of Rachel Ely was part of a brief filed in the U.S. Supreme Court case ~~by~~ *Amicus* Minnesota *Hodgson v.*

Focus on the Family and Family Research Council, Rachel Ely, Myoshi Callahan, Terese Wibblesman, Ann Marie Kozinski, Robert C. Wibblesman and American Victims of Abortion, Linda Roselli,

APPENDIX A

DESCRIPTION OF AMICI

Amicus Focus on the Family is a Christian, nonprofit organization that is committed to strengthening the emotional, psychological and spiritual health of families in the United States and throughout the world. Its daily radio broadcasts dealing with family concerns and interests are heard by more than one million people daily over 1300 stations. Its monthly magazine has a circulation of 1.7 million. It receives an average of more than 8000 letters daily, many of which describe the causes and results of past trauma, including the abortion experience.

Amicus Family Research Council, a division of Focus on the Family, is a voice for the pro-family movement in Washington, D.C., and provides policy analysis and research support for pro-family and religious groups across America. As such, it studies matters affecting the family, including the effects of abortion.

The central issue in this case—parental notification and consent for minors undergoing abortions—represents a unique intersection of the concerns of Focus on the Family and the Family Research Council. The issue of parental consultation goes to the heart of the parent-child relationship, and the proper involvement of the state in protecting that relationship from undue interference or preemption. Both Focus on the Family and the Family Research Council have significant and substantial knowledge and experience in this area that can assist this Court.

[*Amicus Rachel Ely* was a seventeen year old unmarried high school student when she learned that she was pregnant. Her high school counselor recommended that she have an abortion, arranged for State funding for the abortion, and recommended a particular abortion clinic. No other alternatives were discussed. Rachel was afraid to tell her parents that she had become pregnant. Because Rachel was not aware

of any alternatives, she consented to the abortion. Had Rachel's parents known their daughter was pregnant, they would have provided her with the alternatives of keeping her child or placing the child for adoption.

After her abortion, Rachel received no discharge instructions from her physician. Several days later she developed some flu-like symptoms in her chest, which she did not associate with her abortion because she believed that any symptoms she might have as a result of a complication from an abortion would be in her pelvic area. She went to her family doctor when these symptoms became worse. She did not tell the doctor about the abortion because she did not think the symptoms were related.

Sometime later, Rachel became very sick, and her father took her to a local hospital because of her persistent flu-like symptoms. The next morning Rachel was found in her hospital bed in a comatose condition. Subsequently, it was discovered that she had developed bacterial endocarditis—a condition directly attributable to a post-abortion surgical infection. The bacterial endocarditis had caused blood clots to develop and become lodged in the vascular system of her brain, causing a stroke. When Rachel recovered from her coma, she was left a permanently wheelchair-bound hemiplegic.

Had Rachel's parents been notified of the abortion, they would have questioned the possible relationship between the abortion and Rachel's symptoms. With simple antibiotic therapy, her devastating life-long disabilities would not have occurred.

Amicus Myoshi Callahan was fifteen when she had an abortion without her parents' consent. To use Myoshi's words, deciding to have an abortion was like a skydiver's "free fall." Her boyfriend and she decided—in view of the fact that they'd planned on getting married anyway—that the "solution" to the situation was to get married "now instead of later." However, when his parents learned of her condition their reaction was

one of total, incensed rejection. They insisted that the only way the situation could be resolved was for her to have an abortion.

Earlier, when Myoshi had informed her mother that she was pregnant, she was aware that her mother was terribly disappointed in her. She wasn't angry, she didn't reject her, but Myoshi knew that the overriding reaction was disappointment. To her young mind, having the baby would only add to her mother's disappointment, and in view of her boyfriend's parents' reaction to her pregnancy, she "free fell" into deciding on an abortion without notifying her parents.

At the clinic, she received no counselling whatsoever. As she says, what does one know at fifteen? Her "choice," according to them, was abortion. Unfamiliar with the strategy of the clinic, afraid, and to her mind, alone, she had the abortion.

As a result of the procedure, Myoshi's periods became (and continued to be) abnormally severe, and she eventually had to have a hysterectomy. Emotionally and physically, she has suffered and continues to suffer. She has since told both parents, who grieved with her—grieved not only at the lost life, but because Myoshi went through the ordeal alone, an ordeal that would have been prevented had their consent been mandatory.

Myoshi is convinced that lack of parental notification and consent abrogates a parent's rights. "After all," she says, "how better to demonstrate responsibility and love than by giving them the benefit of their (mature) advice, and in my case, withholding their consent." She has no doubt whatsoever that had their consultation for an abortion been mandatory, she would never have had an abortion.

Amici Teresa Wibblesman Fangman, Holly Trimble, and Linda Roselli 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 prior notice of their abortions to their parents would have significantly altered their experiences dealing with

Indiana, Maryland: Tale of two abortions

By James A. Miller
Special to The Baltimore Sun

The alleged illegal abortion death of Rebecca "Becky" Bell, a 17-year-old Indiana girl, has become a cause celebre of the pro-abortion industry, which is using the case to thwart parental consent and notification laws throughout the United States.

Becky's parents say that their daughter was a victim of Indiana's parental consent law. Pregnant and unable to face her parents, and denied a "safe, legal abortion" because of the consent law, Becky was forced to seek an illegal, back-alley abortion, the Bells claim. A number of newspaper columnists, without doing any checking of their own, rushed to hold up the Bell case as an example of the evils of parental notification laws.

The claim is that Becky died as a result of a botched, incomplete abortion that led to a massive infection that killed her. The Bells point to Becky's autopsy report, which on the surface certainly seems to support their story: "Cause of death — septic abortion with pneumonia."

There is just one thing wrong with Becky Bells abortion. It never happened.

I tracked down the doctor who performed Becky Bells autopsy, Jesse Giles. Incredibly enough, Becky Bell's parents, who talk so glibly about what the autopsy report supposedly discloses, never bothered to talk to the doctor who wrote the report.

When Giles wrote the word "abortion" in his autopsy report, he never imagined that abortion advocates would one day look over his shoulder and seize upon that word to promote their agenda. Giles used the word "abortion" in the way it had always been used in medicine prior to the national debate. He meant a spontaneous abortion. In short, he meant a miscarriage.

If Giles had meant a deliberate, surgical abortion, he would have used the word "induced" to describe it. Giles told me that there was no evidence of an induced abortion, and in his professional opinion Becky Bell suffered a miscarriage.

Unfortunately, another pathologist stuck the word "septic"

immediately before the word "abortion" on the reports cover page. That word has also been seized upon as proof positive that a botched, unsterile abortion had been performed.

But the autopsy report has not the slightest evidence to support any "septic" condition in Becky Bell's uterus. The autopsy found no infection, no sepsis, no pus, no peritonitis, no odor, no discolored tissue, no infected blood. Indeed, the tissue lining Becky's uterus was described as "smooth and glistening," a state inconsistent with a "septic" diagnosis.

Becky Bell died at 11:29 p.m. Sept. 16, 1988. Almost six months later, at 1:20 a.m. March 2, 1989, 18-year-old Erica Richardson died in Prince George's County, Md., following an induced abortion. Erica's vagina, cervix and uterus had been punctured, causing hemorrhage and an air embolism, which entered her heart.

The official 1989 Maryland abortion statistics do not list Erica's death and report no abortion deaths for 1989, despite Erica's and another 1989 Maryland abortion death.

Moreover, the office of the chief medical examiner, judging by autopsies of the two abortion deaths, sanitizes the reports.

Consider Erica Richardson's autopsy report. Although there was no doubt whatsoever that Erica underwent an abortion, the word "abortion" appears nowhere in the report. The medical examiner would not even admit that he knew Erica had been pregnant.

Two deaths, two greatly different treatments. One, Becky Bell's, is fraudulently said to be the result of a botched, illegal abortion and is promoted shamelessly by abortion extremists in a propaganda campaign for unlimited abortion. The other, Erica Richardson's, barely noticed and covered up by the state's chief medical examiner, does not appear in the official records.

One young woman is made a posthumous celebrity; the other is not even allowed to be a statistic.

James A. Miller is director of research for Human Life International, an anti-abortion group in Gaithersburg, Md.

Wichita Eagle

3/25/91

Valerie Joens

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~~copy~~ Abortion Petry

Teen's death after abortion brings suit

By LARRY PERL
Journal staff writer

A doctor has been accused in a lawsuit of letting a Cheltenham teen-ager bleed to death after "negligently and recklessly" puncturing her uterus during an abortion when she was nearly five months pregnant.

The malpractice suit claims that on the evening of March 17, 1989, Dr. Gene Crawford punctured 16-year-old Erica Kae Richardson's uterus and cervix — then left her "bleeding to death" on an operating table in his Laurel office for four hours, without monitoring vital signs.

At 10:45 p.m., Crawford carried Richardson to her aunt's car and told the aunt to "take [her] home and put her to bed," the suit states. It says that "at the very minimum," Crawford should have told the aunt to hospitalize the youth. The aunt, deciding that her niece needed "emergency treatment," drove to Bowie Health Center, where Richardson was rushed into the emergency room at 11 p.m., in respiratory arrest, and died shortly after midnight, the suit states. The suit claims that Crawford "knew or should have known that an abortion at [19 weeks of] pregnancy posed medically, well-known severe, life-threatening risks . . ." Crawford wouldn't comment.

County police investigated the incident, but didn't file criminal charges and referred the case to a county grand jury, which took no action, said Maj. James Ross. Dr. Ann Dixon, deputy chief state medical examiner, said the death was "quite unusual," but accidental. It was caused by a perforated uterus that led to an air embolism — bubble — that traveled to the heart, she said. Dixon also cited internal bleeding as a factor, but said she didn't think the bleeding was enough to cause death.

David Simpson, a former assistant state's attorney who filed the suit last week on behalf of Richardson's mother, said he will try to prove that Crawford was grossly negligent, the same criterion for manslaughter. The suit is filed with the Health Claims Arbitration Board in Baltimore — the required first stop for all medical malpractice claims — and seeks "in excess of \$10,000."

Richardson's mother, Ryvette Richardson-Smith, referred questions to the attorneys. Simpson's colleague, Donald McLaughlin, said Richardson's aunt, Denise Crarey, helped Richardson get the abortion without telling Richardson's mother. McLaughlin added that though Crarey and Richardson's mother are sisters, they have "a very strained relationship." Crarey, a registered nurse, took Richardson first to Washington Hospital Center, which wouldn't perform the abortion because Richardson was too far along in her pregnancy, McLaughlin said. The two then visited Crawford, McLaughlin said.

THE PRINCE GEORGE'S WEEKLY

WEDNESDAY

Wednesday/Thursday, MAY 30-31, 1990

Tuesday, December 11, 1990

DAILY NEWS

13

\$1.225M awarded in girl's abort death

By **BRENDA HERRMANN**

Special to the Daily News

The family of a 13-year-old Queens girl who died following a legal abortion has been awarded \$1.225 million — believed the largest award ever in the state involving an abortion death due to negligence.

"Her parents never knew about the pregnancy," said family attorney Thomas Principe. "It was a horrible situation. Here you have a frightened kid in what was really an abortion factory. She was treated like a piece on an assembly line." Principe said the award was a record for the state.

A Manhattan Supreme

Court jury on Friday found Dr. Allen J. Klein and nurse Robert Augent negligent in the death of Dawn Ravenell, an honor student at Linden Middle School in Queens. Ravenell lapsed into a coma and died three weeks after terminating her 21-week pregnancy at Eastern Women's Center Inc. clinic, 38-44 E. 30th St., on Jan. 24, 1985.

Used credit card

According to clinic records, Ravenell's 15-year-old boyfriend charged the \$450 fee on a family member's credit card.

According to statements made before the jury, Augent gave Ravenell only enough anesthesia for half

of the 15-minute operation. Principe noted the operation took unusually long because the pregnancy was so advanced.

Clinic records show that Ravenell awoke mid-operation and began gagging and choking on her vomit before going into cardiac arrest. Klein placed a plastic airway in the girl's throat and she stabilized. Ravenell was again sedated, the abortion was completed and she was left unattended in the recovery room, where she awoke and began gagging on the unremoved airway.

Rushed to hospital

Ravenell went into cardiac collapse before a passing

attendant noticed the girl's condition and had her rushed to St. Luke's, where she later died.

The five-woman, one-man jury deliberated for two days before siding with the parents, Ruth and Preston Ravenell, both ministers for a Jamaican church.

"She was such a perfectionist," said Mrs. Ravenell. "It was hard for her to admit she'd made a mistake — she wanted to save us the embarrassment."

The Ravenells said they pursued the suit not for the money, but for justice. "I wanted to be sure that another child would not suffer the way Dawn did," Mrs. Ravenell said.

33-121

"Survey of Kansas Law: Family Law," Camilla Klein Haviland, 27 K.L.R. 241, 252 (1979).

"Parents' Liability For a Child's Wrongful Acts," Randall K. Rathbun, 4 J.K.T.L.A. No. 3, 7 (1980).

CASE ANNOTATIONS

1. Statute requires both the act and its harmful result to be intended before parental liability imposed. *Hanks v. Booth*, 11 K.A.2d 149, 151, 716 P.2d 596 (1986).

33-121.

History: L. 1959, ch. 203, § 2; Repealed, L. 1975, ch. 230, § 1; July 1.

33-122. Consent by parent for surgery and other procedures on child. Any parent, including a parent who is a minor, whether married or unmarried, may consent to the performance upon his or her child of a medical, surgical or post mortem procedure by a physician licensed to practice medicine or surgery. The consent of a parent who is a minor shall not be voidable because of such minority, but for such purpose a parent who is a minor shall be deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age.

History: L. 1967, ch. 241, § 1; July 1.

Cross References to Related Sections:

Emergency care of minors, see 65-2891.

Consent by minor for treatment of venereal disease, see 65-2892.

Consent by minor for treatment of drug abuse, misuse or addiction, see 65-2892a.

33-123. Consent for medical care of unmarried pregnant minor. Notwithstanding any other provision of the law, an unmarried pregnant minor where no parent or guardian is available may give consent to the furnishing of hospital, medical and surgical care related to her pregnancy, and such consent shall not be subject to disaffirmance because of minority. The consent of a parent or guardian of an unmarried pregnant minor shall not be necessary in order to authorize hospital, medical and surgical care related to her pregnancy, where no parent or guardian is available.

History: L. 1967, ch. 241, § 2; July 1.

Cross References to Related Sections:

Emergency care of minors, see 65-2891.

Consent by minor for treatment of venereal disease, see 65-2892.

Consent by minor for treatment of drug abuse, misuse or addiction, see 65-2892a.

Law Review and Bar Journal References:

"Medico—Legal Aspects of the Student Health Ser-

vice," John E. Howe and Barry McGrath, 69 J.K.M.S. 421, 423, 441 (1968).

"The 'Voluntary' Psychiatric Patient," Benjamin F. Farney, 45 J.B.A.K. 37, 40 (1976).

"Constitutional Law: Permissible Requirements of Parental Consent for Abortion," Arthur S. Chalmers, 19 W.L.J. 601, 607 (1980).

33-123a. Donation of blood by persons over 17; compensation. Any person seventeen (17) years of age or older shall be eligible to donate blood voluntarily without the necessity of obtaining parental permission or authorization. No person seventeen (17) years of age shall receive compensation for any such donation without parental permission or authorization.

History: L. 1969, ch. 221, § 1; L. 1972, ch. 161, § 6; L. 1975, ch. 229, § 1; July 1.

Cross References to Related Sections:

Supplying of human blood, see 65-3701.

Plasmapheresis programs at penal institutions, see 75-5270.

33-123b. Consent by minor 16 or over to hospital, medical or surgical treatment or procedures. Notwithstanding any other provision of the law, any minor sixteen (16) years of age or over, where no parent or guardian is immediately available, may give consent to the performance and furnishing of hospital, medical or surgical treatment or procedures and such consent shall not be subject to disaffirmance because of minority. The consent of a parent or guardian of such a minor shall not be necessary in order to authorize the proposed hospital, medical or surgical treatment or procedures.

History: L. 1969, ch. 220, § 1; July 1.

Cross References to Related Sections:

Emergency care of minors, see 65-2891.

Consent by minor for treatment of venereal disease, see 65-2892.

Consent by minor for treatment of drug abuse, misuse or addiction, see 65-2892a.

Law Review and Bar Journal References:

Applicability of this section to malpractice actions discussed in survey of Kansas tort law, 21 K.L.R. 117, 123 (1972).

33-124. Definitions. As used in this act, the terms hereinafter set out shall have the following meanings:

"Court" means any district court.

"Department" means the state department of social and rehabilitation services.

"Person *in loco parentis*" means an individual or organization vested with the right to consent to the adoption of a child pursuant to

HOUSE FEDERAL AND STATE AFFAIRS

Response to
Becky Bell

MAYO D. GILSON M.D., INC., F.A.C.O.G.

DIPLOMATE OF THE AMERICAN BOARD OF GYNECOLOGY AND OBSTETRICS

Gynecology
Counseling
Laparoscopy
Ultrasonography
High Risk Obstetrics
Laser Surgery
Infertility
Microsurgery

October 30, 1990

Ms. Mary Spaulding
Associate Director, State Legislation Dept.
National Right to Life Committee
419 7th Street, N.W., Suite 500
Washington, D.C. 20004-2293

Dear Ms. Spaulding:

I am in receipt of your letter to me dated 10/26/90 and copies of the autopsy report and the coroner's investigation regarding the death of Rebecca Bell in Indianapolis in late 1988. I am happy to review this information and data and offer the following insight for your interpretation and digestion.

As I review this material, the thing that strikes me about the autopsy report is the negative toxicology and yet the pathologist's impression as cause of death "septic abortion with pneumonia" and the "manner of death undetermined." It is alluded to on the final summary page of the document that Ms. Bell had a bit of a history of substance abuse and was a bit estranged from her boyfriend as well as her parents in confiding to them about the status in which she found herself. Apparently she had been treated for substance abuse and reportedly was at a function at which heavy drugs were administered. Following this, she became ill and the course thereafter is known with the subsequent demise and rather fulminating course of events.

As I read the findings as you presented and with the only restriction being the limited access to information that we have, it seems to me very probable that the abortion in this case is only coincidental to the girl's other underlying medical difficulties. As I read the values and the findings here, there is no evidence of instrumentation

HOUSE FEDERAL AND STATE AFFAIRS
April 26, 1991
Attachment #2 - Page 17

Mailing Address: Willowbrook Gardens Professional Center 8277 S. Walker Oklahoma City, OK 73139 (405) 631-9623

3617 Northwest 58th Suite 200 Oklahoma City, OK 73112 (405) 942-3108

Ms. Spaulding
October 30, 1990
Page 2

trauma, injury, or evidence of infection, sepsis, pus, or anything to suggest that the contents of the uterus were infected or in any other way other than that of an incomplete abortion, whether induced or spontaneous. It seems to me worthy of consideration that this patient may very well have had an aspiration pneumonia as a result of the prior party that she had attended and in a perhaps less than full facultative state been forced to ingest some substance or accidentally vomited with aspiration of gastric and other foreign body material into her respiratory tree. This massive pleural effusion and pericarditis and marked cardiopulmonary insult with extensive pleural exudates and pneumonia most probably was the event leading to her rapid clinical deterioration and probably secondarily because of her deteriorating maternal condition contributed to the spontaneous abortion of the pregnancy.

I find it difficult to entertain a connection between an induced abortion with the apparent findings and anything to cause any evidence of this chronic and acute cardiopulmonary failure. The only thing gynecologically that could perhaps explain this picture would be massive pulmonary emboli, both from amniotic fluid and/or from blood clots and this is not borne out in the autopsy findings. It is my impression from review of this material that the abortion probably is coincidental to the extensive cardiopulmonary deterioration with the probable causative factor being that of pneumonia.

I hope this information and these observations are helpful in your deliberation. If I can be of further assistance, please do not hesitate to contact me.

Respectfully,

 MDG
Mayo D. Gilson, M.D.

MDG/pt



BAPTIST MEDICAL CENTER OF OKLAHOMA

November 1, 1990

Ms. Mary Spaulding
National Right to Life Committee, Inc.
Suite 500, 419 7th Street, N. W.
Washington, D. C. 20004-2293

Dear Ms. Spaulding:

This letter acknowledges receipt of a copy of the Autopsy Report and the Marion County Coroner's verdict concerning the death of Rebecca Suzanne Bell. I would offer the following comments:

I find no justification in the report for the designation "septic abortion" in this case. I find no description of endometritis or the findings of inflammation or infection within the uterus. I further find no connection with the patient's incomplete abortion and her pneumonia. There is evidence that this patient died a septic death secondary to her pneumonia. I would assume in this case that the pneumonia is primary and the sepsis secondary. To assume that the pneumonia is secondary to infection in another location requires the documentation of that primary infection site. No such documentation is given in this report.

The cause of death is an opinion based on anatomic facts. In this circumstance I disagree with the opinion rendered by the autopsy pathologist because the facts as I have described them do not support this position.

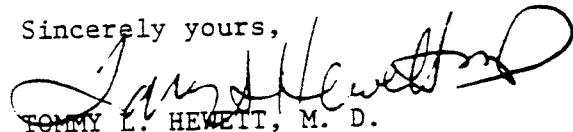
There is also very little compelling evidence that this abortion came at the hands of an abortionist. It is specifically stated in the report that there is no evidence of instrumentation or trauma to the uterus or lower genital tract. There is a gross description of necrotic products of conception and there is a description of a gestational sac which is not intact. This may be taken as evidence of traumatic rupture, however, in the presence of necrotic conception products due to a spontaneous incomplete abortion, the sac may also be found to be not intact.

An alternate view in this case which is not discussed, is the possibility that substance abuse may have played a role in both the incomplete abortion and the pneumonia.

I hope these comments are helpful to you and allow you to more accurately perceive this case in the proper context.

If I may be of any further help, please feel free to contact me.

Sincerely yours,



TOMMY L. HEWETT, M. D.
Chairman, Department of Pathology and
Clinical Laboratories

HOUSE FEDERAL AND STATE AFFAIRS
April 26, 1991
Attachment #2 - Page 19

LOUISE T.H. CHASE, M.D., F.C.A.P.
16 North Gate Drive
Albany, New York 12203

January 28, 1991

Ms. Mary Spalding
National Right to Life Committee, Inc.
419 7th Street, N.W.
Suite 500
Washington, D.C. 20004-2293

Dear Ms. Spalding,

I have read the autopsy report, the coroner's report, and the toxicology report on Rebecca S. Bell. I find no evidence of a septic abortion: the blood culture was negative, there was no inflammation of the uterus, tubes, ovaries and surrounding tissues; no inflammation of the residual placental tissue, and no micro-abscesses in organs like the liver. There was a severe pneumonia but no micro-abscesses of the lungs as found in cases of septic abortion. Furthermore there was no evidence of instrumentation of the uterus thus leading to the belief that her abortion was spontaneous and caused by her severe pneumonia.

In forty years of practice the most striking finding of a septic abortion I found was the foul odor one encounters on opening the pelvic cavity. None of this was present.

It is unfortunate that those who signed this case out as septic abortion were swayed by an unconfirmed history and not by objective findings.

In my estimation Rebecca S. Bell died of massive pneumonia. Her abortion probably was spontaneous and had nothing to do with her death.

Yours truly,

Louise T.H. Chase, M.D.
Louise T.H. Chase, M.D.
Chief of Pathology (retired)
St. Clare's Hospital
Schenectady, New York

CAL THOMAS

In the dispute over who will exercise the ultimate authority and responsibility for the hearts, minds and bodies of our children, there are some new combatants.

Planned Parenthood, The Fund for a Feminist Majority and several other "pro-choice" groups are using the case of an Indiana teenager who died of pneumonia, allegedly caused by an illegal abortion, in an attempt to strike down laws requiring parental consent before a minor can obtain an abortion.

Becky Bell was a 17-year-old Indianapolis girl who died Sept. 16, 1988, under circumstances the pro-choice groups say was the result of her trying to circumvent Indiana's parental consent law by seeking an illegal abortion. Miss Bell's parents have announced plans to use their daughter's death as a rallying cry against such laws. They also have participated in the creation of a video they want to show in public schools and universities that they

Cal Thomas is a nationally syndicated columnist.

A rush to blame in Becky Bell's death

hope will lead to the repeal of parental consent legislation. The Supreme Court recently upheld parental consent laws when they include a judicial bypass provision.

Though the Marion County, Ind., coroner's report lists the cause of Becky's death as "septic abortion with pneumonia," the manner of death was said to be "undetermined" and the circumstances leading up to her death are anything but clear.

According to Dr. John Curry, former head of the Tissue Bank at Bethesda Naval Hospital, "septic abortion usually means that as a result of destructive actions within the uterus, an infection has started which subsequently spreads to the rest of the body. In this case, the pathology report is notable in that while there is evidence of massive infection in the lungs and elsewhere

in the body, there is no evidence of infection on the outside of or within the uterus." Dr. Curry says the germ that killed her "is a common pneumonia germ (streptococcus pneumoniae) that could have been treated had it been detected within the first six days and which is unlikely to originate from a contaminated abortion procedure."

The coroner's report notes that "Rebecca Bell ... reportedly has a history of substance abuse for which she was hospitalized from mid-

February through April 1988. Investigation disclosed that [she] became pregnant in mid-May 1988 (according to Planned Parenthood referral receipt)."

Becky's mother believes her daughter took something to induce an abortion. But in an interview conducted by Rochelle Sharpe of Gannett News Service, Becky's best friend, Heather Clark, said she be-

lieves Becky had a spontaneous abortion (miscarriage).

The coroner's report says Becky "reportedly was at a party where various drugs were being used (cocaine, 'speed' and LSD) on the week end of September 10-11, (and later) claimed that someone had put 'speed' in her drink."

The case raises several important questions.

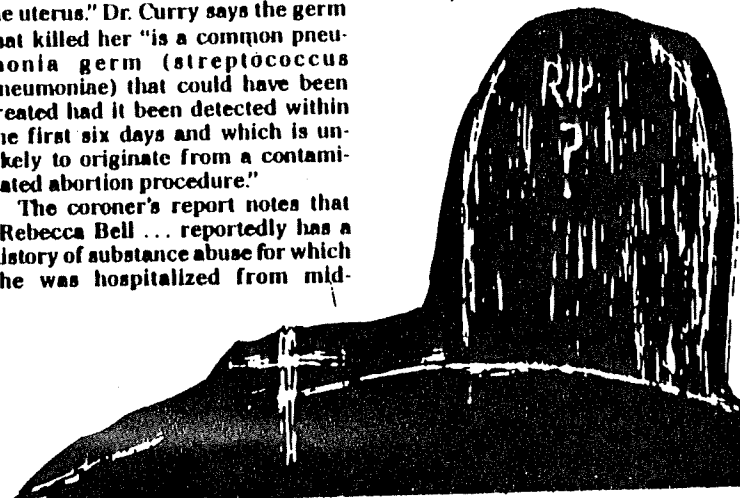
First, why would Becky undergo an illegal abortion when she had scheduled a legal procedure in neighboring Kentucky for the day after she died?

Second, was Becky undecided about whether to seek an abortion or place her baby for adoption? She had papers listing abortion clinics and adoption agencies in her purse when she died.

Third, did her father contribute to his daughter's frustration? According to Heather, Becky's father said that if she messed up one more time, she'd be thrown out of the house.

Fourth, why does no one mention

see THOMAS, page G4



THOMAS From page G1

the crisis pregnancy centers or other pro-life counseling agencies that not only provide free counseling but often serve as bridges between parents and children and, if necessary, can offer free housing for girls in crisis situations? The Bells and the pro-choice groups make it

appear as if there was no other alternative for Becky than an illegal abortion.

Supporting Heather Clark's account that no abortion had been performed was a doctor who provided emergency treatment when Becky finally went to the hospital. The doctor was quoted by Rochelle Sharpe in her story: "I don't know whether we're going to be able to save the baby."

If Becky's parents had known about her pregnancy, they most likely would have made sure she received medical attention when health complications arose — attention that could have saved her life. The real lesson to be learned from Becky Bell's death is not that parental involvement laws are bad. It is just the opposite — that young girls (and especially Becky, who reportedly had a history of drug abuse that

may have contributed to her inability to reason in her own best interests) need the advice and involvement of their parents when facing a crisis pregnancy.

The medical cause of Becky Bell's death may have been pneumonia, but the underlying cause remains unclear. One thing is clear: Her death was not due to Indiana's parental consent law.

Testimony before the House Federal and State Affairs Committee
April 26, 1991

My name is Amy Jurcyk and I am a member of K.U. Students for Life. The president of our group, Sandi Wayland, had hoped to be present to testify herself, but with less than 24 hours notice, was unable to change her schedule. Fortunately, my schedule was such that I could testify, and I thank you for the opportunity to do so.

If we look at public opinion concerning whether parents should be notified before their minor daughter may obtain an abortion, we find a clear majority in favor of such legislation. According to a poll conducted by the *Los Angeles Times* (3-19-89), 81% of the respondents agreed that minors should have to get their parents' consent before having an abortion. Several other polls, including one conducted with Kansas residents by the *Wichita Eagle*, have found the same overwhelming majority in favor of parental notification laws.

With 80% or more favoring parental notification, there are obviously many individuals on both sides of the abortion issue who support legislation such as Senate Bill 147. This is not really surprising since this bill is about parental rights and parental responsibilities.

Parents have a right to be informed before their minor children undergo a major surgical procedure such as abortion. If there are any complications following the abortion -- whether physical, emotional or psychological -- it will then be the parents' duty and responsibility to provide medical care for their daughter. If parents are informed before their daughter has an abortion, they can not only help her make a fully informed choice,

but also ensure that she receives the proper follow-up medical care which may be necessary.

Finally, I call your attention to the results of Minnesota's parental notification law which has been in effect since 1981. A study in the March 1991 issue of *The American Journal of Public Health* states that the abortion rate fell 28% after the enactment of Minnesota's parental notification law. At the same time the birth rate also declined demonstrating that the teenage pregnancy rate had dropped dramatically.

Please consider the clear support for this legislation by your constituents, the rights and responsibilities of parents, and the proven merit of similar legislation in the state of Minnesota. I ask your support for Senate Bill 147.

HOUSE OF REPRESENTATIVES
FEDERAL AND STATE AFFAIRS
COMMITTEE

TESTIMONY ON

SB 147

PARENTAL NOTIFICATION

APRIL 26, 1991

ARTIE LUCAS

EXECUTIVE DIRECTOR

KANSAS FAMILY INSTITUTE

Mrs. Chairman and members of the committee, thank you for this opportunity to come before you to speak in favor of this bill. Last year when I came before you on a similar bill, I was hopeful that the issue of parental rights would have been now resolved; but, sadly it has not.

I will not belabor you with the different aspects of the bill, as there are others who will follow who will be discussing those items; but I would bring before you the principal reason behind the bill's introduction and why so many across our great state are in support of it's passage.

This bill, plain and simply deals with the right of parents to be involved in the lives of their minor children when they are confronted with crucial decisions and life threatening situations. It has long been the law of Kansas that parents maintain that right until, according to K.S.A. 38-1583

When the child has been adjudicated to be a child in need of care, the court may terminate parental rights when the court finds by clear and convincing evidence that the parent is unfit by reason of conduct or condition which renders the parent unable to care properly for a child and the conduct or condition is unlikely to change in the foreseeable future.

The U.S. Supreme Court also has recognized parental nurture and direction of children as not only a right, but also a duty:

"(t)he child is not the mere creature of the state; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations."(1)

Children, the Supreme Court said in June 1988, are generally more vulnerable and less mature than adults:

"Inexperience, less education, and less intelligence make the teenager less able to evaluate the consequences of his or her conduct while at the same time he or she is much more apt to be motivated by mere emotion or peer pressure than an adult."(2)

It is precisely for this reason that laws are enacted to protect children and support parents in the discharge of their parental responsibilities. The state has an important interest in protecting parents' rights, and so it should. The Constitution guarantees parents the right to select the school which their children will attend. There are laws protecting parental access to their children's school records, parental permission for school trips, health treatment and remedial care provisions. Children are not allowed to drink alcohol or drive an automobile until they reach a certain age.

Without the advice and counsel of their parents, without the proper medical history often needed, without the love and guidance of family members, children today are at great risk of physical and emotional scars. This fact is already recognized in the Kansas Code For Care Of Children where it states in K.S.A. 38-1501 "...to that end that each child within its provisions shall receive the care, custody, guidance control and discipline, preferably in the child's own home, as will best serve the child's welfare and the best interest of the state."

Physically, minors who abort their first pregnancy rather than carry to term encounter greater risk of complications in future pregnancies.(5) Psychologically, minors are much more susceptible than older women to the anxiety, depression, guilt and regret which often follows an abortion.(6) Numerous articles have documented the link between adolescent abortions and suicide.(7) (8) (9)

Families deserve private time and space to review and discuss such a critical decision as abortion. An adolescent being asked to make such a decision is entitled to guidance from concerned and caring family members to "protect them against their peculiar vulnerabilities"(10), rather than their having to rely on the "...guiles of abortion clinic personnel offering quick fixes or the suggestions of their peers.(11)In other situations, parents are entitled to choose the best medical care for their children, why not here?

As the state's lawmakers, you are continually making decisions that affect people's lives; it is important that you try to do what is right. I believe the state has an important interest in protecting parents' rights. This bill does not go as far as surveys indicate the people of Kansas want; but, a requirement for parental notification is a reasonable request and reflects judicial findings. I also recognize that passage of this legislation will not entirely address or alleviate the teenage pregnancy problem. We will need, also, to provide support--comfort, counselling, education, encouragement, and, where necessary, financial assistance--if we are, eventually, to satisfactorily attack this social heartache.

The family has been a cornerstone of Kansas' society since before our state was founded. This bill places the rights and responsibilities of parenting back with the family where they belong.

On the South lawn of our Capitol, stands an imposing statue of The Pioneer Woman. As she clutches her child to her breast, ever vigilant to protect her family from any and all harm. Just as Kansas parents of old wanted to protect their children, so also today they stand ready to do the same. Please don't deny them that right, Mrs. Chairman and committee members, I would ask you to respect the request of the majority of Kansans and pass SB147. Thank you.

REFERENCES

- (1) *Pierce v. Society of Sisters*, 268 U.S. 510, 535 (1925)
- (2) *Thompson v. Oklahoma*, 108 S.Ct. 2687 (1988)
- (3) *Bellotti v. Baird* 443 U.S. 622, 637 (1979)
- (4) Albany Times Union, Editorial (March 8, 1988)
- (5) Chung, et al, "The effects of induced abortion on subsequent reproductive function and pregnancy outcome," Papers of the East-West Institute, Number 86, June 1983.
- (6) Cates, "Adolescent Abortions in the United States," *Journal of Adolescent Health Care* 18 (1980).
- (7) Adler & Dolcini, supra, at 84.
- (8) J. Gallagher, F. Heald & D. Garrell, supra, at 244.
- (9) Tischler, Adolescent Suicide Attempts Following Elective Abortion: A Special Case of Anniversary Reaction, *68 Pediatrics* 670 (1981).
- (10) Bellotti II, 443 U.S. at 3643.
- (11) J. Burtchaell, supra, at 41-44.

Testimony of Kevin G. Yowell
Legislative Vice President, Kansans For Life
Regarding Senate Bill 147
House Federal and State Affairs Committee
April 26, 1991

Madam Chairman and Members of the Committee:

Since the time that consultants for those who favor abortion on demand determined that arguing explicitly for unrestricted abortion would be a losing proposition, this entire issue has bogged down over this debate—is this a question of life, as we and most Americans believe, or is it a question of choice, as the consultants would have us believe?

But today, as a result of the circumstances that led to this hearing, we are faced with another issue. It is a question of basic fairness, of trust in the legislative process, of commitment to one's word.

On April 14, the chairperson of this committee was reported in the Kansas City Star as saying that this bill would not be heard by the Federal and State Affairs Committee during the 1991 session. All of the pertinent facts that are known now were available then. The bill had passed the Senate and was on its way to the House. The regular session had ended and the veto session would be occupied with appropriations and other pressing matters.

The only development has been our public statement that we had never anticipated that the bill would be heard in the House this year. When asked by the media about our plans, we stated honestly that we did not believe we had the votes

at this time, either in committee or on the floor, to pass this legislation. We freely discussed our plans for making certain that members of the House were aware of their constituents' support for the measure.

Unfortunately, our honesty has been met by deception. Contrary to her previous statement and with only one day's notice, the chairperson of this committee scheduled this hearing in a clear effort to deprive the proponents of an opportunity to mount a coordinated campaign in its favor or even to organize our testimony.

It should not be lost on members of this committee or the public that those who oppose even the most minimal of restrictions on abortion in Kansas do not want to hear from their constituents on this issue. This is clear evidence that those who speak of a "pro-choice majority" know in their hearts that the people of Kansas do not support their extreme agenda of abortion on demand and they do support parental rights.

This bill deserves a fair hearing. Parental notification is supported by more than 80% of Kansans. The House regularly passes bills with far less public support. And yet, if those who wanted this hearing today have their way, the full House will not even have the opportunity to debate this issue. Today, you will hear arguments in favor of and in opposition to this bill. I believe any reasonable person will see its merits. I hope you agree. But surely you must at least see the need for further, fairer discussion. This is possible only if you table

consideration until next year.

Those who call themselves "pro-choice" are fond of saying that they trust the women of this state. In view of the tactics that led to this hearing, perhaps those same people should explain why the women of this state should trust them.

I urge the committee to table Senate Bill 147 and consider it in a full and *fair* hearing during the 1992 session as was the original intention. Thank you.

House Federal and State Affairs
Testimony SB147 - April 26, 1991

Chairperson Sebelius and members of the committee, thanks for allowing me to testify on Senate Bill 147 on behalf of the Right to Life of Kansas. Attached to my testimony is a copy of the testimony Pat Goodson gave to the Senate Federal and State committee. She was unable to be in attendance today.

Senate Bill 147 is first of all a parental rights bill. I am not involved enough in the laws of the State to know when I, as a parent, lost the right to be responsible for a part of my children's life. The strange part is that the only part of my child's like I am not responsible for seems to be sex related.

CURIOUS.

I have heard a lot of testimony given this year on other Bills that used the terms family involvement to help sell them. The specific bills I am referring to are H.B.2320, H.B.2531 and S.B.227. These are all teen pregnancy prevention bills with a big dollar tag attached. In the March 1991 American Journal of Public Health, it was stated that the abortion rate fell 28% after the enactment of the parental notification law in Minnesota in 1981. Since the birthrate also declined, this demonstrate that the pregnancy rate among teenagers dropped dramatically. The study concludes that the Minnesota law encouraged "pregnancy avoidance" among teenagers.

Senate Bill 147 is a bill which would promote family involvement and according to the American Journal of Public Health study it would also reduce teen pregnancy. All of the

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above with a zero dollar tag.

One of the many arguments we hear against this bill are, "What about the poor families or dysfunctional families." I contend that the old adage "Hard cases make bad laws" applies here. While we must try to find ways to help the abused child, legislation should not accomplish this end at the expense of children whose families may be able to help them if given the opportunity.

Last year we sat through the testimony of Becky Bell's parents. It was a very touching story. The Bell's testified before legislators of at least 10 states plus numerous popular talk-show. The saddest part of this is that the Bell's were USED to stop parental notification by several organizations.

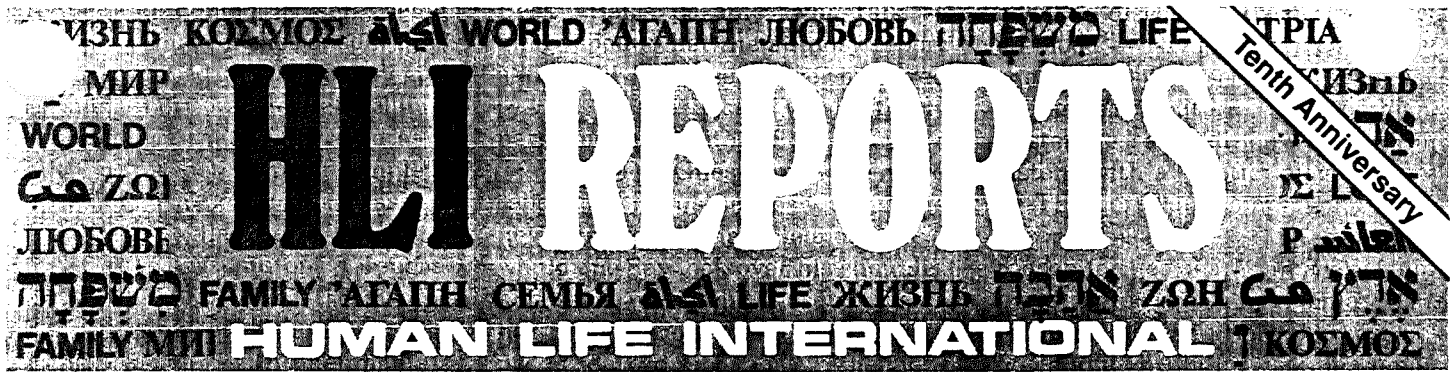
In a recent issue of the Bernadell Technical Bulletin, Dr. Bernard Nathanson exposed the truth. He concluded in his incisive analysis of Becky's autopsy report, "'there is not one shred of credible evidence to support this preposterous claim [of a septic illegal abortion].'" Dr. Nathanson pointed out that 'there is virtually always evidence of instrumentation [in an induced abortion[, i.e. the marks of a surgical clamp on the cervix (to hold it steady while another instrument is thrust in. . .)]' Nathanson further states that 'evidence of a forceful dilation of the cervix. . .would be especially noticeable in a 17 year old who had never been pregnant or delivered a baby before.' Becky's autopsy reported no such findings."

Attached to my testimony you will find Human Life International paper entitled "A Tale of Two Abortions," that

included Dr. Nathanson's findings. I ask you to please take a few minutes to read this before you vote.

I have survived the caring and feeding (believe me the feeding is the easy part) of 10 teenagers to adulthood, with 3 more to go. I am asking you to pass the Bill out of committee. Remember our kids need help and tough love from us, the parents, to survive those "teen years." How can we give them what they need if we don't have the right to know their problems?

*Leta Renyer
Right to Life of Mo.*



Tenth Anniversary

Volume 9, Number 3

Gaithersburg, Maryland USA

March 1991

A TALE OF TWO ABORTIONS

by James A. Miller

The death of Rebecca (Becky) Bell, a 17 year-old Indiana girl, from an alleged illegal abortion has become a *cause célèbre* of the pro-abortion industry, which is using the case to thwart parental consent/notification laws throughout the nation.

According to Becky's parents their daughter was a victim of Indiana's parental consent law. Pregnant and unable to face her parents, and denied a "safe, legal abortion" because of the consent law, Becky was forced to seek an illegal, back-alley abortion, the Bells claim.

They allege that Becky died as a result of a botched, incomplete abortion which led to a massive infection that killed her. The Bells point to Becky's autopsy report, which on the surface seems to support their story: "Cause of Death — Septic Abortion with Pneumonia."

Under the direction of puppeteers Eleanor Smeal of the Feminist Majority, Molly Yard of NOW, and NARAL (the National Abortion Rights Action League), the Bells are being exploited in a traveling dog and pony show, relating their sad story to state legislatures, college groups and pro-abortion rallies throughout the country.

The Bell's have testified before the legislatures of at least ten states and have made the grand tour of the Geraldo-Joan Rivers-Good Morning America shows, telling the tale of their daughter Becky's abortion to everyone.

There's just one thing wrong with that abortion — *it never happened!*

The Becky Bell "botched, illegal, back-alley abortion" is nothing more

than a fraud perpetrated by Smeal and company, to stampede the public and the state legislatures into rejecting parental consent laws.

This writer tracked down the doctor who performed Becky Bell's autopsy. Beside Dr. Bernard Nathanson, whom I contacted regarding this case, I was the first, and apparently still the only one, to seek out and talk to Dr. Jesse Giles, the autopsy doctor. Incredibly enough, Becky Bell's parents, who talk so glibly about what the autopsy report supposedly discloses, never bothered to talk to the doctor who actually performed the autopsy!

When Dr. Giles wrote the word "abortion" in his autopsy report, he never imagined that Eleanor Smeal would one day look over his shoulder and seize upon that word to foster her pro-abortion agenda. Dr. Giles used the word "abortion" in the medical sense that had always been used prior to *Roe v. Wade*: a spontaneous abortion, i.e. a miscarriage.

If Dr. Giles had meant a deliberate, surgical abortion, he would have used the word "induced" to describe it. Dr. Giles told me flatly that there is absolutely no evidence whatever of an induced abortion, and in his professional opinion Becky Bell suffered a spontaneous abortion.

Of course, Smeal and company are counting on the media and the public not to make the distinction between induced and spontaneous abortion, but to think automatically of suction machines and curettes when they see the word abortion.

Unfortunately, for reasons unknown, a pathologist greatly senior to Dr. Giles stuck the word "septic"

immediately before the word "abortion" on the cover of the report. That word also has been seized upon by Smeal and others as proof positive that a botched, unsterile abortion had been performed.

But the autopsy report itself has not the slightest evidence to support any "septic" condition in Becky Bell's uterus. The autopsy found no infection in the uterus, no sepsis, no pus, no putrefaction, no peritonitis, no odor, no discolored tissue, no infected blood — NO NOTHING! In fact, the autopsy described the tissue lining Becky's uterus as "smooth and glistening," a condition wholly inconsistent with a "septic" diagnosis.

The word "pneumonia" on Becky's autopsy accurately describes the reason for her death: an overwhelming streptococcus pneumonia. This is the same condition which struck down and within hours killed famed puppeteer Jim Henson.

In an incisive analysis of Becky's autopsy report, Dr. Nathanson concluded that "there is not one shred of credible evidence to support this preposterous claim [of a septic illegal abortion]." Dr. Nathanson pointed out that "there is virtually always evidence of instrumentation [in an induced abortion], i.e. the marks of a surgical clamp on the cervix (to hold it steady while another instrument is thrust in . . .)" Nathanson further states that "evidence of a forceful dilation of the cervix . . . would be especially noticeable in a 17 year old who had never been pregnant or delivered a baby before." Becky's autopsy reported no such findings.

Becky Bell died at 11:29 PM, Sep- continued on page 2

HFSSA
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HLI Reports

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tember 16, 1988. Less than 6 months later, at 1:30 AM, on March 2, 1989, 16 year-old Erica Richardson died in Prince George's County, Maryland. Unlike Becky Bell, hardly anyone has heard of Erica. That is all the stranger as there is no question whatever that Erica Richardson died as a result of an induced abortion — one of those nice "safe and legal" ones that we are always hearing about.

While the story of Becky's phony abortion death has been ballyhooed throughout the country, Erica's death was written up in just two small Prince George's County weeklies and one Frederick County daily. The *Baltimore Sun* and *The Washington Post* completely ignored Erica, and of course no out-of-town paper took any notice. TV coverage? Forget it!

Erica's death was not only almost completely ignored, but the facts of her death at the hands of a legal abortionist were strangely suppressed by Maryland's Department of Health and Mental Hygiene (DHMH), which is responsible for overseeing abortion in the state. The official 1989 Maryland abortion statistics, which just became available in January, do not list Erica's death. Indeed, the statistics report *no* abortion deaths for 1989, despite Erica's death and *another* 1989 abortion death, also in Prince George's County.

When the State's chief statistician in charge of compiling the abortion figures was asked why the two deaths did not appear in the official records, he replied that Maryland has a system of voluntary reporting by the abortionists. When I pointed out that Erica's death (a) had been reported in 3 papers, (b) was the subject of both a police investigation and a grand jury investigation, (c) had been autopsied by the Office of the Chief Medical Examiner, a DHMH division, and (d) was currently the subject of a lawsuit in the Health Claims Administration (an-

other DHMH agency), and thus (e) must have come to the attention of the abortion statistics gatherers, he became very testy and hung up.

The fact is that Maryland relies solely upon the abortionists themselves to report their own malpractices. As a result, the State issues thoroughly inadequate, incomplete reports presenting a false picture of Maryland's abortion industry. But this is only half of the story.

The Office of the Chief Medical Examiner, judging by the autopsies of the two 1989 abortion deaths, sanitizes the autopsy reports themselves, to put the abortionist in the best possible light.

Consider Erica Richardson's autopsy report (listed as number 89-593). Although there is no doubt whatever that Erica had undergone an abortion, the word abortion appears nowhere in the report. Indeed, the medical examiner is unwilling to admit that Erica had ever been pregnant! The next to the last line of Erica's autopsy report lamely says, "According to police reports, the deceased was known to have been pregnant . . ."

Think of it. The chief medical examiner of the State of Maryland needs the police to tell him that a body he has just autopsied — that of a girl aborted in her 19th week — was pregnant!

Erica Richardson underwent an abortion without her parents' knowledge or consent, neither of which is required in Maryland. During that abortion Erica suffered a large perforation which extended through the vagina, cervix and uterus, causing severe hemorrhage and an air embolism which entered her heart.

But listen to the euphemisms employed by the medical examiner to tidy up after the abortionist: the reason given for "how injury occurred" is "therapeutic misadventure," and the "manner of death" is reported as "accident." (!)

Some "misadventure"! Erica's death is an "accident" only in the sense that her abortionist didn't pick up a hammer and beat her to death.

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Parental Notification Reduces Teen Pregnancy

BOSTON — A recent study in *The American Journal of Public Health* clearly shows that parental notification laws reduce teenage pregnancy and abortion rates.

The study, "Impact of the Minnesota Parental Notification Law on Abortion and Birth," in the March, 1991 *Journal*, states that the abortion rate fell 28% after the enactment of a parental notification law in Minnesota in 1981. Since the birthrate also declined, this demonstrates that the pregnancy rate among teenagers dropped dramatically. The study concludes that the Minnesota law encouraged "pregnancy avoidance" among teenagers.

"Planned Parenthood and other abortion advocacy groups have wasted millions of taxpayers' dollars trying to reduce teen pregnancy," said Massachusetts Citizens for Life President Ruth Pak-

luk. "Ironically, parental notice and consent statutes are the *only* measures that have proven effective in reducing teen pregnancies, and abortion advocacy groups have spent millions of dollars opposing these laws. It is time for them to admit publicly that they have been wrong and apologize for wasting so many tax dollars," she said.

"It is clear from the successes of the Minnesota notice law and the Massachusetts parental consent law that parental involvement in their minor daughters' health-care decisions has had an overwhelmingly positive impact," said MCFL Education Director Linda Thayer.

"Because a minor often lacks the ability to make fully informed choices, parental involvement is imperative to ensure that she receives the benefit of appropriate counsel from those who know her

physical, emotional, familial, religious, or psychological background — her parents," Thayer added.

"Abortion advocates are currently trying to weaken the Massachusetts parental consent statute. They want to lower the age limit for minors from 18 to 16 and the state to require the involvement of one instead of two parents," said Madeline McComish, chairman of the MCFL Legislative Committee. "We hope that these results will persuade them to stop their efforts to weaken parental notice and consent statutes."

THE POEM OF THE MAN-GOD,
Vol. I thru V \$29.00 ea. pp.

VICTIM SOULS by Maria Val-
torta \$6.50 pp.

ST. JOSEPH'S WORKSHOP
Box 33, Ayer, Mass. 01432

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Erica's sad death at the hands of her abortionist is a prime example of the need for parental consent notification laws. Because such laws are currently unenforceable in the State of Maryland, Erica was able to seek out an abortionist — right out of the Yellow Pages — and literally sign away her own life. If Erica had been obliged to consult with her parents beforehand, she would probably be alive today.

One young woman is made a posthumous celebrity; the other is not even allowed to be a statistic.

Two deaths, two greatly different treatments. One, Becky Bell's, is fraudulently said to be the result of a botched, illegal abortion and is promoted shamelessly by Eleanor

Smeal, her "Feminist Majority," and other abortion extremists, as part of their propaganda campaign for unlimited abortion on demand.

The other, Erica Richardson's, is barely noticed, is covered up by her state's chief medical examiner, and doesn't even make it into the state's official records.

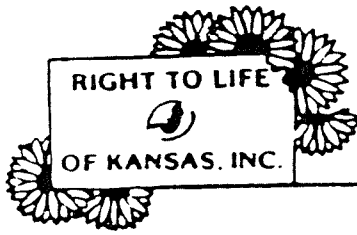
One young woman is made a posthumous celebrity; the other is not even allowed to be a statistic.

[Addendum. The U.S. Centers for Disease Control in Atlanta report some eight abortion deaths for the entire country in 1989. It is unclear whether either of the Prince George's County deaths is included in the total, since the CDC issues only a national count and refuses to provide the public with a state-by-state breakdown of abortion deaths. Local pro-lifers wonder how it can be that this lone Maryland County, whose population is less than one three-hundredth of the nation, can be "blessed" with 25% of all the nation's abortion deaths.]

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Re: SB 147

Before you vote on SB 147, Please consider:

Parents are legally and morally responsible for children. This is the case whether they are good parents or bad parents, abusive parents, loving parents, or "functional or dysfunctional" as a family.

In every case where a child is involved in a crime the parents are notified, and held responsible. If a teenager breaks into a house, is caught shoplifting or taking drugs, will the parents not be notified, because "they might abuse the child"; or will the child be given the option of going to a judge to prevent the parents from being notified? Of course not!

It is a crime for a minor to engage in sex. It is the crime of statutory rape to have sex with a minor. SRS recently prosecuted a 17 year old girl in Shawnee County who was impregnated by the boy she was babysitting. Sex with a minor is child abuse.

Even suspected child abuse must be reported by law. Only abortionists and family planning workers are allowed to disregard this law. Why? SB 147 is needed because these laws are now being violated.

SB 147 contains a judicial bypass if it is ruled necessary by the courts. If that happens it would be a step backward from the present law.

IF THE SENATE PUTS IN A BYPASS WITHOUT BEING ORDERED BY THE COURT TO DO SO, THE SENATE WILL BE REVERSING AND STEPPING BACKWARD FROM CURRENT CHILD ABUSE REPORTING LAWS AND LEGALIZING THE ABORTIONISTS ILLEGAL ACTIONS.

RTLK CANNOT SUPPORT WEAKENING THE PRESENT LAW. IF THE JUDICIAL BYPASS IS REINSERTED INTO SB 147 PRESENT CHILD ABUSE REPORTING LAWS WOULD BE NULLIFIED.

WE PREFER TO SEE THE STATUS QUO PRESERVED. IN EITHER CASE PARENTS WILL NOT BE NOTIFIED. IF THE STATUS QUO IS RETAINED PARENTS WILL NOT BE NOTIFIED BECAUSE ABORTIONISTS WILL CONTINUE TO BREAK THE LAW.

IF THE JUDICIAL BYPASS IS REINSERTED, PARENTS WILL STILL NOT BE NOTIFIED. YOU WILL ONLY BE LEGALIZING THE ABORTIONISTS ACTIONS AND PROLIFE PEOPLE WILL NOT BE FOOLED.

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4/14/91



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

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ROBERT T. STEPHAN
ATTORNEY GENERAL

April 23, 1991

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ATTORNEY GENERAL OPINION NO. 91- 43

The Honorable Bruce Larkin
State Representative, 63rd District
State Capitol, Room 180-W
Topeka, Kansas 66612

Re: Public Health -- Healing Arts; Kansas Healing Arts
Act -- Consent of Unemancipated Immature Minor

Minors -- General Provisions -- Consent of
Unemancipated Minor

Synopsis: An unemancipated, immature minor is not
considered legally capable of understanding the
nature and consequences of medical or surgical
treatment or procedures and therefore is not
legally capable of providing an informed consent to
any medical or surgical services. Cited herein:
K.S.A. 38-123; 38-123a; 38-123b; K.S.A. 1990
Supp. 65-2891; K.S.A. 65-2892; 65-2892a.

* * *

Dear Representative Larkin:

As Representative from the 63rd District you pose a number
of questions relating to the legal capacity of an
unemancipated, immature minor to consent to various medical
and surgical procedures without the consent of a parent or
guardian. Specifically you ask whether such a minor may
consent to the following services:

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"(1) Receiving a nonprescription drug from a school nurse or other health care provider.

"(2) Receive a prescription drug from a physician.

"(3) Receive a prescription drug from a nurse or other health care provider.

"(4) Receive minor surgery.

"(5) Receive major surgery in a non-emergency situation.

"(6) Receive surgery for implanting of the new drug, Norplant."

The legal constraints against medical or surgical treatment of a minor without parental/guardian consent derive from principles of liability applicable to health care providers. In other words, neither statutory nor common law per se prohibit a health care provider from treating a minor without parental/guardian consent; however, common law doctrines of liability for unauthorized treatment of minors have the effect of deterring health care professionals from providing medical/surgical services to minors without the consent of a parent or guardian. See 61 Am.Jur.2d Physicians and Surgeons, § 178 (1981); "Minor's Right to Medical Care", 31 Medical Trial Technique Quarterly 286 (Winter 1985). It is within this legal framework that your questions regarding an unemancipated, immature minor must be addressed. The general principles relating to consent to medical/surgical treatment are well stated in Younts v. St. Francis Hospital and School of Nursing, 205 Kan. 292 (1970):

"It is the settled general rule that in the absence of an emergency or unanticipated conditions arising during surgery a physician or surgeon before treating or operating must obtain the consent of the patient, or if the patient is incompetent the consent must be obtained from someone legally authorized to give it for him. A surgical operation on the body of a person is a technical battery or trespass, regardless of its result, unless the person or some authorized person consents to it.

Generally the surgeon is liable for damages if the operation is unauthorized.

. . . .

"The consent of a patient to be sufficient for the purpose of authorizing a particular surgical procedure must be an informed consent. The patient must have reasonable knowledge of the nature of the surgery and some understanding of the risks involved and the possible results to be anticipated." Pages 298-299.

In other words, mere consent to medical or surgical treatment is not adequate to protect the provider from liability. The consent must be informed which implies both a reasonable explanation of the contemplated treatment or procedure by the provider and the capacity of the patient to appreciate potential dangers and benefits. 61 Am.Jur., Physicians and Surgeons § 187 (1981).

The issue thus is not whether an unemancipated, immature minor may consent, but whether a health care provider risks liability for treatment of a minor in the absence of informed consent by the parent or guardian. Put another way, the issue is whether an unemancipated, immature minor is considered capable of giving consent sufficient to protect a health care provider from claims of unauthorized treatment as well as claims that the consent was not informed.

In Younts, supra, the Kansas Supreme Court was faced with the question of whether a 17-year old girl's consent to a minor surgical procedure without the knowledge or consent of her parents was sufficient to shield a hospital from liability for unauthorized medical treatment. The court acknowledged that the sufficiency of a minor's consent, as with an adult's consent, depended upon his ability to understand and comprehend the nature of the surgical procedure, the risks involved and the probability of attaining the desired results in the light of the attendant circumstances. The court acknowledged that while generally the consent of a parent to a surgical procedure is necessary, an exception is recognized when the child is close to maturity and knowingly gives an informed consent to the procedure.

This exception has come to be known as the "mature minor" exception and is applicable under circumstances when a minor is mature enough to understand the nature and consequences and

to knowingly consent to beneficial medical or surgical treatment. See Annot., Medical Practitioner's Liability for Treatment Given Child Without Parent's Consent, 67 A.L.R. 4th 511, § 7 (1989). By definition an immature minor does not fall within the exception relating to mature minors and therefore does not have the legal capacity to give an informed consent to medical or surgical treatment. A medical care provider would risk liability by providing medical or surgical treatment to an unemancipated, immature minor without parental or guardian consent for even the most minor affliction. This risk is one we assume a medical care provider would not be willing undertake in light of the almost certain liability to follow.

We note various Kansas statutes which address the issue of a minor's consent in specific circumstances, i.e. K.S.A. 38-123 (unmarried pregnant minor may consent to furnishing hospital, medical and surgical care relating to her pregnancy where no parent or guardian is available), K.S.A. 38-123a (minor 17 years and older may donate blood without parental consent), K.S.A. 38-123b (minor 16 years or older may consent to performance and furnishing of hospital, medical or surgical treatment or procedures where no parent or guardian is immediately available), K.S.A. 65-2892 (minor may consent to diagnostic examination and treatment for venereal disease), and K.S.A. 65-2892a (minor may consent to examination and treatment for drug abuse, misuse or addiction). As we stated in Attorney General Opinion No. 83-39:

"Generally, those statutes do nothing more than protect a hospital, physician or other health care provider from being held liable for civil damages, if the hospital, physician or other health care provider competently furnishes medical treatment to minors, when certain circumstances, such as an emergency, exist or when a particular treatment is provided. All of these statutes, however, merely recognize, and waive, the general rule that medical treatment cannot be provided to a minor without the consent of the minor's parent or legal guardian, without the person rendering the treatment being subject to civil damages for unauthorized treatment. See Younts v. St. Francis Hospital and School of Nursing, supra, at Syl. 6 and 7. Thus, these statutes merely provide a legal defense to a hospital,

physician or other health care provider in the event it is sued for providing medical services to persons who have not attained the statutorily-prescribed age of majority."

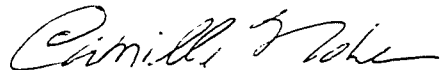
Those statutes protect health care providers against claims of unauthorized treatment. However, as noted, for a minor's consent to be a full shield against liability, the consent must be informed. The patient must have reasonable knowledge of the nature of the procedure and some understanding of the risks involved and the possible results to be anticipated. Younts, Supra. Absent such an informed consent a health care provider risks liability even if a minor falls within one of the statutory exceptions to the parental consent requirement. While those statutes in effect lower the age of majority and permit minors to consent to specified treatment and procedures, a minor must still be mature enough to give an informed consent. In other words, those statutes shield health care providers from liability for unauthorized treatment if the consenting minor is sufficiently mature to give a knowing and meaningful consent.

Those statutes, therefore, do not authorize an unemancipated, immature minor to give an informed consent to any of the specified medical or surgical treatments or procedures.

We therefore conclude that if in fact a minor is immature all of your questions must be answered in the negative. An unemancipated, immature minor is not considered legally capable of understanding the nature and consequences of any medical or surgical treatment or procedures and therefore is not legally capable of providing an informed consent for any medical or surgical services.

Very truly yours,


ROBERT T. STEPHAN
ATTORNEY GENERAL OF KANSAS


Camille Nohe
Assistant Attorney General

RTS:JLM:CN:bas

Virginia Leonard

It has been said that once you lose something, you begin to realize just how precious it was to you. I can attest to the truth of that statement. Ever since the officials in government began taking away some of my rights, they have become very precious to me indeed. To me and many others, those rights are worth fighting for. That is why I am here today. To fight for rights that I once held; but no longer. First, let's clarify what we are really debating here. The issue is clear. This is a debate about parental rights versus minor children's rights. Why must we have this battle every year? In a nation that is overly concerned with individual rights, it would seem that parents would be granted the same consideration as anyone else. Why should my children, who haven't had to take responsibility for their actions or their livelihood, have rights which are inalienable while my rights can be disregarded and put aside?

When considering this question of rights, as our primary concern, should we not consider the health and well being of our children, both physically and emotionally? And, lest you think you are doing that by voting down this bill; are you aware of what you, our lawmaking body, are asking of our children and of the danger that you are placing them in by having them undergo this minor surgical procedure without their parents' knowledge or consent? You are condemning these children to submit to the surgical care of a physician unknown to them and to be administered an anesthetic, also by someone unknown to them, without the benefit of ANY medical records on the child or any medical background history other than what a scared, confused, stressed-out teenager can provide. That boggles the mind! That those who are entrusted to propose, establish, and enact the laws that we, the people, must live under would not only allow this to happen; but that they would force parents to place the very lives of their children in jeopardy by taking away their most fundamental right of deciding for the medical care of their children.

In every other medical procedure, in EVERY other medical procedure, this fundamental right of parents is protected. If my daughter needed to have her appendix removed, I would be allowed to choose not only the doctor to perform the surgery, but I would also be allowed to choose the medical facility where it would be performed. The same is true for having her tonsils removed. The same is true for setting a broken bone. The same is even true for having an X-ray accomplished. I challenge you to tell me of even one instance where I do not have rights in determining the medical care for my child other than the one we are debating here today. Just one! I'll tell you just how far from that basic, fundamental right we have traveled. The Washburn-Rural school district recently allowed Topeka Blood Bank to come in so that the kids who wanted to could volunteer to donate blood. I was unaware of this until the school called me at my place of employment. They didn't call to let me know that my daughter had volunteered to donate blood. No, they called needing my permission before they could take this donation. THAT is astounding! That my permission is necessary before my daughter can voluntarily give blood, a relatively safe procedure; but she can go out and obtain an abortion, be administered an anesthetic which in itself has proven to be dangerous in some cases, and I not only don't get to give my consent, I don't even get to know about it. Would you like to know something even more astounding than that? If my daughter were to develop complications from this procedure that I knew nothing about which would require further medical care, I would be responsible and liable for

HOUSE FEDERAL AND STATE AFFAIRS

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any costs that would incur. Honestly, does any of this make sense to you? I'm trying, I'm really trying to understand the reasoning, but I'm sorry, it is absolutely beyond me!

Let's consider for a moment the argument always being brought up that parents who properly raise their children and instill in them the moral values and beliefs that are held by the parents don't have to be concerned about parental rights. It is argued that these properly brought up children will come to their parents anyway. Have you any idea how hard it is to go to someone who loves you and trusts you, someone who has invested their life in you; and tell them that you have let them down? Everyone knows that the two most difficult, and for some it would seem impossible, things to say are: Number 1, "I made a mistake", and Number 2, "I'm sorry". For those kids who have been brought up by loving, caring, and involved parents, you are asking them to go to their parents to say and do both with the added pressure of "You don't have to do this. They don't have to know. The whole thing can be handled without their knowing, and they will never have to find out that you let them down." That is asking too much of an adult, much less a child. So don't lie to me and tell me that if I raise my kids right they will come to me. It just doesn't happen that way in the real world. You are offering these non-adults a choice which is in direct opposition to what their parents have taught them; the choice to do wrong without experiencing any consequences. By doing this, you have very effectively cut the legs out from under these children by demolishing the foundation of authority established in the home by the parents.

I know and you know that good kids can be wrongly influenced by bad friends and even good friends who mean well; and they can **ESPECIALLY** be wrongly influenced by other figures of authority, like teachers, school faculty, and school nurses. How many of you parents have had to teach your children to do wrong? None of you. It is a character flaw that we are all born with. The reason that one of the first words a child ever learns is "NO" is because that is what they hear the most often and the earliest in life. What happens in a home where the authority figures do not agree? What happens if Mom says "No", but Dad doesn't agree and says, "Yes"? I can tell you exactly. In my home, I am more strict about television viewing than my husband. Who do you think our children check with before turning on a television program that they know would be questionable? They go to the authority that is going to let them do what they want to do. It's human nature and you can't control it or change it by finding ways to get around the consequences. It isn't just in the home that two conflicting views of authority figures can cause confusion. It's in the schools and in the community as well. You can't have parents who teach their children that something is wrong and that there are serious consequences attached to that wrong, and have figures of authority at school telling them that their parents don't have to know; that there are ways to, if not avoid, then remove the consequences without their parents knowing. What red-blooded American kid do you know that wouldn't do what they have been told was wrong by their parents when it was accepted behavior by their peers and apparently accepted behavior by those in the highly responsible position of making and establishing the laws of the state who have made legal allowances for it? We must teach and train our children to do what is right; and we must have **OUR** authority to do that backed up by the school and the community. Neither can you leave kids alone to

learn for themselves what is right and what is wrong; they need the training and experience that is provided by a mature adult parent; the first figure of authority in their lives.

What has happened when children have been left alone to raise themselves and have had to try and figure out what is right and what is wrong? Recent articles were printed in the Topeka Capital-Journal lamenting the rise of youth and juvenile crime. One of the articles reported that children as young as 10 are carrying handguns, and 9-year-old children are trying to commit burglaries. Here is a quote from the article with the headline, Youth crime: It's really almost frightening; with a subheadline of, Armed kids become local problem;

"The children who are arrested these days resemble adult criminals more and more." Has it not occurred to anyone of you that the reason the crimes resemble those perpetrated by adults is because more and more we are not just asking, but we are pushing our kids into trying to function as adults and make adult decisions on their own at earlier and earlier ages? Here is a quote from a second article in the paper of the same date with this headline, Reasons for youth crime complex;

"The many causes may include: more two-wage families, which means less parental supervision; more single-parent families, with less emphasis on bonding between parents and children; and a society that is more tolerant of violence." We must help our children by giving them what they need most. Our children don't need another legal basis for ignoring the role of authority that their parents represent. As indicated in these two articles, children need MORE supervision from their parents. To do this parents must have the support of those other figures of authority in their children's lives, and they must have the legal means to adequately supervise them by BEING AWARE of such an important occurrence as an unintended pregnancy and HAVING INPUT in decisions that will affect them for the remainder of their lives. You cannot keep stripping parents of their rights and their authority within the home without it having a devastating effect on society!

You want parents to take responsibility for their children? You want children who are better behaved who think of others and not only of themselves? You want to lower the teen pregnancy rates? You'll never get any of these things if you continue to tie the hands of parents, if you continue to strip parents of their rights of authority within the home, if you continue to treat children as adults capable of making mature, adult decisions when they're not, and if you continue to make legal allowances for unacceptable behavior that is detrimental to the individual and to society.

As I conclude, I would like to make one final point. President Bush recently sent troops to the Middle East even though there was protest from American citizens and from Congressmen and women. A couple of months after that Mrs. Barbara Bush was interviewed and she made the following comments: This is not an exact quote, but it's very close. "Our country has done the right thing because it was the right thing to do, and because of that Americans can feel good about themselves again." All I am asking is that you do what is right, both for the parents and the minor children they are responsible for. Yes, there will be protests from some, but I am asking you to support and pass a Parental Notification Bill because it is the right thing to do so that everyone can begin to feel good about themselves again.

Thank you.

TESTIMONY

S.B. 147

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
April 26, 1991 - 1:30 p.m.

KANSAS CATHOLIC CONFERENCE
By: Robert Runnels, Jr.

I preface my testimony with a quote from the Supreme Court in June 1988:

"Inexperience, less education and less information make the teenager less able to evaluate the consequences of his or her conduct while at the same time he or she is much more apt to be motivated by mere emotion or peer pressure than is an adult."

It is precisely for these reasons that laws are enacted to protect children and support parents in the discharging of their parental responsibilities.

Senate Bill 147 is about parents and children communicating. If you believe in the value of the family as the basic unit of our society you must support this legislation that requires from both, a parenting and child responsibility.

This bill (like all good legislation) creates a responsibility that has a proven track record of helping young people lead more responsible lives.

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 a child would have to face in her young life.

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

HOUSE FEDERAL AND STATE AFFAIRS
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Does Parental Notification work, consider. 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:

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. 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. Clearly, parental involvement plays a key role in reducing teenage sexual activity and subsequent pregnancy.

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 gut 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 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. The state has determined that a minor is not responsible enough to buy and consume alcohol until they are 21 years of age.
2. A minor cannot buy cigarettes until the age of 18.
3. A parent is responsible for the care and basic needs

of a child until he or she reaches the age of 18.

4. A parent is held responsible for any vandalism that a minor does until age 18.
5. A parent is held responsible for medical bills for a child until 18.
6. 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.
7. In order to get married before 18 a minor must get the written consent of a parent.

A vote in favor of S.B. 147 is one of support for family values. We must preserve this very basic unit of our society.

Sources:

Minnesota Department of Health
Massachusetts Department of Health

Parents could sue over abortion, Stephan says

Kansas official issues opinion, but it will have no effect on state law.

The Associated Press

TOPEKA — Doctors who perform abortions on some minors without parental consent could be sued by parents, Attorney General Bob Stephan said in an opinion issued this week.

The opinion is non-binding and will not affect current law, but lawyers and officials can cite it in court and when making public policy.

Assistant Attorney General Camille Nohe, who prepared the opinion, said Thursday that it does not mean doctors are breaking the law by giving medical care to minors without their parents' consent. However, she said, doctors could be sued by parents for unauthorized medical treatment.

"I have assumed a doctor would not want to put himself in that condition," she said.

The opinion states that an "unemancipated, immature minor" is not legally capable of providing an informed consent for medical care.

Nohe said there is no specific definition of immature minor. That decision must be made on a case-by-case basis, she said.

In one case Nohe cited, the court determined that a 17-year-old girl who underwent surgery without her parents' knowledge or consent was able to give an informed consent. The hospital

where she was treated was not held liable.

Stephan issued his opinion at the request of Rep. Bruce Larkin, a Baileyville Democrat.

Larkin said he asked Stephan to issue the opinion on behalf of Right To Life of Kansas.

Larkin distributed copies of the opinion Thursday in the Capitol. He said he did not think the opinion would have any effect on abortion-related legislation this session.

However, he said the opinion backs up what he has thought about current law for many years: Parents must consent for girls to have abortions.

"You can't get aspirin from the school nurse without parental consent," Larkin said. "What's the difference between that and an abortion situation?"

Sen. Ed Reilly, a Leavenworth Republican, said the decision "changes the complexion" of the abortion issue in Kansas.

The Senate has passed a bill that requires doctors to notify at least one parent 24 hours before a girl plans to have an abortion. The House Federal and State Affairs Committee has scheduled a hearing on the bill for today.

Reilly said Stephan's opinion raises many issues, including whether insurance companies would cover a doctor being sued for performing surgery on an immature minor.

He said he was concerned because the opinion says it is legal to perform an abortion, but doctors could be sued in some cases.

TO: House of Representative Standing Committee
Federal and State Affairs

RE: Senate Bill #147
Parental Notification

Chairman and Representatives,

My name is Thomas R. Zarda, I am a 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 represent an estimated 120,000 voters. We have 214 local councils(chapters), those being located in every county in the State.

The State Officers have asked that I be chairman of their Legislative Action Committee. The comments that I make here today are, as if they were here, for they believe as I do.

Very briefly, I am here today to speak in support of Senate Bill #147.

The Supreme Court 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.

Perhaps most frightening are the studies which confirm that teenagers are at a higher risk suffering psychological complications following abortion. More teenagers than older women suffer anxiety, depression, sadness, guilt and regret. More than one source has linked the increase in teen suicide to factors such as pregnancy and abortion.

It is perhaps ironic that research finds the emotional reaction to abortion significantly more favorable when parents and partners are supportive; our laws do not afford them the right to know that the abortion decision has been made.

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/or Mother, is to lessen the authority and integrity of the family.

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

I ask the question: Why do we not recognize Senate Bill #147 for what I believe it is? It is a "Parental Right Bill", not an abortion bill.

We must protect minor children from being influenced by persons outside of their family. We must give the parents the right to know when such influence is being exerted on their children.

The people that I represent here today are reasonable, in that they know that all persons don't agree all the time. But they do know that when something is recognized as being wrong, then we must try to correct it.

It is wrong for parents not to be notified when their minor child is considering whether or not to have an abortion. This is their right. Senate Bill #147 re-affirms that right.

Thomas R. Zarda
Past State Deputy
12400 W. 62nd Terr.
Suite A
Shawnee, Kansas 66216

HOUSE FEDERAL AND STATE AFFAIRS
April 26, 1991
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I am here today on behalf of 5 girls at Allison Middle School in Wichita who are finishing the school year pregnant. These 11 to 14 year olds need options - they don't need road blocks.

Because I am an attorney, I will be addressing the judicial by-pass portion of this bill. The Supreme Court has ruled that judicial by-pass must be a part of any parental involvement law. We have the opportunity to look to other states for their experience with judicial by-pass.

Prior to beginning the court litigation that resulted in last summers Supreme Court decisions on parental notification, the people of Minnesota had 5 years of experience with judicial by-pass. During that time, the Courts heard 3,500 petitions seeking the court's permission to have an abortion. Only 9 petitions were denied, all early in the process. 99.97% of the minors seeking an abortion were found to be either mature enough to make their own decision or that having an abortion was in their best interest.

All the girls seen by the Judges were white, middle-class, educated and mature. Poor girls don't get to providers, so they don't even start the by-pass process. For these women, forced parenthood is the only option.

Judge Gerald Martin, who heard many petitions, "did not perceive any useful public purpose to what I am doing in these cases." All six Judges testified in court that they saw no positive effect of the law.

A Kansas legislative interim committee studied the current stress on our Court system. The most serious problems in Kansas are in the metropolitan area. Because minors go to court, after being guided through the process by counselors or abortion providers, they will go to court in metropolitan areas. The entire burden of this bypass will fall on heavily burdened counties. Parental notification is not a cost-free measure.

All 50 states have laws that allow minors to get treatment for sexually transmitted diseases. 27 states, including Kansas, allow any minor to consent to all pre-natal care, including a Ceasarean section, without parental consent. If passed, abortion would be the only option that requires parental consent.

The U.S. Supreme Court says that the state can pass a parental involvement law within the Constitution. The Supreme Court has not said that such a law is a good idea. Reject S.B. 127.

In response to a question by Rep. Empson, the passing of the parental notification law in Minnesota occurred at the same time as a 20% increase in public funding for sexuality education. Whether the decrease in birth rates was the result of the parental involvement law or the increased education efforts is

parental involvement law or the increased education efforts is hard to say.

Proponents of this bill refer to an article published in the American Journal of Public Health. This article was written by and paid for by Americans United for Life member and Quantitative Research Fellow, James L. Rogers. This should be considered. The conclusions in the article point out why some encourage this type of legislation. The result is a reduction in abortions---the article provides no proof that these laws encourage family communication, the 'purpose' of these laws.

Marilyn Harp
Board President
Planned Parenthood
of Kansas
2251 Bramblewood #202
Wichita, KS. 67226

I am Viola Dodge, a farm wife and grandmother, from Olsburg, Kansas.

I am here today to represent a silent majority of women, particularly older women, who oppose Senate Bill 147.

I was a teen-ager in the 1930's, abortions were illegal and so was liquor. Why were both these laws repealed? It was because they could not be enforced. In those days abortions was just like bootlegging, everyone knew where you could get it but no one talked about it.

I hope that you have discussed the full ramifications of this bill with your family, your wife, husband, daughter, son, neighbor, but most importantly with your mother and grandmother. They are the ones who can tell you what it was like 50 years ago when we had restrictions on abortions.

I want to point out some of the concerns we should all have about this bill. Section 2 states that anyone under 17 is too immature to make the decision to have an abortion. Section 6 states that parents cannot coerce the young woman into having an abortion. So, if the young woman wants to have an abortion - she's immature, but if she doesn't want an abortion then she's mature.

If the parental notification of minors is so important then why shouldn't those parents have the right to make the decision for that minor to have an abortion?

Section 4 states that one parent must be notified 24 hours before an abortion. But Section 5 states that if Section 4 is declared unconstitutional then the following shall be "in full force", both parents must be notified or the woman can petition the court to waver the notification.

In order for the court to waver the notification it must find "by clear and convincing evidence" that the young woman is mature. Now what is the criteria for clear and convincing evidence. Does that mean that it be left to the discretion of the judge?

Good Grief! Let's don't let this abortion issue get into our courts where a judge can decide according to how he feels on that particular day. I know how a judge will rule, he will look over the bench at the young pregnant woman and say, "You are immature, because you let yourself get pregnant".

The bottom line is that the final decision will be made by that young woman, not by a parent and not by a judge. There is no law that you can pass that can tell a woman what she can do with her body, that is her personal decision.

If that young woman makes the decision to have an abortion then it will be done legally or illegally because if she can't go to her doctor there is always the black market. There was in the 30's and there will be in the 90's. If there is a demand it will be available.

The wealthy have always been able to get abortions on demand, if they can't get it in Kansas they will go to another state. But with this law there will be some women who will be at the mercy of "Quacks". There will be some young women who will resort to unsafe home remedies that time has forgotten, the coat hanger, the hat pin, the pop bottle.

This bill, if passed, could not be enforced. The only thing this bill will do will be to deny some young women medical care, that these women cannot go to their doctor for confidential treatment. THIS IS WRONG! THIS IS TERRIBLY WRONG!

I honestly do not believe that men can put themselves into the shoes of women under these circumstances. Men cannot relate to the trauma, emotion, stress, the responsibility or the pain that a woman suffers because of pregnancy, abortions and births. Why are they voting on this personal issue?

Now if you really believe that something should be done for this age group of women then I have a suggestion, but remember, no woman gets pregnant on her own. Why don't you pass a law that no man can have sex with a woman under 17? That will take care of the problem as some see it. Immediately you men can relate to this because you are already thinking that it couldn't be enforced. I agree, it couldn't be enforced because there is no law that you can pass that can tell a man what he does with his body. It is a personal thing.

With that same reasoning you cannot tell a woman what she can do with her body. The final decision will be made by her. It is a personal decision.

The only thing that you can legislate is that all abortions be done the safest way possible for ALL women regardless of age. We already have this in Kansas. We don't need another law.

I leave you with this food for thought. Last summer I attended a women's luncheon and around the table sat 10 women of many different religions. Abortion was discussed. A white haired lady, obviously the oldest in the group said, "I am for pro choice, because many years ago I lost two very dear friends who tried to abort themselves."

How you and I personally feel about abortion has nothing to do with this bill. History has taught us that SB 147 could not be enforced. The real issue here is "Do we single out one group of women and deny them medical care if they choose to have an abortion.?"

This is 1991, Don't put women back 50 years. Vote "NO" on SB 147.

My name is Leslie Bennett, and I'm a senior at Manhattan High School. I am a varsity cheerleader, a singer in two choirs, a member of Peer Helpers, and a member of Students for Choice at my school. I strongly believe in family and have a stable relationship with my parents. I am able to talk freely with my parents about feelings, current events, and my future.

However, many of my friends are not able to discuss matters such as abortion with their parents. Instead of being able to choose for themselves to have an abortion, many girls will be forced to choose between facing their parents or facing a judge. Too many girls will choose to face a judge who will decide their futures. The judge must decide if a girl is "mature" enough to have an abortion without notifying her parents. If she is denied the chance, she is supposedly then "mature" enough to carry a baby for nine months, go through the trauma of labor - often alone - and probably even raise a child. She is then able to make medical decisions for a newborn baby when she was not even allowed to make medical decisions for herself nine months earlier. I find this totally void of sense or reason and highly ironic.

Senate Bill No.147 States its intent as "protecting minors from their own immaturity." This statement makes a general assumption that all young women under eighteen are too immature to make decisions about their own lives. Supporters of the bill argue that because parents must be notified about ear piercing and tooth pulling that they should also be notified if their daughter wants an abortion. This is not a valid argument because minors can be tested and treated for venereal diseases and provided with birth control without parental consent. A girl

cannot be mature enough in one situaion and "immature" in another.

The supporters of parental notification believe that simply because a bill is passed, families will suddenly become ideal and speak more openly to each other. This is a fantasy. I believe it's time to wake up and realize that there are thousands of dysfunctional families in America, many with pregnant teenage girls needing safe abortions. A girl knows what she can talk to her parents about. It's not up to laws or the state to decide this for her. If she is forced to talk to her parents, she may be kicked out of the house, physically abused, or forced to have an unwanted baby. Any relationship she may have had with her parents may be ruined. It's impossible to force healthy communication in families where it has never existed.

My name is Gayle Bennett. I am co-organizer of the Manhattan Area Unit of the Religious Coalition for Abortion Rights. I am an active member of College Avenue United Methodist Church, and a fourteen year veteran teacher at Manhattan High School. I have two daughters; Sara is nineteen and a freshman at the University of Kansas. Leslie is seventeen, a senior at Manhatta High, and she is with me today. Also with me is Sarah Sommer, a junior at Manhattan High.

Last year I testified before the House State and Federal Affairs Committee about the hypocrisy of the Anti-Choice forces regarding parental notification. I focused primarily on Crisis Pregnancy Centers. I was out of town when the Senate committee met and was unable to appear, but I sent my testimony. I am including it with this year's testimony, and I hope you will read it.

This year I will focus on the question of judicial bypass. First I would like to say that the entire parental notification question is a cynical, cruel and transparent attempt to limit access to abortion by young women. The intent behind notification is coercion, and the intent of judicial bypass is to set up roadbocks to safe and timely abortions for young women who should choose them. LeAnne Schreiber, former senior editor of The New York Times says, "In none of the cases (that she examined) had the (parental notification) law served its stated purpose - to improve communications and strengthen families. Those parents and children who could talk openly to one another did so independently of the law; where poor communication existed, the law either made a bad situation worse or placed the additional burden of a court hearing on an already troubled minor." Please read

the pins and placards of Anti-Choice people who gathered here yesterday and are here today. None of their buttons say, "Improve family communication - support notification." Their goal is clearly and openly to restrict access to abortion services.* *All back*

Kansas must ask itself some prickly questions before it attempts to hide behind the seemingly reasonable alternative of judicial bypass. In Minnesota, judges are not required to preside over notification hearings. Only a handful of judges do so, and young women must travel great distances to find them. In Massachusetts, judges have been known to insult minors and lecture them extensively on the morality of abortion. The young woman's access to abortion is then determined more by her judge's ideas about abortion than her own reservations about telling her parents. Michigan recently passed a parental consent bill with a judicial bypass provision. A rider on the bill requires that all children grades six through twelve be advised on the procedure to follow to procure a bypass hearing. Indeed, who will advise and counsel girls who cannot talk to their parents? Are we to assume that they will automatically know how to proceed with a judicial hearing? Will the state of Kansas provide counselors and advocates further burdening an already overtaxed social services budget?

Kansas can avoid these potentially tragic problems by ensuring freedom especially to the most vulnerable among us. The Topeka Capital Journal quoted Chairman Riley as saying that he was certain that this bill would be approved by this committee. I hope that does mean that we are addressing closed minds here today. Please keep in mind all of the ramifications of parental notification and judicial bypass when you vote.

HOUSE FEDERAL AND STATE AFFAIRS

April 26, 1991

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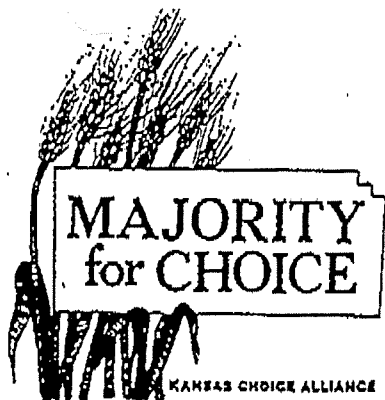
Bill restores parental rights

I was jubilant upon learning that Senate Bill 147 was passed. This bill will restore rights to parents that should never have been lost. It grants that parents will be notified if their minor daughter is seeking an abortion.

I am in favor of this bill, not only because I want to rescue the unborn from premature death and protect the mothers from years of emotional trauma following their abortions (known as post-abortion syndrome), but because I am a mother of two daughters.

I am appalled and alarmed that as a parent responsible for every action of my children from birth to 18, I can potentially be put in the position of not knowing the actions of my daughters until it would be too late, and then I would have to foot the bill should any injury or complications arise following my daughter's surgery. Not only do the grandparents suffer the loss of a grandchild, they watch their daughters go through terrible guilt, withdrawal and potential suicidal behavior.

Let's work together to see this bill passed through the House, on to our governor (who has pledged herself to support the unborn) and finally into law, not watered down with amendments but as it stands. As the family unit in our nation is protected by moral laws, our nation will stand united and strong. — CYNTHIA L. POTTER, Topeka.



Submitted to House Federal and State Affairs Committee April 26, 1991.

The following groups wish to be reported as:
opposing SB147 and all parental notification legislation.

American Association of University Women (AAUW)
American Civil Liberties Union (ACLU) of Kansas and Western Missouri
B'Nai B'Rith Women
Choice Coalition of Greater Kansas City
Comprehensive Health for Women
Hadassah
Jackson County Citizens for Choice
Jewish Community Relations Bureau
National Council of Jewish Women, Greater Kansas City Section (NCJW)
National Organization of Women (NOW), Kansas
National Organization of Women (NOW), Kansas City Urban
National Organization of Women (NOW), Southeast Kansas City
National Organization of Women (NOW), Wichita
National Organization of Women (NOW), Capitol City (Topeka)
Planned Parenthood of Greater Kansas City
Planned Parenthood of Kansas
Pro-Choice Action League
Religious Coalition for Abortion Rights of Kansas (RCAR)
Wichita Family Planning
Wichita Women's Center
Women's Health Care Services
Young Women's Christian Association of Topeka (YWCA)
Young Women's Christian Association of Wichita (YWCA)

LWVK LEAGUE OF WOMEN VOTERS OF KANSAS

919½ South Kansas Avenue Topeka, KS 66612 (913) 234-5152

April 23, 1991

The following resolution was adopted at the League of Women Voters of Kansas' State Convention held in Wichita last weekend.

The meeting of the League of Women Voters of Kansas meeting in Convention in Wichita, Kansas, April 20-21, 1991 declare their belief that the constitutional right to privacy in making reproductive choices applies to all women, regardless of age. We therefore urge you not to pass parental notification legislation. We support educational measures to prevent unwanted teen pregnancies.



Patti Pressman, President
League of Women Voters of Kansas

I am Dr. Gordon Risk, representing the American Civil Liberties Union of Kansas. I am here to speak in opposition to S.B. #147.

The state has an interest in promoting the health of its citizens. For minors, this typically means obtaining the consent of a parent or guardian for permission to undertake a medical procedure. As the state has recognized, however, if obtaining parental consent would inhibit or prevent the minor from obtaining indicated medical treatment, parental consent is waived. Thus, consent is waived in situations of medical emergency. Nor is it needed to undertake treatment of a sexual transmitted disease, the state recognizing that a requirement that the parents be involved might inhibit the minor from acting in his or her own best interest and obtaining the needed treatment. The state's interest in the health of the minor may thus mean bypassing the parents. As you will hear first-hand and as the U.S. Supreme Court recognized when it mandated the judicial bypass procedure, involvement of the parent or parents in the pregnant teenager's decision to abort may not be in the minor teenager's best interest, without regard to whether that "involvement" takes the form of notification or consent. (1)

A parental notification statute was in effect in Minnesota during the years 1981-85, during which time the percentage of minors getting second trimester abortions increased by 12%. (2) This increase in second trimester abortions for minors in Minnesota was contrary to the national pattern. As the district court noted in the Minnesota case, "a second trimester procedure entails significantly greater costs, inconvenience, and medical risks" (3) for the woman. During these same years, the number of pregnancies ending in abortion decreased in the 10-17 year old age group, while increasing for all other women (4), indicating that the Minnesota parental notification law had the effect of compelling minor women to carry their pregnancies to term. Government compelled childbirth is precisely the invasion of rights that was repudiated in Roe v. Wade. Studies have indicated that a significant number of pregnant minor teenagers would attempt a self-induced or illegal abortion, rather than notify their parents. (5) Teenagers, particularly young teenagers, have a two and a half times greater risk of death from continued pregnancy or childbirth than adult women. The same is true for rates of morbidity related to childbirth when compared to abortion. (6) The certain result of a parental notification bill would be an increase in the morbidity and mortality rates among pregnant teenagers and an increase in the number of unwanted children. This is a profound violation of a pregnant teenager's right to be treated with due process by the state.

As the National Research Council of the National Academy of Sciences noted in 1987: "On the basis of existing research, therefore, the contention that adolescents are unlikely or unable to make well-reasoned decisions or that they are especially vulnerable to serious psychological harm as a result of an abortion is not supported. On the contrary, research has shown that for most abortion patients, including adolescents, relief is a frequent reaction. Nor has research documented that legally required parental involvement helps teenage girls cope better with their choice to terminate the pregnancy. There is no evidence that it reduces the probability of subsequent unwanted pregnancies or serves any other purpose than to ensure that the parents are aware of what their adolescent daughters are doing.(7) There is, however, growing evidence that parental statutes caused teenagers to delay their

abortions, if for no other reason that they must undergo the de facto waiting period associated with finding a lawyer and gaining access to the courts." (8) "A delay of [a week or more] increases the medical risks associated with the abortion procedure to a statistically significant degree." (9) This parental notification statute would thus violate the state's interest in the health and welfare of the pregnant teenager and her right to equitable treatment.

- (1) Akron, 462 U.S. at 427 n.10
- (2) Appendix A4 - A5 (ACLU Reply Brief for Petitioners, Hodgson v. State of Minnesota)
- (3) Hodgson, 648 F. Supp. at 763
- (4) Appendix A1-A3 (One can see from these tables that the pregnancy rate for all young women decreased during the years 1981-85. There was no selective decrease for those affected by parental notification as some have alleged.)
- (5) Table 7 (Torres, Forrest, and Eisman, Telling Parents: Clinic Policies and Adolescents' Use of Family Planning and Abortion Services, 12 Family Planning Perspectives, at 287-89, 1980)
- (6) Parental Notice Laws, ACLU Reproductive Freedom Project, p. 4 (1986)
- (7) New York Times, Jan. 25, 1990, p. A11. "A Federally financed study of unmarried sexually active teenage girls has found that those who obtained abortions did better economically and educationally and had fewer subsequent pregnancies than those who chose to bear children. Those who had abortions even fared better than those who were not pregnant at the start of the research project...It found that 4.5% of those choosing abortion experienced an adverse psychological change two years after the event as against 5.5% of those who have children and 10% of young women with negative pregnancy tests. This indicates that while the decision to have an abortion provided few psychological benefits, it did not, as anti-abortion groups often claim, cause any emotional damage."
- (8) Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. C. Hayes, Ed. (A publication of the National Academy of Sciences.)
- (9) Hodgson, 648 F. Supp. at 763

Relative Risk of Second Trimester Abortions†

Total Number of Abortions

Age Group*	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
10-17	1507	2060	2274	2186	2308	2327	1820	1564	1432	1395	1570	1545
18-19	1758	2511	2693	3054	3293	3380	3064	2799	2547	2586	2531	2372
20-24	2702	3649	4528	5066	5683	6054	6047	5963	5487	6032	6067	5724
25+	2161	2895	3529	3872	4355	4716	4881	5180	5012	5525	5812	6035

Number of Abortions Performed After 12 Weeks Gestational Age

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
10-17	270	470	474	403	432	510	365	322	334	360	361	333
18-19	228	426	464	449	460	562	462	425	419	489	441	435
20-24	275	446	512	505	591	681	625	631	626	786	723	668
25+	189	306	368	302	327	403	363	412	370	461	458	516

† This Exhibit uses raw data provided by the Minnesota Department of Health as reproduced in the Brief of AAPS as *amicus curiae* at 23a-24a (Table 3).

* Definition of symbols: "<" = ages less than; "+" = and ages above; "x/y" = formula for calculating ratio.

Percentage of Abortions Performed After 12 Weeks Gestational Age

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
<18	17.9	22.8	20.8	18.4	18.7	21.9	20.1	20.6	23.3	25.8	23.0	21.6
18-19	13.0	17.0	17.2	14.7	14.0	16.6	15.1	15.2	16.5	18.9	17.4	18.3
20-24	10.2	12.2	11.3	10.0	10.4	11.2	10.3	10.6	11.4	13.0	11.9	11.7
25+	8.7	10.6	10.4	7.8	7.5	8.5	7.4	8.0	7.4	8.3	7.9	8.6
18+	10.5	13.0	12.5	10.5	10.3	11.6	10.4	10.5	10.8	12.3	11.3	11.5

Ratio of Percentages of Minors and Adults

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
<18/ 18+	1.71	1.75	1.67	1.76	1.81	1.88	1.94	1.96	2.15	2.10	2.04	1.88

Exhibit A

Percentage of Pregnancies Ending in Abortion in Minnesota, 1975-87*

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
10-17 yr. olds:													
No. of abortions:	1507	2060	2274	2186	2308	2327	1820	1564	1432	1395	1570	1545	1648
No. of pregnancies:	3958	4391	4573	4271	4364	4315	3714	3307	2987	3031	3122	3133	3249
% of pregnancies ending in abortion:	38.1%	46.9%	49.7%	51.2%	52.9%	53.9%	49.0%	47.3%	47.9%	46.0%	50.3%	49.3%	50.7%

I-V

(chart continued on next page)

* Numbers of pregnancies and abortions for 1975 to 1986 are taken from the Brief of AAPS as *amicus curiae* at 11a (Table 1). Numbers for 1987 are taken from *Minnesota Health Statistics: 1987*, published by the Minnesota Department of Health at 72 (Table 34). A copy of *Minnesota Health Statistics: 1987* has been lodged with the Clerk for the convenience of the Court by Counsel for Petitioners.

AAPS = AMERICAN ACADEMY OF PHYSICIANS AND SURGEONS

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
18-19 yr. olds:													
No. of abortions:	1758	2511	2693	3054	3293	3380	3064	2799	2547	2586	2531	2372	2306
No. of pregnancies:	6494	7017	7347	7738	8057	8301	7697	7052	6223	6112	5958	5493	5596
% of pregnancies ending in abortion:	27.1%	35.8%	36.7%	39.5%	40.9%	40.7%	39.8%	39.7%	40.9%	42.3%	42.5%	43.2%	41.2%
20-24 yr. olds:													
No. of abortions:	2702	3643	4528	5066	5683	6054	6047	5963	5487	6032	6067	5724	5576
No. of pregnancies:	22001	22431	24524	25058	26747	28093	27820	27256	24943	25032	24585	22792	21634
% of pregnancies ending in abortion:	12.3%	16.2%	18.5%	20.2%	21.2%	21.5%	21.7%	21.9%	22.0%	24.1%	24.7%	25.1%	25.8%

A-2

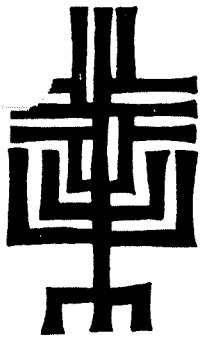
	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
25-54 yr. olds:													
No. of abortions:	2161	2895	3529	3872	4355	4716	4881	5180	5012	5525	5812	6035	6183
No. of pregnancies:	31145	32837	36282	37849	40423	42198	43804	45003	44581	46748	48250	48544	50797
% of pregnancies ending in abortion:	6.9%	8.8%	9.7%	10.2%	10.8%	11.2%	11.1%	11.5%	11.2%	11.8%	12.0%	12.4%	12.2%

A-3

Table 7. Percentage distribution of patients 17 or younger, by whether or not parents know about their abortions; and, if parents do not know, what patient would do if parental notification were required by clinics, according to age

Response	Age			
	Total (N= 1,170)	≤15 (N= 286)	16 (N= 371)	17 (N= 513)
Parents know	55	75	54	46
Not sure parents know	1	*	1	1
Parents don't know, would come	21	12	19	28
Parents don't know, would not come	23	13	26	25
Have self-induced or illegal abortion	9	6	11	9
Have baby	9	5	9	11
Leave home	2	1	3	2
Don't know	3	1	3	3
Total	100	100	100	100

* < 0.5 percent.



RCAR in KANSAS

Religious Coalition for Abortion Rights in Kansas

I am Darlene Stearns, State Co-Ordinator for the Religious Coalition for Abortion Rights in Kansas, and as such have appeared before this committee opposing this legislation every time it has appeared, based on our support of religious and reproductive freedom for all women.

This year, along with lists of our national and state member groups, I am also furnishing you with statements from several non-faith groups which also support our position.

In terms of sheer numbers, the opposition to this legislation is, I believe, impressive. All of these groups have national, as well as, state, affiliates and include both men and women in their membership.

Kansas has always stood firm in supporting individual liberties for its citizens. Young citizens deserve that protection as well as those of us of an indeterminate age. Please continue that proud tradition and reject this legislation.

Darlene Greer Stearns
State Co-Ordinator RCAR in Kansas

HOUSE FEDERAL AND STATE AFFAIRS
April 26, 1991
Attachment #18 - Page 1

POLICY COUNCIL FOR RELIGIOUS COALITION FOR ABORTION RIGHTS IN KANSAS
BOARD OF CHURCH & SOCIETY, KANSAS EAST CONFERENCE UNITED METHODIST CHURCH
UNION OF AMERICAN HEBREW CONGREGATIONS, MID-WEST COUNCIL
PRESBYTERY OF NORTHERN KANSAS, PRESBYTERIAN CHURCH USA
UNITED CHURCH OF CHRIST, KANSAS-OKLAHOMA DISTRICT
COMMITTEE ON WOMEN'S CONCERNS, SYNOD OF MID-AMERICA, PRESBYTERIAN CHURCH USA
UNITARIAN UNIVERSALIST, PRAIRIE STAR DISTRICT
NATIONAL FEDERATION OF TEMPLE SISTERHOODS
TOPEKA YOUNG WOMEN'S CHRISTIAN ASSOCIATION
UNITARIAN UNIVERSALIST SERVICE COMMITTEE
KANSAS EAST CONFERENCE, UNITED METHODIST CHURCH

Members of the Religious Coalition for Abortion Rights:

American Ethical Union	Committee of Women of Color Presbyterian Church (U.S.A.)
National Service Conference	Social Justice and Peacemaking Ministry Unit Presbyterian Church (U.S.A.)
American Ethical Union	Women's Ministry Unit Presbyterian Church (U.S.A.)
American Humanist Association	Union of American Hebrew Congregations
American Jewish Committee	Unitarian Universalist Association
American Jewish Congress	Unitarian Universalist Women's Federation
B'nai B'rith Women	Board for Homeland Ministries United Church of Christ
Division of Homeland Ministries Christian Church (Disciples of Christ)	Coordinating Center for Women United Church of Christ
Womaen's Caucus Church of the Brethren	Office for Church in Society United Church of Christ
Women in Mission and Ministry The Episcopal Church	Board of Church and Society United Methodist Church
Episcopal Urban Caucus	Women's Division Board of Global Ministries United Methodist Church
Episcopal Women's Caucus	United Synagogue of America
Federation of Reconstructionist Congregations and Havurot	Women's American ORT
Lutheran Women's Caucus	Women's League for Conservative Judaism
Northern Province The Moravian Church in America	Women's Rabbinic Network
NA'AMAT USA	YWCA National Board
National Council of Jewish Women	
National Federation of Temple Sisterhoods	
North American Federation of Temple Youth	



The logo of the Religious Coalition for Abortion Rights combines the symbols of two great religions. The Christian cross is made up of many branches rather than two strokes to represent the many sects of Christianity. Its lower branch is part of a menorah, symbol of the Old Testament, representing both the Jewish faith and the roots of Christianity. Resting on the base of three vertical bars (ancient symbol for an active intellect), the cross and menorah are intertwined to demonstrate the unity of purpose of the Coalition.

HOUSE FEDERAL AND STATE AFFAIRS

April 26, 1991

RELIGIOUS COALITION FOR ABORTION RIGHTS Attachment #18 - Page 3
EDUCATIONAL FUND

100 Maryland Avenue, N.E.

Washington, DC 20002

202/543-7032

RCAR IN KANSAS
1248 Buchanan
Topeka, KS 66604
913 354-4823

Once upon a time' is how most bedtime stories begin.

They lead children through a fairy tale world which ends "happily ever after." Unfortunately, grim reality prevents thousands of children from sharing this world of make believe.

INCEST

Despite a recent increase in awareness, child sexual abuse, and especially incest, is still "the silent crime"—its effects remain misunderstood and often unknown.

ALMOST 100,000 CHILDREN WERE REPORTED VICTIMS OF CHILD SEXUAL ABUSE AND INCEST IN 1982. The National Center on Child Abuse and Neglect (NCCAN) of the Department of Health and Human Services estimates that in 1982, 65,000 cases of child sexual abuse were officially reported to child protection service agencies throughout the nation. These cases involved as many as 98,000 children.¹

INCEST IS A GROSSLY UNDERREPORTED CRIME. The victims themselves often do not report the crime "because of ignorance, fear of reprisals by the perpetrator, (and) fear that their parents will blame them."² In the case of incestuous relationships, other family members may be aware of the abuse, but do not bring it to the attention of the authorities "for fear of social censure, public scrutiny, and removal of the family breadwinner."² For these reasons, the reported cases of child sexual abuse and incest represent only "the tip of an unfathomable iceberg."

ANYWHERE FROM 9% TO 52% OF WOMEN AND 3% TO 9% OF MEN WERE SEXUALLY VICTIMIZED AS CHILDREN. Although studies differ in the percentages they obtain, they all reveal that child sexual abuse is a major and prevalent social problem.

THE MAJORITY OF VICTIMS ARE ABUSED BY FAMILY MEMBERS AND FRIENDS, NOT STRANGERS. A study conducted by David Finkelhor of the Family Violence Research Program of the University of New Hampshire found that "75% of the experiences reported were with older persons known to the child. Forty-four percent were with family members, including uncles, grandfathers, brothers-in-law, fathers and brothers. Twenty-two percent were within the nuclear family, and 6 percent were with fathers and stepfathers."³

Since the perpetrator is usually a nonstranger, he can often have frequent access to the child. This means that the abuse can occur repeatedly and over a long period of time.

For some children the bedtime story is just the beginning of a nightmare.

CHILDREN FROM LOWER INCOME FAMILIES ARE MORE OFTEN VICTIMS OF SEXUAL ABUSE. In Finkelhor's study, girls from families with incomes of less than \$10,000 were two thirds more likely to be victimized than the average girl.

PREGNANCY CAN AND DOES OCCUR FROM INCEST AND OTHER FORMS OF CHILD SEXUAL ABUSE. An act of unprotected intercourse results in pregnancy about 4% of the time. But incestuous relationships involve repeated abuse and often repeated acts of intercourse. This frequency of abuse makes pregnancy much more likely. In a study of 237 female victims of sexual abuse, 12% became pregnant.⁴ 19% of the child victims in a 1963 sample became pregnant.⁵

Religious Coalition for Abortion Rights

Educational Fund, Inc.
100 Maryland Avenue, N.E. Washington, D.C. 20002
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RAPE

THE NUMBER OF RAPES REPORTED IN THE UNITED STATES IN 1982 REACHED 77,763. According to the FBI, approximately 65 out of every 100,000 women in the country were reported rape victims in 1982.⁶

THESE STATISTICS DO NOT EVEN BEGIN TO REFLECT HOW PREVALENT RAPE IS. Whether through fear of reprisals, shame or isolation, many rape victims do not report the crime to the authorities. Victims may also dread the possibility that their trauma might be compounded by the unwanted intrusion and sensationalism of a rape trial.

According to Dr. Menachem Amir's study, between 50% and 95% of rapes go unreported.⁷ A study of rape in San Francisco found that only one in 23 rapes in that city were reported to the police.⁸ It has been estimated that rape is so common that one in three women is likely to be raped during her lifetime.

AN ESTIMATED 32.2% OF RAPE VICTIMS ARE UNDER 20 YEARS OF AGE.⁹ Victims under 20 are also less likely to report the crime to the police.¹⁰

POOR WOMEN ARE MUCH MORE LIKELY TO BE VICTIMS OF RAPE THAN MORE AFFLUENT WOMEN. A 26-city survey conducted by the Department of Justice estimates that women with a family income of less than \$10,000 are 11 times more likely to be raped than women with a family income of \$25,000 or more.¹¹

MANY RAPE VICTIMS FACE UNWANTED PREGNANCIES. An act of unprotected intercourse results in pregnancy about 4% of the time. Rape is not an exception to this rule.

Pregnancy is less likely when the victim is administered a post-coital contraceptive. But the same feelings of fear, shame and isolation which prevent a woman or girl from reporting rape to the police may prevent her from seeking proper medical care. This greatly increases the risk of pregnancy. The claim that psychological trauma somehow prevents pregnancy is unfounded.

NOTES

1. "Profile of Child Sexual Abuse." NCCAN.
2. "Everything You Always Wanted to Know About Child Abuse and Neglect." NCCAN, p.9.
3. David Finkelhor. "Risk Factors in the Sexual Victimization of Children", in *Child Abuse and Neglect*, Vol. 4, p.266.
4. Vincent DeFrancis. *Protecting the Child Victim of Sex Crimes Committed by Adults*. Final Report. (Denver: The American Humane Association, Children's Division, 1969), p.164.
5. T. C. N. Gibbens and J. Prince. *Child Victims of Sex Offenses*. (London: The Institute for the Study and Treatment of Delinquency, October 1963), p.16.
6. Uniform Crime Reports, Federal Bureau of Investigation.
7. Menachem Amir. *Patterns in Forcible Rape* (Chicago: University of Chicago Press, 1971).
8. Diana E. H. Russell, Ph.D.. *Rape, Child Sexual Abuse, Sexual Harassment in the Workplace: An Analysis of the Prevalence, Causes, and Recommended Solutions*. March 1982, p.16. (Report provided by the National Center for the Prevention and Control of Rape, U.S. Department of Health and Human Services.)
9. M. Joan McDermott. *Rape Victimization in 26 Cities*. (U.S. Department of Justice, Law Enforcement Assistance Administration, National Criminal Justice Information and Statistics Service, 1979), p.5.
10. *Rape Victimization in 26 Cities*, p.46.
11. *Rape Victimization in 26 Cities*, p.10.

HOUSE F35A
4-26-91
#18 - PG 4

“There wasn’t any hope at all.” — The story of a sexually abused teen

By M.J. Burke

“Oh, I hated him so much, I was just afraid and ashamed to tell my mother.”

Fear and shame. For more than a dozen years they formed the fabric of two young girls’ lives as they were repeatedly raped and sexually abused by their stepfather.

Mary, who agreed to talk to The Journal on the condition that her real name not be used, finally summoned the courage this June to tell the Alexandria police about her stepfather’s “physical, mental and verbal” abuse of their Del Ray, Va., family.

Her stepfather, a 54-year-old printer who married her mother in 1972, pleaded guilty on Aug. 30 to two counts of raping Mary and her sister. The offenses he was convicted for took place in 1972 and 1974.

For their 12 years of horror, he has been sentenced to 12 months in jail. With good behavior in jail, Mary’s stepfather could be out on parole in eight months. He will be on probation for five years.

Timid and just over 5 feet tall, Mary, 27, spoke quietly through intermittent tears about her ordeal. A nervous, hedging laugh punctuated her narrative.

“It went on until recently. He (the stepfather) just had me so well trained that I didn’t put up a fight.” Smoking nervously, Mary told how her sister, even younger than herself, was forced to share Mary’s nightmare.

“Eventually, he started in on my sister. He started caressing her as soon as she came of age. She was 12 when he started on her.” She is now 24.

“A couple of times, he had us in bed together, and he would go from one to the other. There was nothing I could do. She was in the same mess that I was in . . . But whenever we’d say no or tell him it was wrong or we didn’t want to do it, he would hit us. He would beat us.”

When she was young, Mary said she strove to be as unappealing as possible. As other 14-year-olds primped, “I made myself as plain as possible and started gaining weight.”

“I started not wearing makeup. I stopped wearing clothes that revealed too much.

“That didn’t stop him either.”

Her stepfather preyed on the girls when their mother wasn’t around. He threatened them with beatings if they revealed their secret.

“My mother worked from 6 in the morning until 2 in the afternoon. During the school year, it would happen on the weekends. In the summer, it would be a lot

more frequent.”

Finally, the inevitable happened.

“When I first found out I was pregnant (at age 16), I told him I didn’t want to have his baby, and he beat me. He said, ‘You’re going to have this baby.’ So I had the baby.” Mary’s daughter is now 10.

“My sister had two abortions. She almost had a third, but it turned out to be a false alarm.

“At first, my mother didn’t know it was going on. When I got pregnant in 1974, I had never been on a date. I didn’t know any guys. It had to be him . . . I’ve never been on a date in my life. We were never allowed to have any friends . . . We had to be home from work by a certain time. We had to be in bed by a certain time.”

In a small house, however, the girls’ suffering could not continue forever—especially after Mary got pregnant—without their mother’s learning about what had taken place. Her husband, a heavy drinker who is now undergoing alcoholism counseling, cowed his wife as well.

“(He) was also abusive to her. She confronted him with it (the pregnancy), and he admitted it to her. She asked why he would want to have sex with a young girl. She asked if he would have sex with his own daughters. He told her that if he had to, he would.

“Then he told her if she tried to do anything about it, he would kill her . . . You would not believe some of the things he would think of to say to her. Her health is not the best. She has emphysema, she’s timid—like me—and she’s also scared to death of him. He had her trained like he had us trained.”

Since her stepfather’s arrest, Mary has attended regular family counseling sessions with her mother and sister, with whom she and her daughter still live.

“But we still haven’t gotten to the point where we can discuss it yet,” she said.

“That’s a family failing, I think. We never talk about anything. We always keep things secret, in the closet.

“He forced my (older) brothers out of the house when they were 15 and 16, and they were really living on the streets. I was afraid that would happen to me. I had a home, as such, I had a bed to sleep in. I could eat. I survived, and my brothers survived, but I don’t know which was worse.”

As for Mary herself, “I would take these last couple months of harassment (in her stepfather’s prosecution) over the last 14

years any day of the week. It’s not perfect, but it’s a hell of a lot better.”

Under a plea agreement struck between her stepfather’s defense attorney and city prosecutors, Judge Donald Haddock sentenced him to 12 months in the city jail and five years’ probation. Under Virginia law, he could have been sentenced to up to 40 years in prison for the convictions.

He must also complete a rehabilitation program for his “chronic, late-stage alcoholism”, as a medical witness at his hearing defined it. When released from jail, he must stay away from his family or face a five-year prison term.

Her stepfather’s sentence, Mary’s vindication, leaves her feeling dissatisfied.

“We didn’t want him sent to jail for (only) eight months. We wanted him sent away so he couldn’t bother us anymore. I’m positive he’s going to come back.

“The articles (on the court hearing) I saw were portraying him as a poor, sick broken old man. Like he was a victim . . . He belongs in prison, in an asylum, or dead.”

To others caught in a similar trap, especially children, Mary offered this advice:

“I would say that no matter how scared you are of the person, you need to tell a counselor at school, or go to the police. If your mother is as afraid of the person as you are, she won’t be able to help you, but there’s somebody out there who can.

“Go to anybody. I wish I had done it a lot sooner. It seemed sometimes there wasn’t any hope at all.”



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RCAR is comprised of 31 national religious organizations—Protestant, Jewish, and others. We hold in high respect the value of potential human life; we do not take the question of abortion lightly.

Because each denomination and faith group represented among us approaches the issue of abortion from the unique perspective of its own theology, members hold widely varying viewpoints as to when abortion is morally justified. It is exactly this plurality of beliefs which leads us to the conviction that the abortion decision must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from government interference.

HOUSE FEDERAL AND STATE AFFAIRS

April 26, 1991

Attachment #18 - Page 5

March 25, 1991

Jackson County Citizens for Choice was organized in November, 1989, for the purpose of educating the citizens of Jackson County about pro-choice issues. Although we do not have formal memberships, we have 50 registered voters on our mailing list, all of whom strongly support pro-choice legislation.

As one of the JCCC organizers, I am speaking on behalf of myself, my co-organizers, and those who support our cause. We would like to urge our legislators to use prudence, honor, fairness, and integrity when considering a parental notification bill.

Those of us who support pro-choice legislation are seeking many of the same outcomes as those who oppose abortion. Namely, we want to see teenage sexual activity reduced, the number of teenage pregnancies lowered, and the number of abortions reduced.

It has been well documented that today's young Americans are engaging in sexual activity at an alarming rate. Kansas teenagers are no less susceptible to this phenomenon. It is moot to discuss here the reasons why our young people are engaging in such activities. However, those of us in Jackson county who are opposed to a parental notification bill believe that education is the key to reducing sexual activity among teenagers and to lowering the number of abortions performed for Kansas teenagers. A parental notification bill serves no purpose except to punish young Kansas women by denying them safe choices.

As parents, most of us would like to believe that our daughters will come to us if they are in trouble. However, if our daughters become pregnant and choose NOT to come to us for any reason, wouldn't we rest easier knowing that they are in the safe care of a licensed physician?

Even if a parental notification bill contains a judicial bypass provision, such a bill will only put young Kansas women at risk. We must NEVER have any Becky Bells in Kansas.

Abortion must remain safe and legal for all women, regardless of whether they are under or over 18 years of age. The United States Constitution MUST support the rights of all women to be equal and to maintain control over their reproductive systems. Today I would like to challenge our Kansas legislators to play a leading role in protecting the rights of all American women.

The Jackson County Citizens for Choice strongly urge our Kansas legislators to support any legislation that educates young Kansas about human sexuality and its potentials hazards, and about birth control. We ask that you oppose any kind of parental notification bill.

Lynda Davis Moore
Co-Chairman
Jackson County
Citizens for Choice
HOUSE FEDERAL AND STATE AFFAIRS
April 26, 1991
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APPENDIX F

AMERICAN MEDICAL WOMEN'S ASSOCIATION POSITION STATEMENT ON ABORTION

(Approved by the American Medical Women's Association Board of Directors June 23, 1989, and accepted by the American Medical Women's Association House of Delegates October 27, 1989.)

The American Medical Women's Association, an organization of women physicians and medical students, values equality for women and equal opportunity for women to achieve their full professional and personal potential. AMWA also has a strong mission to support policies and programs that improve women's health. The Association has high respect for each member and her right to hold whatever moral, religious, and philosophical beliefs her conscience dictates, and to practice her profession and order her personal life accordingly.

In light of all those considerations, the American Medical Women's Association has adopted the position that the decision to continue or interrupt a pregnancy belongs to the pregnant woman, in consultation with her physician.

Pregnancy is a major medical event in the life of a woman. Pregnancy is a condition that involves medical risk for a patient, ranging from minor physical inconveniences to death itself. A pregnancy that is unintended or unwanted carries a greater medical risk for the woman, because neglected prenatal care results in higher rates of pregnancy-related disease and death. A pregnant woman's decision to complete or terminate a pregnancy is a medical issue, to be made in the privacy of the doctor-patient relationship. Every pregnancy taken to term requires high standards of prenatal care to assure the best possible outcome. Every pregnancy interrupted by abortion requires a procedure carried out by the appropriate technique under safe, sterile conditions, which will protect the health and future fertility of the patient.

Abortions will be chosen whether they are legal or illegal. When abortion was illegal in this country, it was brought about by dangerous, self-induced methods or by clandestine, often untrained, practitioners under unsterile conditions with no follow-up care. Many women suffered reproductive tract damage, infection, bleeding, permanent sterility, or death. Since the advent of legal abortion in the United States, there has been a marked decrease in all pregnancy-related deaths and an even greater drop in pregnancy and abortion-related complications.

The 1973 Supreme Court decision Roe v. Wade struck a fair balance between the responsibility of the state to protect a woman's right to make personal medical decisions and the responsibility of the state to protect the potentially viable third trimester fetus.

APPENDIX H

AMERICAN PSYCHIATRIC ASSOCIATION POSITION STATEMENT ON ABORTION

This statement was approved by the Assembly of District Branches at its October 15, 1978, meeting and by the Board of Trustees at its December 10, 1977, meeting. This final draft was drawn up by a subcommittee¹ appointed by the Reference Committee to collate an Area I Action Paper and information provided by the Committee on Women, the Council on National Affairs, the Council on Children, Adolescents, and Their Families, and the American Academy of Child Psychiatry.

THE EMOTIONAL CONSEQUENCES of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life. Pregnancy that results from undue coercion, rape, or incest creates even greater potential distress or disability in the child and the parents. The adolescent most vulnerable to early pregnancy is the product of adverse sociocultural conditions involving poverty, discrimination, and family disorganization, and statistics indicate that the resulting pregnancy is laden with medical complications which threaten the well-being of mother and

fetus. The delivery that ensues from teenage pregnancy is prone to prematurity and major threats to the health of mother and child, and the resulting newborns have a higher percentage of birth defects, developmental difficulties, and a poorer life and health expectancy than the average for our society. Such children are often not released for adoption and thus get caught in the web of foster care and welfare systems, possibly entering lifetimes of dependency and costly social interventions. The tendency of this pattern to pass from generation to generation is very marked and thus serves to perpetuate a cycle of social and educational failure, mental and physical illness, and serious delinquency.

Because of these considerations, and in the interest of public welfare, the American Psychiatric Association 1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice—psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications.

¹The subcommittee included Edward H. Futterman, M.D., chairperson of the Council on Children, Adolescents, and Their Families; James M. Stubblebine, M.D., chairperson of the Council on Mental Health Services; Harold M. Visotsky, M.D., chairperson of the Council on National Affairs (1975-1978); Jeanne Spurlock, M.D., staff liaison; and Jay Cutler, staff legal counsel.

APPENDIX J

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS STATEMENT OF POLICY

CONFIDENTIALITY IN ADOLESCENT HEALTH CARE

Adolescents tend to underutilize existing health care resources. *The issue of confidentiality has been identified, by both providers and young people themselves, as a significant access barrier to health care.*

Adolescents in the United States, while generally considered healthy, have a range of problems, including some of such severity as to jeopardize their development and health, their future opportunities and even their lives. To illustrate, there is an urgent need to reduce the incidence of adolescent suicide, substance abuse, and sexually transmitted diseases and unintended pregnancy.

As the primary providers of health care to adolescents, we urge the following principles for the guidance of our professional members and for broad consideration in the development of public policy:

1. Health professionals have an ethical obligation to provide the best possible care and counseling to respond to the needs of their adolescent patients.
2. This obligation includes every reasonable effort to encourage the adolescent to involve parents, whose support can, in many circumstances, increase the potential for dealing with the adolescent's problems on a continuing basis.
3. Parents are frequently in a patient relationship with the same providers as their children or have been exercising decision-making responsibility for their children with these providers. At the time providers establish an independent relationship with adolescents as patients, the providers should make this new relationship clear to parents and adolescents with regard to the following elements:
 - a. The adolescent will have an opportunity for examination and counseling apart from parents, and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider.
 - b. The adolescent must understand under what circumstances (eg, life-threatening emergency), the provider will abrogate this confidentiality.
 - c. Parents should be encouraged to work out means to facilitate communication regarding appointments, payment, or other matters consistent with the understanding reached about confidentiality and parental support in this transitional period when the adolescent is moving toward self-responsibility for health care.
4. Providers, parents, and adolescents need to be aware of the nature and effect of laws and regulations in their jurisdictions that introduce further constraints on these relationships. Some of these laws and regulations are unduly restrictive and in need of revision as a matter of public policy. Ultimately, the health risks to the adolescents are so impelling that legal barriers and deference to parental involvement should not stand in the way of needed health care.

Appendices

This statement was approved as policy by the following organizations in 1988:

- *The American Academy of Family Physicians*
- *The American Academy of Pediatrics*
- *The American College of Obstetricians and Gynecologists*
- *NAACOG—The Organization for Obstetric, Gynecologic, and Neonatal Nurses*
- *The National Medical Association*