

Approved \_\_\_\_\_ Date \_\_\_\_\_

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

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

1:30 ~~xxx~~ p.m. on Thursday, February 6, 1992 in room 519-S of the Capitol.

All members were present except:

Representative Joan Wagnon - Excused

Committee staff present:

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

Conferees appearing before the committee:

Chair Sebelius called the meeting to order, and announced the public hearing for the opponents of HB 2778.

David Hund gave testimony in opposition to HB 2778, Attachment #1.

Cleta Renyer appeared before the Committee as an opponent of HB 2778, Attachment #2.

Reverend Gary Brown testified in opposition of HB 2778, Attachment #3.

Barbara Mosher appeared as an opponent to HB 2778, Attachment #4.

Kerry Woodward came before the Committee as an opponent to HB 2788, Attachment #5.

Julie Ribelin appeared before the Committee in opposition to HB 2778, Attachment #6.

Paul Davis, M.D. gave testimony in opposition to HB 2778, Attachment #7.

Dr. Michael L. Peil appeared before the Committee in opposition to HB 2778, Attachment #8.

Mary Kay Culp testified in opposition to HB 2778, Attachment #9.

Pat Adair appeared before the Committee as an opponent of HB 2778, Attachment #10.

Robert Runnels gave testimony, Attachment #11, in opposition of HB 2778.

Dorothy Elder gave testimony, Attachment #12, urging the Committee to vote against HB 2778.

Kenda Bartlett appeared as an opponent of HB 2778, Attachment #13.

Craig Barbee presented to the Committee his testimony, Attachment #14, in opposition to HB 2778.

Billie Vining and Pat Turner appeared before the Committee as an opponents to HB 2778, Attachment #15.

Lori Dee McFerren testified against the passage of HB 2778, Attachment #16.

Michael McFerren presented testimony to the Committee, Attachment #17, in opposition to HB 2778.

Mike Stieben appeared before the Committee as an opponent to HB 2778, Attachment #18.

Father Regis Hickey came before the Committee as an opponent to HB 2778, Attachment #19.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

room 519-S, Statehouse, at 1:30 ~~xxx~~ p.m. on Thursday, February 6, 1992

Jennice Harrison testified before the Committee as an opponent to HB 2778, Attachment #20.

Kathryn Gardner gave testimony, Attachment #21, urging the Committee to vote against HB 2778.

J.E. Schneider from Manhattan appeared before the Committee as an opponent of HB 2778, Attachment #22.

Donald A. McKinney gave testimony, Attachment #23, opposing the passage of HB 2778.

Sherry Crow appeared before the Committee as an opponent of HB 2778, Attachment #24. She also read Kimberly Gates testimony, Attachment #25, opposing passage of HB 2778.

Dr. William McGuire read his testimony, Attachment #26, opposing favorable passage of HB 2778.

The following conferees submitted written testimony opposing the favorable passage of HB 2778, and deferred their times to the conferees listed above:

Representative Darlene Cornfield, Attachment #27

Dr. Carolyn Johnson, Attachment #28.

Dr. Thomas Van Geem, Attachment #29.

Robert Noxon, Attachment #30.

Donna L. Bogner, Attachment #31.

Byron G. Stout IV, Attachment #32.

Robert A. and Rhonda Coleman, Attachment #33.

Diana Conner, Attachment #34.

Nick Conner, Attachment #35.

Dr. Kimberly Pankow, Dr. Larry Pankow, and Dr. Ron Erken, Attachment #36.

M. Luhra Tivis, Attachment #37.

Bryan J. Brown, Attachment #38

Mark Severt, Attachment #39.

David W. Lee, Attachment #40.

Cathy Mowry, Attachment #41.

Diane Kolman, Attachment #42.

Connie K. Chapin, Attachment #43.

Gary J. Woodward, Attachment #44.

Chair Sebelius allowed Committee members time to ask questions of the conferees:

- To Reverend Gary Brown, it was asked if he opposed the use of birth control methods? He stated he believes a woman has a right to choose whether she wants to get pregnant or not, but once she is pregnant, that is a child.

Representative Darlene Cornfield read her testimony, Attachment #27, opposing the favorable passage of HB 2778.

Diana Conner read her testimony, Attachment #34, to the Committee opposing HB 2778.

Cathy Mowry appeared before the Committee as an opponent to HB 2778, and read part of her testimony, Attachment #41.

Dr. Paul Davis read Dr. Carolyn Johnson's testimony, Attachment #28, in her absence, opposing HB 2778. He also read a portion of Dr.'s Pankow, Pankow, and Erken's, testimony, Attachment #36, opposing HB 2778.

Chair Sebelius adjourned the meeting.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 2-6-92

(PLEASE PRINT)  
NAME

ADDRESS

WHO YOU REPRESENT

(PLEASE PRINT) NAME	ADDRESS	WHO YOU REPRESENT
Pamela Logan	Lawrence KS.	Inter Rep. James Howe
Tart R. Muel	Lawrence KS	Inter Rep Baker
Ethel Steichen	Manhattan	Doctoral Practicum/Glasscock
Susan Nohlf	Lawrence	R.H. Miller
Amy Dugas	O.P.	Sen. Langworthy
Kim Dyeis	Lawrence KS	Rep Sawyer
Rev Gary A Brown	KANSAS City KS	IXL Baptist Church
Ramon Brown	Ark City, Mo.	IXL Baptist Church
B.O. Vining	Paoli	RTH of KS
DALE VINING	HAUSY CENTER.	
Clara Remyer	Sabetha	RTH of Mo.
Constance J. Cole	Emporia	Modern Rep Ward
Kelly A. Kim	Manhattan	
Judy Woodward	Wichita	
Kerry Woodward	Wichita	
Jessie Harrison	Wichita	
Pat TURNER	900 Country Acres, Wichita	<del>RTH of Mo</del> <del>Back Center</del>
Byron G. Stant II	Andover, KS.	PRO-LIFE
BRET MUELLER	WICHITA KS	
JEFF DEMP	MANHATTAN	INTERN REP. MINOR
Jessie Fulton	8333 E Zimmedly Wichita	
David Fulton	Wichita	
CRAIG BARBEE	EMPORIA KS	EMPORIANS FOR LIFE
Teresa Tully	Conway Springs KS	Rural Families for Life Conway Springs KS
Kenda Balfelt	Leavenworth	CWA of KS
Mary Kay Culp	Lenexa, KS	KANSANS for Life + Life, Inc.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 2-5-92

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Gayle Osterberg		University Daily Kansan
Niana Katmon	Beloit	self
Jane Mc Cleave	Glou. Code	self
Connie K. Kasper	Beloit	self
Betty Nancy	Deane	self + KS Now
Marian Davis	Overland Park KS	N.O.W.
Kim Leach	Pomona KS.	
Matthew R. Weidl	Ottawa	Self
Milt Bulala	Ottawa	self
Jonica Salvini	Ottawa University	self
Cindy Tinsley	Ottawa University	self
Kellynda Holmes	Liberal	Legislature
Jim Beadle	DeSoto KS	city of DeSoto KS
Tony Simmons	Manhattan KS	
Glenna Borho	Pratt	
Michael F. Higdon	Pomona, KS	Self
Adolphus C Lacey	Ottawa, KS	Self
Ariel Klein	Paola, KS	Kansans For Life
Matt Tills	Topelca, KS	
Justine Crawford	Manhattan, KS	K-State Voices for Choice
Jennifer Crawford	Manhattan, KS	Flint Hills Coalition for Choice
Molly O'Neal	Manhattan, KS	Students for Choice
Stacy LaMaster	Manhattan, KS	K-State Voices for Choice
Jenna Robinson	Manhattan, KS	K-State Voices for Choice
Janet Balk	Manhattan, KS	Students for Choice
Emma Wigglesworth	Manhattan, KS	Students for Choice



D. Emd

6 February 92

I, first of all, want to thank the Chairperson and the members of this committee for allowing all of us today to do something that is very important and very needed -- and that is letting the people speak.

I want you to know that I would not be classified as a fanatic. I am not involved demonstrations, disruptions or anything of the sort. As a matter of fact, today is the first time I have ever done anything like this.

The people with me today are not members of any organization or formal movement. We are from Paxico and Alma, Kansas and would just like to let the members of this committee know how we feel about House Bill 2778.

It is our opinion that a bill should not be submitted, let alone passed, primarily as a future plan just in case another law is declared unconstitutional. We feel that House Bill 2778 is a way to have something in place just in case Roe versus Wade is overturned or severely altered. There already is Kansas law that would become operative if that were to happen.

We all know very well the arguments, both for and against, regarding the abortion issue. We read about them every day. I do not feel that this is the time or the place for arguments. I do, briefly, want to express my feelings as to why House Bill 2778 should not be brought to the full house or sent to the Senate.

First of all, you as committee members and I as an individual are not God. It is not the right of the politician to determine if a conceived baby is "viable" or not. Many, many children needed "extraordinary medical measures" applied once they were outside the womb. And these children have survived to become very productive adults. Perhaps, they were lucky that someone far away didn't decide that they weren't viable.

Secondly, while this bill gives the appearance of prohibiting abortions on "certain minors", we all know that 16 year old girls and under make up a very minute percentage of the people who seek abortions. If abortion is so bad, according to this bill, for 16 year old girls, then it is equally as bad for other women too.

Finally, I object to perhaps what is the real reason for this bill. 99 out of the 200 lines in this bill, 50%, deal with restricting and punishing people who disagree with the opinion of the writer of this bill. To spend so much time trying to make sure that one side of the abortion argument is quieted is, in my mind,

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Attachment # 1

unfair and highly manipulative. It is not as if this bill was restricting and punishing both sides. Rather, it is designed to allow only those who approve of abortion to make their feeling known. I believe this would be an injustice imposed by House Bill 2778.

Members of this Committee, I thank you for the time to let me speak to you. I ask that you honestly reflect on what House Bill 2778 is trying to accomplish and urge you to oppose this bill. Thank you.

1992 Kansas House Bill 2778  
Thursday, February 6, 1992

Chairperson Sebelius, members of the committee, my name is Cleta Renyer, lobbyist for the Right to Life of Kansas. I am testifying against H.B. 2778 as a whole. There are four parts I would like to elaborate on.

Section 1(a) is leaving an opening for the introduction of the new French drug RU-486 as well as protecting other known abortifacients. In an article written by German Nobert Martin entitled "Like the Invention of the Atom Bomb," in Germany in 1989, he compared the transition from surgical abortion to a pill to the leap from conventional warfare to nuclear warfare. Killing would become easy - just take a pill. With this, our reluctance to kill will diminish. That represents a quantum leap in horror, the advent of "nuclear war" on the unborn in terms of the massive scale on which they will be killed and the ease with which we kill them.

Section 1(c) brings up the subject of viability, a much heralded term. I will explain the objection to viability by quoting ex-abortionists, Dr. Bernard Nathanson, now famous for his study of Fetology. He says, "Viability is the current reflection of medical achievement and is too evanescent to deal with such a fundamental issue. An infant could be viable in New York City but not in Bangladesh. Everything is potentially viable; there are only limits of technology to overcome. The lines are shifting, and they will shift to earlier and earlier points. In the future, artificial incubation may make Alpha (baby) viable at any time in pregnancy. The whole concept of viability is currently in danger of obsolescence; one might even say that the concept itself is not viable."

We fought for parental notification last year. Why is it so hard to make lawmakers understand that parents need to be responsible in all aspects of their childrens lives. They can't be responsible if the child or teenager goes to an outsider and they decide to tell the parents or just have an abortion. This is putting state controlled agencies ahead of families. I contend that the poorest of mothers will be 50 times better than "Mother State."

Starting with Section 4, this bill is to stop what happened in Wichita last summer. I wonder where the Civil Rights Movement would be today if they slapped all of these rules and fines on the protestors in the 60's. I am sure it was eye opening to Kansas as a whole to witness what happened. A lot of grass roots, uniformed Kansans were horrified to find out that Kansas is not only known for producing wheat but is also the late-term abortion capital of the United States.

House Federal 3rd Staff Office  
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Attachment # 2



I am also sure it was an eye-opener for choice people to see grass root Kansans put their jobs and reputation on the line to stop the killing. These pro-lifers truly believe what Jesus taught. "Whatsoever you do to the least of my brothers you will do unto me." And these little unborn bothers and sisters are the very least and have no voice for choice. They only have us.

I urge you to please not pass this bill out of committee.



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## 26 Million Abortions in U.S. from 1973 through 1990

There have been an over 26 million abortions since the U.S. Supreme Court legalized unrestricted abortion on January 22, 1973.

The following statistics are taken from an article published by the Alan Guttmacher Institute, special research affiliate of the Planned Parenthood Federation of America--the nation's largest provider and promoter of abortion.

The figures for 1989 and 1990 are estimates based on the trends from previous years. Although the Guttmacher Institute acknowledges a 6% underreporting, the following estimate of 26 million takes utilized only 3% underreporting.

<u>Year</u>	<u>Annual Number of Abortions</u>
1973	744,600
1974	898,600
1975	1,034,200
1976	1,179,300
1977	1,316,700
1978	1,409,600
1979	1,497,700
1980	1,553,300
1981	1,577,300
1982	1,573,900
1983	1,575,000
1984	1,577,200
1985	1,588,600
1986	1,574,000
1987	1,559,100
1988	1,590,800
1989	1,600,000 (estimated)
1990	1,600,000 (estimated)
subtotal	25,450,500
plus adjustment for 3% underreporting	<u>763,515</u>
grand total	26,214,015 abortions, 1973 through 1990

Sources: 1973-1988: Stanley K. Henshaw, et al., "Abortion Services in the United States, 1987 and 1988," *Family Planned Perspectives*, vol. 22, no. 3 (May/June 1990), p. 103.

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HOUSE BILL NO. 2778  
COMMITTEE ON FEDERAL AND STATE AFFAIRS  
CHAIRWOMAN REP. KATHLEEN SEBELIUS D-TOPEKA

CHAIRWOMAN, MEMBERS OF THE COMMITTEE,

I FIRST WANT TO INTRODUCE MYSELF, I'M REV. GARY A. BROWN. I'M PASTOR OF IXL BAPTIST CHURCH JUST OUTSIDE OF ARKANSAS CITY IN THE SOUTHERN PART OF OUR GREAT STATE OF KANSAS. I WOULD LIKE YOU TO KNOW FIRST OF ALL THAT I LOVE KANSAS. KANSAS HAS BEEN MY HOME FOR ABOUT 39, OF MY NEAR 45 YEARS. I GREW UP IN WICHITA, WHERE I ATTENDED WICHITA HIGH SCHOOL SOUTH, CLASS OF THE GREAT YEAR OF '65. YOU CAN ASK ANYONE FROM MY CLASS, '65 WAS A GREAT YEAR.

I LOVE KANSAS AND THE PEOPLE OF KANSAS. IF I WERE ABLE TO CHOOSE ANYWHERE IN THE WORLD TO LIVE, I WOULD PICK KANSAS. DEEP IN MY HEART KANSAS IS MY HOME. GOD HAS BEEN GOOD TO ME AND ALLOWED ME TO RETURN TO KANSAS AFTER A SHORT STAY IN OKLAHOMA. KANSAS IS THE BIRTH PLACE OF MY TWO WONDERFUL DAUGHTERS, AND THE BIRTH PLACE OF THE GREATEST GRANDSONS IN THE WORLD, MY GRANDSONS. I HAVE A REAL INTEREST IN KANSAS. I LOVE THE PEOPLE OF KANSAS AND BELIEVE THAT GREAT LEADERSHIP FOR KANSAS WILL COME FROM PEOPLE WHO, LIKE YOU AND ME, REALLY LOVE KANSAS.

I FEEL THAT TODAY I AM A VOICE FOR A GREAT MANY PEOPLE. PEOPLE WHO ARE A PART OF THE HEARTLAND SO MANY TALKED ABOUT THIS PAST SUMMER. WE ARE A PEOPLE WHO DIDN'T COME FROM OUT OF STATE FOR JUST A SHORT TIME, BUT ARE A PEOPLE WHO LIVE, WORK, SHOP, AND EVEN VOTE HERE IN OUR HEARTLAND. WHEN ONE TALKS ABOUT GRASS ROOTS, WE ARE THOSE GRASS ROOTS PEOPLE. WE ARE A PART OF THE SOLIDNESS THAT KEEPS AMERICA STRONG. A PEOPLE WHO LOVE KANSAS, FOR ALL IT'S WORTH.

THE EVENTS OF THIS PAST SUMMER HAS BROUGHT THE ABORTION ISSUE TO THE FRONT PAGE OF MANY A NEWSPAPER. IT HAS CAUSED GREAT DEBATES BETWEEN THE PRO-LIFE GROUPS AND THE PRO-CHOICE GROUPS. IT HAS CAUSED THE COURTS TO LOOK AGAIN AT PAST RULINGS, AND IT HAS CAUSED THE LEGISLATURE OF MANY STATES TO WORK HARD ON PASSING NEW BILLS. THE EVENTS HAS TRUELY BROUGHT THE ABORTION ISSUE TO BECOME AN INESCAPABLE ISSUE. I BELIEVE HOUSE BILL NO. 2778 IS A DIRECT RESULT OF THE EVENTS OF THIS PAST SUMMBER. WE CALLED FOR ACTION FROM OUR LEGISLATURES, AND NOW WE MUST REVIEW WHAT WAS BORN FROM THIS COMMITTEE. NOW WE MUST LISTEN TO VOICES OF THE PEOPLE, AND WE MUST ASK OURSELVES, "IS THIS BILL WHAT IS BEST FOR KANSAS?" THE MAJORITY OF THOSE I HAVE SPOKEN WITH DO NOT BELIEVE THIS BILL IN IT'S PRESENT FORM IS WHAT'S BEST. WE FEEL THAT THERE ARE FAR TOO MANY UNANSWERED QUESTIONS, AND TOO MANY AREAS THAT ARE NOT ADDRESSED AT ALL. LET'S WITH OPEN HEARTS AND MINDS INSPECT THIS BILL AND MAKE THE CHANGES NECESSARY TO BRING ABOUT A UNITY FOR THE GREAT PEOPLE OF KANSAS. LET'S NOT DRIVE A DEEPER WEDGE INTO THE HEARTLAND OF AMERICA. LET'S DO WHAT'S BEST FOR THE PEOPLE OF KANSAS.

OUR PAPER BACK HOME TITLED THIS BILL AS "TOUGHER ABORTION LEGISLATION", YET IN REVIEWING IT I FOUND IT NOT TO BE SO. I BEGAN TO ASK QUESTIONS THAT NO ONE SEEMED TO BE ABLE TO ANSWER. QUESTIONS LIKE: AT WHAT POINT IN THIER GROWTH DO THESE BABIES

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Attachment 3

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BECOME VIABLE? AT WHAT AGE WOULD EXTRAORDINARY MEDICAL MEASURES NOT BE NEEDED FOR THEM TO LIVE OUTSIDE THE UTERUS? WOULD THAT BE 13 WEEKS, OR 26 WEEKS, OR 30 WEEKS? WILL WE STILL ALLOW ABORTION ON DEMAND FOR ANY REASON, EVEN IF IT'S JUST THE WRONG SEX, EVEN UP UNTIL THE 7TH MONTH?

THIS BILL EVEN ALLOWS ABORTIONS TO BE PERFORMED IN THE 9TH MONTH WHEN THE PHYSICIAN DETERMINES IT NECESSARY. I BELIEVE IN PROTECTING THE LIVES OF THE MOTHERS, BUT NOT ALLOWING ABORTIONS TO BE PERFORMED BECAUSE ALL OF A SUDDEN THE MOTHER THINKS THAT HER MENTAL HEALTH MIGHT BE AFFECTED. UNSURE THAT SHE WOULD BE ABLE TO HANDLE A NEW BABY EMOTIONALLY.

I ALSO WONDER HOW SERIOUS A DEFORMITY MUST BE TO CAUSE THE ABORTIONIST TO ADVISE THE NEW MOTHER TO ABORT HER OFFSPRING? HOW WILL THIS ABORTIONIST KNOW THE EXTENT OF DEFORMITY, OR ABNORMALITY. HOW WILL THEY KNOW IF THE CHILD WOULD NOT GROW UP TO BE A HEALTHY, PRODUCTIVE, PERSON? ONE WHO MAY UNLOCK SOME SECRETS OF LIFE?

MY YOUNGEST DAUGHTER WAS IN GERMANY WITH HER HUSBAND, WHO IS SERVING THIS GREAT LAND IN THE U.S. ARMY, WHEN SHE GOT PREGNANT WITH MARK ALLEN. A COUPLE OF TEST TOLD THE DOCTORS THERE THAT THERE WAS A DEFORMITY, AND THIER FIRST ADVISE WAS TO HAVE IT ABORTED. THEY WERE READY THE DAY THEY BROKE THE NEWS TO HER AND MY SON-IN-LAW TO PERFORM THE ABORTION, AND REALLY ENCOURAGED IT TO BE DONE NOW. THEY CHOSE LIFE AND THEN RETURNED TO THE UNITED STATES WHERE THEY WERE ABLE TO RECIEVE THE CARE THEY WOULD NEED FOR THE HEALTH OF BOTH THE MOTHER AND THE BABY. MY GRANDSON WAS BORN LAST JANUARY WITH A DEFORMITY THAT MAY NEVER ALLOW HIM TO WALK WITHOUT HELP, YET WHAT A BLESSING THEY WOULD HAVE MISSED HAD THEY TAKEN THE ADVISE OF THE GERMAN DOCTORS. WHAT A BLESSING WE WOULD HAVE MISSED OUT ON, AND ALL THOSE WHO COME IN CONTACT WITH MARK ALLEN. OUR CHURCH WHERE WE SERVE, AND MANY OTHER CHURCHES THAT HAVE LIFTED HIM UP IN THIER PRAYERS, WOULD HAVE MISSED OUT ON SEEING HOW GOD CAN WORK IN THE LIVES OF PEOPLE, WHEN GOD'S PEOPLE REALLY PRAY. WHAT A BLESSING WE WOULD HAVE MISSED OUT ON THIS LAST YEAR WATCHING A NEW LIFE LEARN ABOUT THE WORLD AROUND HIM. THE VICTORIES THAT HAD BEEN WON ON A DAILY BASIS.

YOU SEE WE ARE NO STRANGERS WHEN IT COMES TO A CHILDREN WITH SPECIAL NEEDS. MY WIFE HAD DEDICATED HER LIFE TO WORKING WITH CHILDREN WITH SPECIAL NEEDS IN THE WICHITA PUBLIC SCHOOLS. HER DESIRE WAS CUT SHORT WHEN AN INJURY DID NOT ALLOW HER TO RETURN TO THE JOB SHE LOVED MOST. MY DAUGHTER AND GRANDSON HAVE LIVED WITH US THIS LAST YEAR WHILE MY SON-IN-LAW WAS AT FT. RALEY. THEY WERE UNABLE, UNTIL THIS MONTH TO FIND BASE HOUSING. SO WE HAVE BEEN A PART OF THE VICTORIES OVER THIS LAST YEAR. AND WE'RE JUST WAITING TO WITNESS WHAT GOD HAS IN STORE FOR MARK IN THE DAY THAT LIE AHEAD.

LET ME CALL YOUR ATTENTION TO PAGE 2, LINE 12. WE SEEM TO BE INCONSISTENT IN KANSAS WHEN IT COMES TO WHAT IS A MINOR. WHEN IT COMES TO THE PURCHASE OF CIGARETTES A MINOR IS DEFINED AS ONE WHO IS 18. THE PURCHASE OF LIQUOR ONE MUST BE 21. FOR A PERSON TO GET MARRIED WITHOUT PARENT APPROVAL THEY MUST BE 18. A 17 YEAR OLD COULD NOT EVEN GET THEIR EARS PIERCED WITHOUT

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PERMISSION, YET THIS BILL WOULD ALLOW THAT SAME 17 YEAR OLD TO RECIEVE AN ABORTION WITHOUT COUNSELING, WITHOUT PARENT APPROVAL, EVEN WITHOUT THE PARENT EVEN BEING CONTACTED. IT EVEN ALLOWS GIRLS YOUNGER THAN THAT TO RECIEVE AN ABORTION UPON DEMAND BY SPENDING A FEW MINUTES WITH SOMEONE THEY DON'T EVEN KNOW, NOR WHO KNOWS THEM. TO HAVE OR NOT TO HAVE AN ABORTION IS, AT BEST, A TOUGH DECISSION TO MAKE ON YOUR OWN WITHOUT SOMEONE THERE WHO KNOWS AND CARES FOR YOU. HOW WILL WE BE ASSURED THAT THE COUNSELOR WILL HAVE THE BEST INTEREST OF THE TEENAGER IN MIND, AND NOT THE BEST INTEREST OF THEIR EMPLOYER.

THIS BILL DOES NOT ALLOW FOR ANY WAITING TIME FOR THE MINOR TO THINK ABOUT WHAT THE COUNSELOR HAS TALKED ABOUT. THE MINOR COULD BE COUNSELED IN ONE ROOM OF THE ABORTION CLINIC, BY A COUNSELOR WHO IS BEING PAID BY THE ABORTIONIST, AND THEN ENCOURAGED TO HAVE THE ABORTION AND HAVE IT TAKEN CARE OF QUICKLY. THEN MOVED INTO ANOTHER ROOM FOR THE ABORTION, ALL WITHIN HOURS. THERE ARE NO PROVISIONS FOR A SECOND OPION. THE COUNSELOR, BY YOUR DEFINITION, COULD BE ANYONE OFF THE STREET AS LONG AS THEY WERE UNDER THE SUPERVISION OF A NURSE, EVEN IF THAT NURSE WAS EMPLOYED BY THE ABORTIONIST.

THERE IS NO PROVISION IN THIS BILL FOR PARENTAL NOTIFICATION OR CONSENT. YET IT HAS BEEN PROVEN THROUGH RESEARCH THAT MOST AMERICANS WOULD FAVOR IT. NBC NEWS/WALL STREET JOURNAL POLL, JULY 1990 SHOWED THAT 75% WOULD FAVOR A LAW THAT REQUIRES NOTIFYING PARENTS PRIOR TO AN ABORTION FOR A GIRL UNDER THE AGE OF 18. THAT NUMBER JUMPS TO 83% WHEN THE PROPOSED LAW REQUIRES ONLY ONE PARENT'S APPROVAL. RESEARCH PROVIDED BY ROPER CENTER FOR PUBLIC OPINION RESEARCH, UNIVERSITY OF CONNECTICUT.

IN MINNESOTA THEY PASSED A PARENTAL NOTIFICATION LAW IN 1981. SEN. GENE WALDORF, (D. MINN.) REMINDED THE LEGISLATURES THAT "AN ABORION IS AN OPERATION". PRIOR TO 1981 THE RATES FOR BOTH TEEN PREGNANCY AND ABORTIONS IN MINNESOTA HAD SKYROCKETED. FROM 1975 TO 1980, PREGNANCIES FOR 10-17 YEAR OLDS HAD SHOT UP 22 PERCENT, WITH ABORTIONS UP A STAGGERING 71 PERCENT. AFTER THE PARENTAL NOTIFICATION LAW WENT INTO AFFECT, THE NUMBER OF TEEN PREGNANCIES AND TEEN ABORTIONS FELL DRAMATICALLY. FROM 1981 TO 1986, TEEN PREGNANCIES DECLINED 20 PERCENT, WHILE ABORTIONS FELL BY 27 PERCENT. EVEN WITH THIS INFORMATION AS REPORTED BY USA TODAY THERE ARE SOME WHO STRONGLY OPPOSE ANY PROVISIONS FOR PARENTAL NOTIFICATION. PLANNED PARENTHOOD IS ONE OF THE MORE VOCIAL ORGANIZATIONS. MY QUESTION WOULD BE WHY ANYONE WOULD BE APOSED TO ANYTHING THAT WOULD HELP BRING DOWN TEENAGE PREGNANCIES, AND TEENAGE ABORTIONS?

I CALL YOUR ATTENTION BACK TO PAGE ONE, LINE 37. EVEN WHEN WE WERE VOTING ON LIQUOR BY THE DRINK THE LEGISLATURE ALLOWED EACH COUNTY TO DETERMINE THIER MORAL STAND IN THE ISSUE AND TO ALLOW, OR NOT TO ALLOW, LIQUOR BY THE DRINK IN THIER COUNTY. BECAUSE OF THE COMPLEX MAKE UP OF OUR STATE FROM ONE COUNTY TO ANOTHER, HOW CAN WE TAKE AWAY THE COUNTY'S RIGHTS TO LEGISLATE THIER OWN MORAL STAND. PLEASE DON'T TAKE THAT RIGHT AWAY FROM US.

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YOU HAVE MADE IT CLEAR THE MINIMUM SENTENCE FOR ONE WHO IS TRYING TO BRING ATTENTION TO AN INJUSTICE THEY FEEL IS GOING ON, AND TO SOME EXTENT THE MINIMUM FINES AND HOUSE ARREST SEEMS TO BE A LITTLE HARSH. YET ON THE OTHER HAND AN ABORTIONIST WHO WILLFULLY DISREGARDS THE GUIDE LINES OF THIS BILL, AND DOES ABORTIONS OUTSIDE THOSE GUIDE LINES, IS GUILTY OF A CLASS A MISDEMEANOR, WITH NO RECOMMENDATION FOR SENTENCE. NO MATTER HOW MANY TIMES HE IS IN VIOLATION. THERE ARE NO PROVISIONS FOR COUNSELORS WHO WILLFULLY AND KNOWINGLY CONVINCE GIRLS THAT ABORTION IS THE ONLY WAY OUT, AND PERSUADE THEM TO KEEP THIS A SECRET FROM THEIR PARENTS.

I PERSONALLY BELIEVE THAT ABORTION IS WRONG. I BELIEVE THAT ABORTION IS ONLY THE LAST STEP TAKEN TO SAVE THE LIFE OF THE MOTHER, AND THERE ARE MANY OTHERS IN THE FIELD WHERE I LIVE THAT FEEL THE SAME WAY. IF A VOTE WERE TAKEN I BELIEVE THAT THE MAJORITY OF KANSANS WOULD OPPOSE A BILL THAT ALLOWED ABORTION ON DEMAND, AS THIS BILL DOES. MOST WOULD BE AGAINST HAVING ABORTIONS JUST BECAUSE THE SEX OF THE CHILD IS WRONG, OR THAT HAVING A BABY AT THIS TIME WOULD BE WRONG BECAUSE OF THIER CAREER. I BELIEVE THAT WOMEN HAVE THE RIGHT TO CHOOSE IF THEY ARE TO GET PREGNANT, AND THERE ARE MANY BIRTH CONTROL METHODS ON THE MARKET. I DON'T FEEL THAT ABORTION SHOULD BE LISTED AS ONE OF THOSE METHODS OF BIRTH CONTROL, YET WE FIND THIS TO BE TRUE ON A DAY BY DAY BASIS.

CURRENTLY KANSAS ABORTION LAWS ARE AMONG THE MOST LIBERAL IN THE NATION. IT APPEARS THAT THE FEDERAL GOVERNMENT IS RETURNING THIS RESPONSIBILITY FULLY BACK TO THE STATES AS IT APPEARS THAT THE COURT'S LANDMARK "ROE VS. WADE" DECISION IS ABOUT TO BE OVERTURNED. MY PRAYER IS THAT KANSAS WOULD TAKE SOME TIME TO LISTEN TO THE CRY OF THE PEOPLE, AND HELP BRING AN END TO THE 4000 PLUS ABORTIONS A DAY GOING ON IN OUR COUNTRY. I WOULD PRAY THAT WE WOULD BECOME RESPONSIBLE ENOUGH TO BRING TOUGHER LEGISLATION, AND LEAD OUR COUNTRY BACK TO BASIC RIGHTS, EVEN FOR THE UNBORN CHILDREN. I WOULD ASK THIS COMMITTEE THAT THEY WOULD REVIEW THIS BILL AND RECONSIDER SOME PARTS TO BRING THE PEOPLE OF KANSAS CLOSER TOGETHER, NOT FARTHER APART. PLEASE TAKE TIME TO READ IT ONE MORE TIME AND TRUELY ASK YOUR SELF IF THIS IS THE BILL THAT IS BEST FOR ALL OF KANSAS. THINK AGAIN IF IT IS IN TUNE WITH WHERE A MAJORITY OF KANSANS ARE ON THIS ISSUE. THINK AGAIN ABOUT THE LIFE, SO PRECIOUS, YET TO BE BORN. I WEAR THE PRECIOUS FEET THAT HAVE BECOME THE SYMBOL OF THE UNBORN CHILDREN, AND A RED RIBBON. THE FEET REMIND ME OF THE CHILDREN, AND THE RIBBON REMIND ME OF THE CHRIST I SERVE, WHO SHED HIS BLOOD FOR ALL, EVEN FOR THE UNBORN CHILD. WE MUST BE REMINDED THAT "ABORTION STOPS A BEATING HEART."

THANK YOU FOR YOUR TIME IN THIS MATTER.

IN CHRIST  
REV. GARY A. BROWN

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Headlines are made when a small plane goes down and three people are killed. Why have we not been kept current in regards to the more than 25 million babies that have been killed. Multiply those abortions by \$300.00 for an early abortion to \$3,000 for a late-term third trimester abortion and I think you can see the real reasoning behind the doctors who perform these atrocities. How can we keep allowing this to continue.?

Page 1, line 24 of House Bill 2778 tells us we should let an abortionist decide at which stage a baby is viable. That is ridiculous. As I said before, who is making the money and profiting in this situation. Just last July, only 60 miles away at Humana Hospital in Kansas City there was an 11 ounce baby girl born...yes, just 11 ounces. Her doctor said, "She was so small and so immature that she challenges what is commonly thought about the viability of premature birth." New scientific facts are coming to light each day. This child has broken records that haven't even been set yet. How can we believe that an unborn baby is but a clump of cells??

Page 1, lines 42 and 43 want us to kill a baby because it would have some physical or mental defect. This is taking the place of God. In the year 1770, a woman with tuberculosis was pregnant with her FIFTH child. Her husband had syphilis. Their first child was born blind. Their second child died. Their third child was born deaf. Their fourth child had tuberculosis. Would you consider this lady a good candidate for an abortion by today's standards? Needless to say, there was no abortion and Ludwig Van Beethoven was born. I wonder how many presidents we have killed. I wonder how many great scientists we have killed. I wonder how many great mathematicians we have killed. I wonder how many great men of God have been killed. When will we tire of supporting the people that want to play God...only, if they were really playing God, there would be no shedding of innocent blood. God is a God of LIFE.

EVERY abortion KILLS an INNOCENT human being.

This bill MUST NOT PASS.

Barbara  
m.

House Federal State Affairs  
February 6, 1992  
Attachment #4

TO: The Committee on Federal and State Affairs  
FROM: Kerry L. Woodward  
RE: House Bill No. 2778  
DATE: February 6, 1991

My name is Kerry Woodward. I am a resident of Wichita, my hometown. I graduated from Kansas State University with a Bachelor of Science degree in Music Education. I have eight years of teaching experience in a variety of public schools. I have taught K - 12 grades vocal music. Presently, I teach private piano lessons from my home and am a full time homemaker.

I am very opposed to every section in House Bill No. 2778. I would like to specifically address Page 3, Section 4, line 34 where it reads "trespassing on the facility or the common areas of the real property".

When the abortion provider refuses to supply full and complete information to patients considering an abortion I believe I not only have the right, but the responsibility to provide her with this vital information.

In July of this past summer, I volunteered my time to go to an abortion facility to give information to women experiencing a crisis pregnancy. This information was in the form of a pamphlet which gave information about services provided, free of charge, at a local crisis pregnancy center. Among services offered are: maternity and baby clothes, diapers, baby beds and even housing for women experiencing a crisis pregnancy.

After the abortion facility closed I had an opportunity to visit with one of the nurses that was employed at the abortion facility. I asked her if she would consider placing these brochures in the lobby of the abortion facility so that women could be informed of all of their options and support services citizens in our community were willing to provide.

The nurse laughed and said it was against their policy because it was a conflict of interest. I believe the name of the nurse was Betty

The abortion industry will not provide complete information about organizations that will give prospective patients the real options to a crisis pregnancy they are looking for.

I urge you to vote against H.B. 2778 and pass legislation that will protect women and their preborn babies from the exploiting business of abortion.

I would also like to submit the 1992 Signature Ad from the Wichita Eagle, Sunday, January 19 containing the name of 10,300 citizens.

Respectfully submitted,

*Kerry L. Woodward*

Kerry L. Woodward  
1712 N. Hood  
Wichita, KS 67203  
316-264-3599

*House Federal & State Affairs  
February 6, 1992  
Attachment #5*



Why are we allowing women to be victimized by abortionists? Why are we allowing innocent children to be murdered by greedy "doctors"? We need to stop these senseless crimes and stand up for these victims. An article I read by Callista Gould exemplified these crimes.

Rosa Rodriguez was carrying a 32-34 week old child in her womb. She felt she had no other choice but to abort her child being a single mom with a two-year-old daughter already at home. Once she arrived and the process had just barely began, she told the abortionist that she had changed her mind. She was told that it was impossible to stop and that she had to continue. She was then held down by two of the abortionists assistants while her feet were clamped into stirrups, she was sedated, and more of a drug to dilate her cervix was intravenously administered to her. When Rosa came to, she was shown to a bathroom where she could wipe the blood off of her legs with the smock she was wearing. She was then informed that her abortion was "incomplete" and she would have to come back again the next day. The clinic then sent her home in her own bloody shirt. She was given specific instructions not to seek medical attention should she have any pain, just contact the abortionists assistant, she was told. Later that evening she did start to experience pain and called the abortionists assistant and was told it was normal and that it would go away. The pain did not go away, and five hours later she delivered a precious baby girl without her right arm.

What do we say to a little girl who was perfectly formed and then maimed for money? What do we say to a women who was victimized by a "doctor" who was responsible for her well-being as well as that of her unborn child? What do we say to a little girl who asks why it was legal for her mother to hire an abortionist to kill her? What do we say to Rosa and Ana Rodriguez?

The killing must stop. This bill must not pass.

Julie A. Ribelin

Julie A. Ribelin

Rt 1 Box 71A

Hoyt, KS

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House Federal State Affairs  
February 6, 1992  
Attachment # 6

Honorable Committee Members:

I and many others have taken the time to come before this notable group with the fervent hope that our representatives to our legislature adhere to the ethic of keeping an open mind to all arguments before making decisions that affect their constituents. I don't relish your job, and I appreciate your sincere attention.

As a family physician who has performed numerous abortions and has been a strong proponent of that right in past years, I feel that I have a fair understanding of both arguments. However I must tell you that it was my involvement in a 22-week abortion that caused me to rethink the validity of abortion as a solution to crisis pregnancies. I've enclosed a brochure regarding a way of helping that is far more compassionate toward the woman.

House Bill #2778 presents several problems to me as a practicing physician in that it attempts to legislate a course of medical practice that violates numerous standards of care that exist solely for the protection of the patient. These same concerns are shared by hundreds of other physicians throughout this state, and thousands across our country.

**CONCERN #1: STATE'S VESTED INTEREST IN THE UNBORN CHILD**

At a time when there is a stronger plea than ever for better and earlier pre-natal care, avoidance of tobacco, alcohol, and drugs during pregnancy, and optimum delivery environments for both mother and child, women are increasingly confused as to the worth of that unborn fetus/child--and the state's vested interest in it. At our present pinnacle of neonatal care capable of miracles in saving babies as small as 10 ounces, we seem to give no thought to destroying these miracles in what used to be the safest intensive care nursery in the world--the womb. How do I explain the American Cancer Society's ad, attached to my testimony, to my 13 year old in light of this bill?

**CONCERN # 2: STATE'S EDUCATIONAL RESPONSIBILITY**

At a time when there is a stronger emphasis than ever for education, especially in the sciences, we seem reluctant to educate the general public and especially women in crisis as to normal fetal development, accurate explanation of various abortion procedures, and short and long term risks of abortion. The average citizen does not know, for instance, that at 24 days from conception, the fetal heart has a regular beat; at 43 days brain waves have been recorded; at 56 days all organ systems are functioning; at 84 days it swallows, squints, and sucks its thumb.

Do we prefer to keep our women ignorant of facts? Several studies have shown that 80-90% of women scheduled for abortion change their minds upon viewing a sonogram of their live fetus. No wonder the abortionist avoids this type of patient education!

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**CONCERN #3: STATE'S RESPONSIBILITY TO LIMIT WOMEN'S RISKS**

The most frightening specter of this bill is that it encourages a careless and self-serving style of medical practice that potentially causes grave harm to women in crisis.

1) It offers no protection through **regulation or inspection** of medical facilities that perform a surgical procedure that is certainly controversial and known to have a high complication rate. Who monitors sterilization protocol, waste disposal, quality control of sonographic interpretations, reporting of complications and other vital statistics. Veterinary clinics and restaurants undergo much greater scrutiny!

2) It offers no encouragement of **peer review**, a process that helps keep all physicians accountable to high standards of care.

3) It discourages seeking a **SECOND OPINION**, a standard medical practice that protects women from risky or unnecessary procedures that are highly controversial and potentially lethal, or otherwise harmful.

4) It makes no provision for **accurate reporting** of complications, thereby allowing incorrect conclusions that can harm future women seeking quality care.

5) It provides for a dangerously self-serving clinical setting in which **all** diagnosis, interpretation of sonograms and lab, counseling, etc. **lies solely in the hands of the physician** profiting from the procedure.

--What woman would feel comfortable having her mammogram done by the surgeon, interpreted only by the surgeon, and advised to have a mastectomy--without the benefit of a radiologist and perhaps another surgeon conferring. That, honorable members, is dangerous medicine for the 90's!

--Yet that is exactly the scenario with most abortions!

6) It makes no provision for **full disclosure** of the abortion procedure, the alternatives, and the serious potential physical and emotional risks of the procedure. Again, a blatant sidestep of standards of care intended to protect women from medical exploitation.

**CONCERN #4: CONTROL OF CRITICAL DEFINITIONS**

Sec. 1(c): "VIABILITY"

1) **Which physician** defines viability--her FP, OB, radiologist, pediatrician, or...abortionist?

2) What are **extra-ordinary measures**? An umbilical IV,

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oxygen mask, endotracheal tube, ventilator? These are standard treatments for term babies in distress

- 3) Who defines "health"? Is it reasonable to kill the unborn for "any factor that contributes to a woman's well-being?"

Sec. 2(c): "DEFORMITY"

- 1) Who defines or diagnoses "deformity" or "abnormality"?
  - radiologist? --neonatologist?--obstetrician?
  - pediatric surgeon? --mother? --ABORTIONIST?
- 2) Since when did it become a good idea to kill a handicapped child--for ANY reason, ANY age?

CONCERN #5: STATE'S RESPONSIBILITY FOR TREATMENT OF MINORS

As a father of 4 children and as a physician who enjoys adolescent medicine, I find the lack of consideration for minors and their parents appalling and destructive.

--Why do I need a parent's permission to sew up a laceration on a 14 year old, or to pierce her ears, or perform cosmetic surgery, but need no permission to invade her uterus with a potentially life threatening suction catheter?

--Which of you mothers would feel comfortable in seeing your 14 y.o. daughter return from a "Teen Sterilization Clinic" with the news that you'll never have to worry about becoming a grandmother?

--Already, the legislature in the Netherlands is considering a bill to allow minors to request physician-assisted suicide ...without parental notification!

- Is that where you, our representatives, are leading us?
- Have we lost all sense of responsibility in our demand for rights?

CONCERN #6: FATAL CHOICES

The pro-aborts would say we want to control women's rights over their bodies and their choices. They're not listening. The majority of Americans simply wish to withhold the choice of a woman to kill her baby. There are better solutions that also give life back to the mother in crisis.

--an April, 1989 Gallup poll reported that 80% said abortion for sex selection should not be legal.

--a Feb. 1991 Gallup poll found that 73% of Americans would favor a complete prohibition on abortion after the first 3

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months of pregnancy, except to save the mother's life.

--a Jan. 1992 Gallup poll found 75% in favor of laws requiring a 24-hour waiting period, 86% in favor of informed consent, 70% in favor of parental consent, and 73% in favor of spousal notification.

CONCLUSION:

On Monday, the ABA's House of Delegates overwhelmingly opposed state laws permitting physician-assisted suicide for terminally ill. As one of the members put it:

"Once doctors have a license to kill, it becomes a duty to kill!"

How close are we to China's policy of mandatory abortion after 1 child, followed by mandatory sterilization? Planned Parenthood has openly applauded it. Will we follow?

Please say NO...and please say NO to this bill!

Thanks for your time!

*Paul H. Davis MD*

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This space contributed as a public service.



## **Some People Commit Child Abuse Before Their Child Is Even Born.**

According to the surgeon general, smoking by a pregnant woman may result in a child's premature birth, low birth weight and fetal injury. If that's not child abuse, then what is?



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Honorable Committee Members

My name is Michael L Peil, MD. I am a practicing physician in Wichita, Kansas. I am opposed to House Bill No. 2778 and I would like to outline several reasons for my opposition.

First of all this bill defines viability in a very interesting way. The anticipated need for routine life sustaining measures would make the unborn baby nonviable. The occasional need for routine surgical procedures to allow normal feeding would make the unborn baby nonviable. The proposed definition for viability also assumes that medical technology currently available, can with absolute certainty, indicate which unborn baby is viable and which one is not.

I am a specialist in the area of lung disease. On any given day, thirty (30) to forty (40) percent of the adult patients that I care for in the hospital are nonviable by the definition used in House Bill No. 2778. Does this mean that I should be allowed to kill these individuals? Moral judgement says no. Common sense says no. The Hippocratic Oath that I took upon graduating from medical school says no. The entirety of my medical training and practice to date says no. Why then would the sponsors of this bill propose to allow the abortionist to kill the unborn child based on the viability of that child?

Secondly this bill allows for the killing of the unborn child in cases of "serious deformity or abnormality". This is a vague description. I would challenge you to get a consensus from the medical community as to what physical abnormalities would qualify under this definition. I am confident that you could not get one. Even if a child is born with a "serious deformity or abnormality", does this mean that he or she does not have a right to life? Does the farmer who loses his hand in a farm accident no longer deserve to live? Does the young boy who loses his legs in a train accident through his own recklessness no longer deserve to live? Should the baseball player who loses his pitching arm from cancer be put to death because he can no longer productively participate in baseball? The answer to all these questions must be no.

I have a niece who is four (4) years old. She is a joy to her family. When she was only a few months old in her mother's womb, a sonogram was done. The obstetrician informed the parents that this little baby would be born without a brain. A second sonogram was done several weeks later and the same diagnosis was given. Because of this, the obstetrician strongly counseled my niece's parents to have an abortion. They wisely refused as they were opposed to abortion. This baby was born without any significant complications. Today my niece's most glaring "serious deformity or abnormality" is her need to wear eyeglasses to enable her to read. Her brain is as normal as yours and mine. This near tragedy of my niece being aborted was not the result of an incompetent obstetrician or the use of faulty or inferior medical equipment. This near tragedy was a result of the limitations of our current medical technology.

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Thirdly this bill protects only one person and that is the abortionist. The abortionist is protected from the rigors of truly informed consent. The abortionist is protected from the scrutiny of peer review and mandatory second opinions for controversial surgical procedures. This is a gross deviation from standard medical practice. The abortionist is protected from charges of conflict of interest. He/She can employ the "counselor" that will advise a woman concerning the appropriateness of an abortion. The abortionist is the one who makes the determination of viability not a disinterested third party. I cannot even refer my patients for a simple blood test to a lab in which I hold a financial interest. The abortionist is protected from the parents of a "minor" who do not have a financial interest in the girl, but have a family interest. Would you want your daughter to have her tonsils out without your knowledge and consent? Would you want your daughter to have a hysterectomy without your knowledge and consent? I should think not. The right of a parent to make difficult decisions for their "minor" children should be preserved. The State should protect this right, not destroy it.

Fourthly by the wording of this bill, the sponsors would lead us to believe that people have been prevented from receiving care for medical illnesses. This is certainly not true in Wichita. During the six and one-half years I have practiced in Wichita, there has never been a blockade or a viable threat of a blockade which prevented citizens of the city, state or nation from receiving health care. The sponsors of this bill are mistaken if they think we as physicians need protection provided by the State.

Human Life is a continuum beginning at conception and ending at natural death. Medical science confirms this and no one can make a rational argument to the contrary. If you allow any person to legally end that continuum during the first nine months of life without that individuals permission, then it is only a small step to legally permit your physician to end the continuum of your life, with or without your permission, at anytime he or she sees fit.

You have a choice. Traditionally it should be an easy one. Some today would make you think it is a difficult one. The choice is between Life and Death. I as a physician will choose Life and will continue my attempt to protect innocent human life at all cost.

Thank You.



Michael L Peil, MD

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Ch... and  
Aff... in  
the following  
communities

# Kansans for Life

3202 W. 13TH St.  
Wichita, Kansas 67203  
(316) 945-9291 or 1-800-288-0733

- Abilene
- Atchison
- Augusta
- Barber County
- Chanute
- Chase County
- Clay Center
- Coffey County
- Coffeyville
- Columbus
- Concordia
- Copeland
- Decatur County
- Derby
- Dodge City
- Doniphan County
- El Dorado
- Emporia
- Erie
- Fort Scott
- Franklin County
- Garden City
- Girard
- Hanover
- Harper County
- Harvey County
- Horton
- Hoyt
- Hugoton
- Independence
- Iola
- Jefferson County
- Johnson County
- Kingman
- Larned
- Lawrence
- Linn County
- Manhattan
- Marion
- McPherson
- Miami County
- Miltonvale
- Minneapolis
- Norton
- Olathe
- Osage County
- Osborne
- Oswego
- Parsons
- Phillips County
- Pittsburg
- Pratt
- Republic County
- St. Paul
- Salina
- Sedan
- Smith County
- Topeka
- (4) chapters
- Wellington
- Wichita
- (5) chapters
- Wilson County
- Winfield
- Wyandotte County

## Colleges and Universities

- Benedictine College
- Emporia State
- Kansas State
- Kansas Univ.
- Pittsburg State

February 6, 1992

Testimony to the State and Federal Affairs Committee

Kansas House of Representatives, Capitol, Topeka, Kansas

by: Mary Kay Culp, Executive Director,

Missouri Right to Life - Western Region

(816) 444-4211

Speaking on behalf of Kansans for Life, Inc. and  
Life, Inc. of Wichita, Kansas.

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I am addressing the lack of a definition for the "health" exception contained in the supposed prohibition of post viability abortions, part of House Bill No. 2778. In so doing I will read from the Majority Report of the Committee on the Judiciary of the United States Senate, Sub-committee on the Separation of Powers, 1981, which quotes and analyzes Roe v. Wade and it's companion case Doe v. Bolton, in which Roe's health definition was spelled out. I might note that this entire document is one of the most comprehensive resources available on the abortion issue in America. The sub-committee heard 55 witnesses from around the world, mostly experts in their respected fields, i.e. genetics, neonatology, obstetrics, etc.



Kansas affiliate to the National Right to Life Committee

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Abortion has been protected from public scrutiny for 19 years. Now is not the time to hide and twist the facts at the state level, but just the opposite. If the facts were not so ugly, the abortion industry would not be in such a hurry to cover up the reality of abortion in Kansas with this sham .

Many of those facts can be found in two letters from a former employee of Dr. Tiller's who was also an officer in the Kansas N.O.W., an employee of Planned Parenthood and an escort for women into clinics when they were being blocked. M. Luhra Tivis first told her story to the Wichita Eagle Beacon in 1989, facts of which were reflected in a June 20, 1989 story of that year. She then wrote a five page letter to the Wichita City Council last summer and follow up letter to the Prospector Newspaper in Wichita which was reprinted by the KC Jones newspaper in Kansas City, Missouri when Ms. Tivis sent them a copy during correspondence.

I quote from the second letter:

"Tiller and Jarman (an employee of Tiller's) have repeatedly lied about the number of late-term abortions performed at his clinic. I saw the medical records of every abortion patient for a period of over six months. At least (conservatively) an average of ten (24-30 gestation) abortions were done each week. If, as they claim, no more than ten to twenty are done each year, then why did Tiller invest in the expensive, full-sized (funeral home type) crematorium which was installed in a locked room in the noreast corner of his clinic? I will never forget seitting at my computer terminal just around the corner from the crematorium room, and smelling the peculiar burnt odor of human flesh. No locked door could keep that horrible smell confined."

There is much more. I have spoken to her myself. She plans now to write a book. Do you really want to enshrine into law such practices? She also claims 95% of the late abortions are not for any "fetal indication reason." She also says they were told to "sell" abortions and had sales charts on the walls, and that when minors were at the clinic and parents called asking if they were there, to tell them only that

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no, they had not seen any such person (even if they had), but that if they did, they would tell them they were being looked for. There is an Empria mother who says Tiller's clinic lied to her about her daughter's presence in their clinic.

Finally, America is just beginning to look abortion in the face, and perhaps for the first time evaluate it's effects upon women and upon the problems it was supposed to alleviate. A preliminary look shows that every social problem has only worsened since 1973. The repeat rate grows so that now in America, every day 225 women are getting their fourth or more abortion. 2,000 a day getting their second of the 4,000 daily abortions in America. Every day.

And what has it done for women. Why were women encouraged by those so-called women's liberation groups to accept as liberation a Main Street address for the killing of their children, for purposes of being accepted equally in the workplace, instead of demanding equal accommodation AS WOMEN--starting the fight for on-site day-care then, instead of now. Availability of abortion actually works against society offering women compassionate solutions.

Many women who have had abortions now belong to pro-life groups and groups of abortion survivors like themselves in an attempt to deal with their grief and long-term psychological aftermath. They have had personal experience of the lack of informed consent in abortion clinics, and know they deserved more from an industry claiming to be pro-woman. So does Kansas. Instead we are offered this sham of a bill. H.R. 2778 is not unlike the beautiful present with nothing inside. A cruel, demeaning joke. Women and Kansas deserve the light of public scrutiny and the truth not this.

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In addition, it quotes from world reknown medical and anatomy books and resources as it covers the scientific question of when human life begins, and every U.S. founding document, and Western philosophical document as it covers the value question concerning human life--pointing out that the two questions are separate and distinct and that a failure to note this is responsible for much of the public confusion on this issue.

Anyway, I will read from that document now beginning at page 84, final paragraph through page 87, first paragraph.

The majority of the Sub-committee voted after the hearings that indeed life begins at conception, an individual's life. Life itself is a continuum as was pointed out by witness Dr. Lejeune, of France.

Also note that on page 97, final paragraph where the sub-committee points out that "so far" the courts have not carried Roe v. Wade thinking to its logical conclusion of determining born physically or mentally handicapped babies to not be human, was written literally weeks before Baby Doe of Bloomington, Indiana was dehydrated to death. A State Supreme Court judge had allowed the parents of a born Down Syndrome newborn boy to refuse surgery that would have allowed him to eat. He died six days later amid the clamor of 12 couples that had come forward to adopt him.

In America we have created an appetite for abortion and more abortion. What was supposed to be a choice in hard cases has become routine, and the repeat rate is now nearing 50%, with fully 10% of all women currently seeking abortion, seeking their third or fourth or higher.

~~Now we are~~

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This issue has been stolen from the legislative arena for 19 years. Now, on the eve of having it returned, HR 2778 would write a law in Kansas making abortion for any reason legal through the full nine months of pregnancy, and requiring counseling only for those 15 years of age and under and including no prenatal development information or abortion reality information.

When Chief Justice Warren Burger retired a few years ago, he publicly regretted his vote for Roe v. Wade. It also made abortion legal through the full nine months of pregnancy, and under that court disallowed even informed consent for any women. He said that if he had known in 1973 what he knows now about abortion, he would not have voted in favor of Roe v. Wade. He believed then, as many Americans still do, that abortion was for hard cases--used discriminately. He learned, however, that it now used, in many cases as birth control and that life of the mother and rape and true medical health of the mother and handicapped baby reasons added together comprised only ~~9%~~<sup>1%</sup> of all abortions using Planned Parenthood's statistics. We believe the number is more like 2% or under. See the footnote on page 86 of the Senate Sub-committee report where Dr. Irwin Cushner, an abortion supporter testified that no more than 3% of abortions are for "clinically identifiable" reasons, and life of the mother. Note that we build true life of the mother exceptions into all pro-life bills. Pro-abortion supporters would have you believe any and all pregnancies threaten the mother's life more than an abortion so that this exception could be employed by virtually any woman when this too is not defined, and an imminent threat not required.

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In closing, let me say that I am ashamed as a Kansan that this bill even has a chance of passing this committee. Kansas has a tradition of guaranteeing the rights of the handicapped--their rights to medical care, wheelchair ramps, special parking, education and job training. Yet, if this bill passes, a baby can be killed even as it is about to be born, if it is found to be handicapped and his mother so chooses. It is vital to remember, however, that few mothers think of this on their own. They are encouraged to have diagnostic tests to seek out disability by doctors living under the shadow of an over litigious society that has succumbed to perfect baby expectation. If those tests show a baby's disability or need for special operations or care, the doctor often recommends abortion. This seems credible because of the source, and yet do women realize, again, that many times doctors recommend such because it is easier than being sued. Such lawsuits have raised malpractice costs to the point for OB/GYN's that rural women are having trouble finding doctors to deliver their babies. It is a vicious cycle. Why not outlaw wrongful birth suits as Missouri has instead of trying to make respectable the killing of handicapped children about to be born. Dr. Tiller now advertizes his "separation encounter" for mothers in his "fetal indications program." They are encouraged to hold their babies, or look at them and say goodbye. However, Dr. Tiller's own forms have told women that his induction method of abortion can fail and in such cases D & E abortions are done, which literally dismember the baby. What does a woman hold then?

Finally, my friend Karen Roderick, former President of the post-abortion

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counseling group, Women Exploited by Abortion had occasion to counsel two women who had had abortions for "fetal indication" in Kansas. They sought her pro-life abortion aftermath counseling because "i miss my baby", according to one, and according to the other because she had felt the baby die inside her as the abortion took place, and she couldn't get over it. After years of denying any routine psychological aftermath to abortion, Planned Parenthood in it's recent Three Year Education Plan on page 28-29 now admits that research they have done through the Alan Guttmacher Institute corroborates other research that indicates that 91% of women suffer "post procedural trauma" after abortion.

House Bill 2778 is a cruel joke. It is a pathetic attempt to fool Kansas voters into thinking some kind of regulation will take place concerning abortion after viability in Kansas, which is not true. It will simply write into Kansas law the abortion-on-demand-through-term provisions of Roe v. Wade. While many people call themselves pro-choice because they would allow abortions in hard cases in the first trimester such as rape and incest, and only for a direct threat to the mother's life in the third trimester, it is rare for even those calling themselves pro-choice to support the full term for any reason choice that this bill enshrines. Those calling themselves pro-choice, ironically poll out against the vast majority of abortions performed. They also poll heavily in favor of women being given a choice, and are shocked to learn that the abortion industry that coined the phrase pro-choice and exists because of it fights real informed consent, or backs laws such as this that offer nothing in the way of information to women over 15 and no fetal development information or abortion reality information as part of the counseling received by those under 15--not to mention the fact that the abortionist can opt them out of it altogether.

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PAT ADAIR - SIDEWALK COUNSELOR TO WOMEN

MADAME CHAIRWOMAN AND MEMBERS OF THIS COMMITTEE

I AM PAT ADAIR AND I OPPOSE HB 2778 AND WOULD LIKE TO ADDRESS THE COUNSELING SECTION OF THIS BILL. (SECTION 3- TOP OF PAGE 2)

I HAVE BEEN A SIDEWALK COUNSELOR AT COMPREHENSIVE HEALTH FOR WOMEN IN OVERLAND PARK, KANSAS FOR THREE YEARS. JUST LIKE THE TITLE SAYS, WE LEGALLY EXERCISE OUR FIRST AMENDMENT RIGHTS AND STAND ON THE PUBLIC SIDEWALK IN FRONT OF THE ABORTION CLINIC AND INFORM THE WOMEN AS THEY COME IN THAT THEY DO HAVE ALTERNATIVES AND WHAT THEY ARE. I DO NOT HASSLE OR CONDEMN THEM; I'M ONLY THERE TO GIVE THEM ALL THE FACTS SO THAT THEY CAN MAKE AN "INTELLIGENT CHOICE".

THE "COUNSELING" ADDRESSED IN THIS BILL IS A DECEPTION AND MOST ASSUREDLY IS MISLABELED!!! FIRST, WHY DOES THIS BILL ATTEMPT TO LIMIT COUNSELING TO WOMEN 15 YEARS AND UNDER? THIS WOULD DENY THE MAJORITY OF WOMEN THE RIGHTS TO ANY COUNSELING WHATSOEVER !! IS THIS BECAUSE THOSE OF US 16 AND OLDER MIGHT BE MATURE ENOUGH TO KEEP OUR CHILD IF TOLD OF THE FACTS? AND WHERE ARE THE FACTS IN THIS BILL? IT TALKS ABOUT ALTERNATIVES, BUT ONLY MENTIONS ABORTION. WHAT ABOUT A YOUNG WOMAN I TALKED TO JUST TWO WEEKS AGO THAT WAS GOING IN FOR AN ABORTION BECAUSE SHE COULD NOT AFFORD TO HAVE THE CHILD. THAT ABORTION OF HER 5 MONTH BABY WAS COSTING \$750.00 --- ST. LUKES HOSPITAL HAS AN EXCELLENT PROGRAM WHERE ALL MEDICAL AND HOSPITAL COSTS ARE COVERED FOR \$800.00. I'D PITCH IN THE \$50.00 TO SAVE THAT CHILD'S LIFE WOULDN'T YOU? CAN WE EXPECT THE ABORTION PROVIDER TO GIVE THIS TYPE OF INFORMATION?? ISN'T THAT LIKE ASKING THE FOX TO GUARD THE CHICKEN HOUSE? THIS BILL MENTIONS THAT A WOMAN MAY CHANGE HER MIND. I WANT TO LAUD YOU FOR NOT TRYING TO TAKE EVEN THAT RIGHT AWAY FROM THESE YOUNG WOMEN, HOWEVER, I SEE NOTHING IN THIS BILL THAT WOULD EVEN CAUSE HER TO CHANGE HER MIND.

WHERE ARE THE FACTS AND TRUTH IN THIS BILL THAT THE ABORTION CLINICS NOW CHOOSE NOT TO TELL THE WOMAN SO THEY MAY MAKE AN "INTELLIGENT" CHOICE? THE FACTS LIKE THE HEART IS BEATING AT 18 DAYS, BRAINWAVES CAN BE DETECTED AT 40 DAYS, THE BABY IS PERFECTLY FORMED AT 8 WEEKS AND BY THREE MONTHS ALL SYSTEMS ARE FUNCTIONING (EVEN THE BABY'S PRIVATE BLOOD SYSTEM!!)

I AM WORKING WITH A WOMAN WHO HAD AN ABORTION 2 YEARS AGO AND DIDN'T THINK MUCH ABOUT IT UNTIL SHE WAS PREGNANT WITH HER "WANTED" CHILD. WHEN SHE SAW THE SONOGRAM, SHE WENT INTO A DEPRESSION AND BECAME SO DYSFUNCTIONAL THAT SHE COULD NOT CARE FOR HER NEWBORN SINCE SHE COULD ONLY THINK OF THE CHILD SHE KILLED AND WAS TOLD BY THE ABORTION CLINIC THAT IT WAS ONLY A "BLOB OF CELLS" AT 12 WEEKS. SHOULD SHE HAVE BEEN INFORMED CORRECTLY? - I THINK SO!!

I HAVE THE PRIVILEGE OF TAKING THESE WOMEN FOR A FREE SONOGRAM IF THEY WOULD LIKE AND I HAVE NEVER SEEN ONE WOMAN ABORT AFTER SEEING HER WAVING, TUMBLING, YAWNING AND SMILING CHILD ON THE SONOGRAM.

I ALSO HAD THE HONOR AND PRIVILEGE TO HOLD A 5 DAY OLD BABY LAST SUNDAY WHOSE MOTHER WAS GOING IN FOR AN ABORTION BECAUSE SHE WAS TOLD HER CHILD COULD BE DEFORMED. AFTER I TOOK HER FOR A SONOGRAM AND SHE SAW HER 10 WEEK SON JUMPING AND WAVING, SHE AND HER HUSBAND DECIDED SHE SHOULD CARRY IT TO TERM. THIS 5 DAY OLD LITTLE BOY WAS THE MOST PERFECT AND BEAUTIFUL BABY AND HIS MOTHER AND FATHER SOBBED AS THEY THOUGHT OF HOW THEY CAME SO CLOSE TO KILLING THIS CHILD AND ONE THEY DID KILL PREVIOUSLY & WERE NOT TOLD THE TRUTH.

WHAT ABOUT ADDRESSING COMPLICATIONS OF ABORTION? YESTERDAY DEBRA MCDONALD OF PLANNED PARENTHOOD IN CONNECTICUT TOLD OF THE RISKS INVOLVED TO WOMEN BECAUSE MINNESOTA PASSED A BILL WHICH DELAYED AN ABORTION. SHE STATED THAT JUST DELAYING AN ABORTION FOR ONE WEEK COULD CAUSE THE MOTHER'S DEATH! I WOULD SAY, THEN, THAT ABORTION MUST NOT BE AS SAFE AS THEIR RHETORIC TELLS US AND I FEEL THAT ALL WOMEN HAVE A RIGHT TO KNOW OF THESE COMPLICATIONS. DON'T YOU?

WE HAVE MANY WOMEN CHANGE THEIR MINDS WHEN THEY ARE GIVEN THE COMPLETE FACTS AND I HAVE "NEVER" HAD ANY WOMAN SAY TO ME "I WISH I HAD KILLED MY CHILD. I GET "THANK-YOU" CARDS FROM NOT ONLY THESE WOMEN, BUT ALSO THEIR PARENTS AND THE FATHERS OF THE BABIES.

THIS BILL KNOWN AS THE "ABORTION CLINIC PROTECTION ACT" IS AN INJUSTICE TO THE WOMEN OF KANSAS AND MOST CERTAINLY MUST HAVE BEEN WRITTEN BY THE GREEDY ABORTIONISTS THEMSELVES WITH ABSOLUTELY NO REGARD FOR THE LIFE AND HEALTH OF WOMEN.

\*\*\*\*\*

I KNOW THAT EACH OF YOU HAVE WIVES, DAUGHTER, OR SELVES WHO HAVE BEEN IN SOME WAY AFFECTED BY ABORTION. I PLEAD WITH YOU NOT TO ATTEMPT TO KEEP PEOPLE LIKE MYSELF AWAY FROM THE ABORTION CLINICS AS LINE 34 OF PAGE THREE DOES!!! SURELY WHEN YOUR DAUGHTER OR WIFE, FOR WHATEVER REASON, COMES TO A CLINIC, INTENT ON ABORTION, YOU WANT SOMEONE LIKE ME THERE TO HOLD THEIR HAND IN THIS HOUR OF NEED AND GIVE THEM FACTS AND ALTERNATIVES THAT THE OLD FOX INSIDE CAN NEVER ADEQUATELY GIVE THEM BECAUSE HE (OR SHE) HAS BEEN BLINDED BY GREED AND INSENSITIVITY. IF YOU DO HAPPEN TO BELIEVE IN GOD, PLEASE PRAY FOR THEIR SOULS.

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Attachment #10



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### "If Someone Had Only Told Me..."

Few women faced with an unwanted pregnancy are told of the marvelous development of the life growing within them. In their ignorance, abortion seems to be the right decision at the moment. But they are not warned of what will really happen to their baby or of the possible physical and psychological effects of abortion which may stay with them the rest of their lives. And they are rarely told of the alternatives to save the life of their child.

Some doctors say that abortion is a routine operation to remove "fetal tissue." But in truth, it is the destruction of a living human being. They do not tell the patient the cruel truth that the fragile life within her may be torn to pieces and sucked into a jar, or poisoned by a strong salt solution, or perhaps born alive and allowed to die by neglect or sometimes killed by a direct act.

One young woman, who later regretted an abortion, stated, "The doctor said, 'a little fluid out and some fluid injected, severe cramps, then the fetus is expelled.' That isn't what it was. I felt my girl thrash around for an hour and a half 'til she died a slow death."

The mother is also exposed to long-term complications. Incomplete abortion resulting in blood clotting, bleeding, hemorrhage, and infections are not uncommon. Menstrual dis-

turbance, miscarriage, tubal pregnancies and sterility are always risks and tend to multiply with successive abortions.

Cervical lacerations and uterine perforation can result from suction and D & C procedures. Convulsions, severe vomiting and diarrhea are common with prostaglandin abortion. Cardiac arrests and maternal deaths have also been reported.

Long-term psychological and spiritual effects, which are now just beginning to be seriously studied, include guilt, anxiety, depression, anger, sense of loss, nightmares, death scenes, deterioration of self-image and even suicide.

### A Life-Giving Alternative

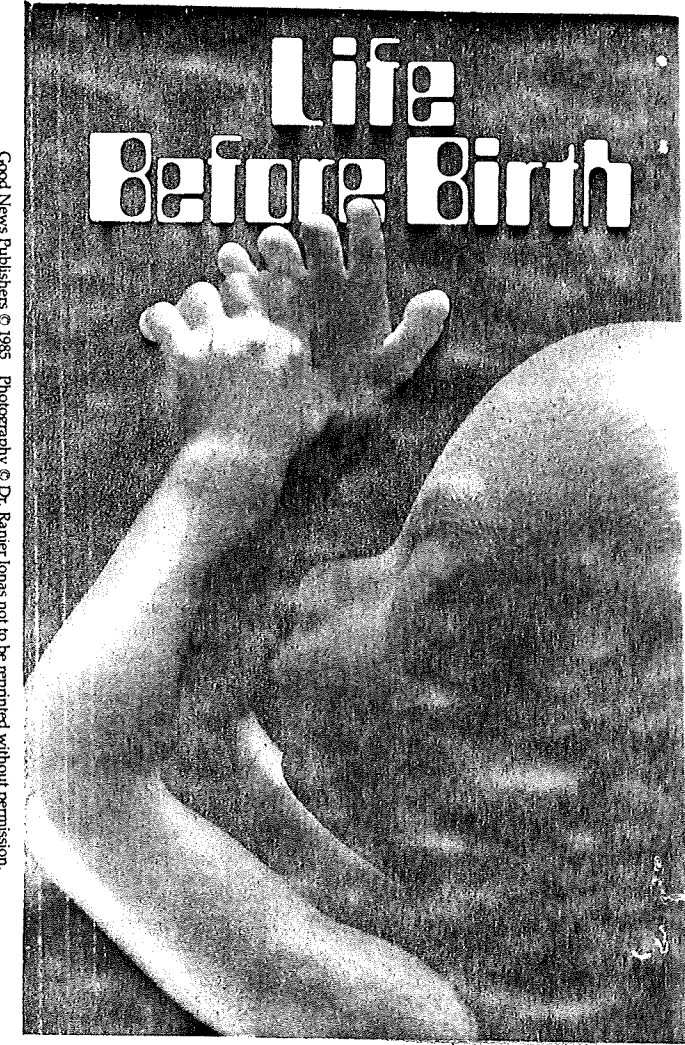
But there is hope for both the mother and the child. If you have a problem pregnancy, we want you to know that you are not alone. God cares for you and the unborn child growing within you. He knew you before you were even born: "O, Lord, Thou hast searched me, and known me . . . My substance was not hidden from Thee, when I was made in secret . . . and in Thy book all my members were written . . . when as yet there was none of them." (from Psalm 139)

God wants to bring life—not death—out of your difficult situation. He has already provided lifelines to help you. Support is available to help

you care for your child or to provide a childless couple with a baby. Financial aid, emotional support, medical services, and most important, a future free of guilt and full of hope for you and your unborn child are yours for the asking.

Choose *life* today. You can call the following national 24 hour toll-free number. You have friends waiting to help you at: 1-800-B-E-T-H-A-N-Y. Or you can phone "information" and ask for a Right-to-Life or Birthright group near you.

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**7K06** For helpful Christian literature, please write to the address below.  
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1300 Crescent Street / Wheaton, Illinois 60187

**OUR FIRST NINE MONTHS** of life were the most eventful you have ever experienced. Here are the major milestones of that life before birth — the first chapter in your own biography:

**CONCEPTION:** Father's sperm penetrates mother's egg cell. Genetic instructions from parents interact to begin a new and unique individual — no bigger than a grain of sugar.

**1st DAY:** The first cell divides into two, the two into four, and so on.

**5-9 DAYS:** The new individual burrows into the wall of the womb. Sex can be determined.

**14 DAYS:** Mother's menstrual period is suppressed by a hormone produced by her child.

**18 DAYS:** Heart is forming; eyes developing.

**20 DAYS:** Foundations of brain, spinal cord and nervous system are laid.

**24 DAYS:** Heart begins to beat.

**28 DAYS:** Muscles are developing along the future spine. Arms and legs are budding.

**30 DAYS:** Child has grown 10,000 times to 6-7mm. (1/4 in.) long. Brain has human proportions. Blood flows in veins (but stays separate from mother's blood).

**35 DAYS:** Pituitary gland in brain is forming. Mouth, ears and nose are taking shape.

**40 DAYS:** Heart's energy output is 20 percent of adult's.

**42 DAYS:** Skeleton is formed. Brain coordinates movement of muscles and organs. Reflex responses have begun. Penis is forming in boys. (Mother misses second period.)

**43 DAYS:** Brain waves can be recorded.

**45 DAYS:** Spontaneous movements have begun. Buds of milk teeth have appeared.

**7 WEEKS:** Lips are sensitive to touch. Ears may resemble family pattern.

**8 WEEKS:** Child is well-proportioned, small-scale baby, 3cm. (1 1/8 in.) sitting up and a gram (1/30 oz.) in weight. Every organ is present. Heart beats sturdily. Stomach produces digestive juices. Liver makes blood cells. Kidneys

begin to function. Taste buds are forming.

**9 WEEKS:** Child will bend fingers around an object placed in the palm. Thumb sucking occurs. Fingernails are forming.

**10 WEEKS:** Body is sensitive to touch. Child squints, swallows and frowns.

**11 WEEKS:** Baby urinates, makes complex facial expressions — even smiles.

**12 WEEKS:** Vigorous activity shows distinct individuality. Child can kick, turn feet, curl and fan toes, make a fist, move thumbs, bend wrists, turn head, open mouth and press lips tightly together. Breathing is practiced.

**13 WEEKS:** Face is prettier, facial expressions resembling parents'. Movements are graceful. Vocal cords are formed (but without air baby cannot cry). Sex organs are apparent.

**4 MONTHS:** Child can grasp with hands, swim and turn somersaults.

**4-5 MONTHS:** Mother senses movements.

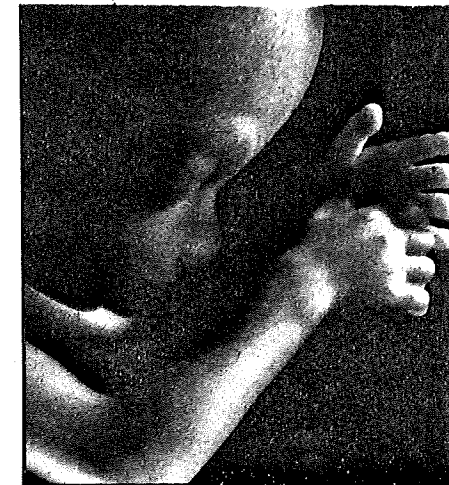
**5 MONTHS:** Sleeping habits appear. Child responds to sounds in frequencies too high or low for adults to hear.

**6 MONTHS:** Fine hair grows on eyebrows and head. Eyelash fringe appears. Weight is about 640g. (1 lb. 6 oz.) and height 23cm. (9 in.). Babies born at this age have survived.

**7 MONTHS:** Eye teeth are present. Eyelids

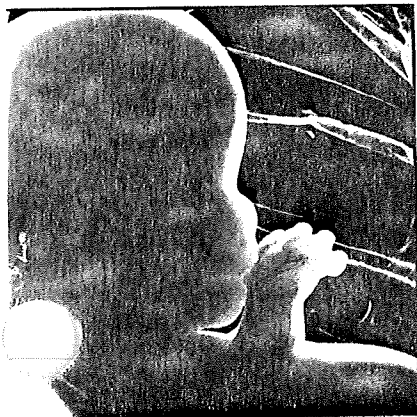
**5 months •**

This baby, if born prematurely, has a good chance of survival with sufficient medical care. He is sensitive to sounds and is comforted by his mother's voice. He reacts sharply to pain.



Photography Dr. Rainer Jonas

**2 months •**  
This miniature infant is preparing for thumb sucking. Every organ is present. The heart beats sturdily. The baby's fingerprints are formed and will never change except for size.



Photography Dr. Rainer Jonas

open and close, eyes look around. Hands grip strongly. Mother's voice is recognized.

**8 MONTHS:** Weight increases by 1kg. (over 2 lbs.) and baby's quarters get cramped.

**9 MONTHS:** Child triggers labor and birth occurs, usually 255-275 days after conception. Of 45 generations of cell divisions before adulthood, 41 have already taken place.

Adapted from "Milestones of Early Life" by permission of Heritage House 76, Inc. The milestones listed above have been documented by scientific research. Slight variations of hours or days may exist and future research may show that some milestones occur earlier than is now realized.

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TESTIMONY

H.B. 2778

House Federal & State Affairs Committee  
Wednesday, February 6, 1992 - 1:30 p.m.

By: Bob Runnels, Executive Director  
KANSAS CATHOLIC CONFERENCE

It is unbelievable but in our view H.B. 2778 seeks to further the cause of additional abortions in our state.

It was in 1973 that the Supreme Court erred in Roe v. Wade. Since then a lucrative abortion industry has sprung up resulting in nearly 30 million unborn children dying.

Most Americans are unaware of how extreme our legal approach to abortion has been ... the United States stands alone among developed Western nations in the extent of its past legal indifference to the protection of unborn life. Again, since Roe nearly 30 million unborn children have died, compared to fewer than a million military personnel who have died in all our nation's wars to date. Perhaps you are already aware of all this information but what does it have to do with H.B. 2778.

Simply stated because of recent court decisions the pro-abortionists are beginning to panic ... and this bill is pro-abortion.

The last several years the courts have been chipping away at Roe v. Wade. The process started in July 1989 in a Missouri case called Webster v. Reproductive Health Services. The Supreme Court's ruling amounted to a partial reversal of the earlier decision and had the effect of restoring to our state legislature limited authority to regulate abortions.

The courts followed that up last May barring abortion counseling and referrals under Title X, the Federal Family Planning Program. More recently the States of Louisiana,

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Mississippi, North Dakota, Utah, West Virginia and Pennsylvania have passed restrictive laws.

Back to H.B. 2778. It is the Pennsylvania law that was upheld by the U.S. Court of Appeals and soon to be heard by the Supreme Court that requires teenagers under 18 receive parental consent and that women wait 24 hours before having abortions and be informed of the risks and the state of the development of the unborn child.

H.B. 2778 liberalizes abortion. I call your attention to the Attorney General's Opinion #91-43 to Representative Larkin which puts the medical profession on notice about aborting an under 18 year old child. H.B. 2778 would change this to under 16 years.

This bill is designed to expand that lucrative medical business and calls for the arrest and fining of those who would protest the murdering of unborn children.

Support for abortion rests upon the utilitarian ethic that the end justifies the means with the right to do as you please takes precedent over everything else.

Opposition to abortion is founded, by contrast on moral values and upon the equal dignity and sanctity of innocent human life.

This bill should soundly be voted down by this committee ... it is a bad bill.

The wolf is in sheep's clothing with destruction and killing on its agenda.

FOR YOUR INFORMATION  
KANSAS CATHOLIC CONFERENCE



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

2ND FLOOR, KANSAS JUDICIAL CENTER, TOPEKA 66612-1597

ROBERT T. STEPHAN  
ATTORNEY GENERAL

April 23, 1991

MAIN PHONE: (913) 296-2215  
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TELECOPIER: 296-6296

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

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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.

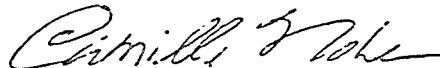
Those statutes, therefore, do not authorize an unemancipated, immature minor to give an informed consent to any of the specified medical or surgical treatments or procedures.

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

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## OPENING

- . THE GIFT OF LIFE IS CERTAINLY THE MOST PRECIOUS GIFT OF ALL. WITHOUT IT-NONE OF US WOULD BE HERE TODAY RIDICULOUSLY-DISCUSSING RATHER A HUMAN BEING-JUST LIKE YOU OR ME SHOULD BE KILLED OR ALLOWED TO LIVE. IT IS SO UNREAL, ALMOST LIKE A DREAM, OR SHOULD I SAY A NIGHTMARE-THAT CIVILIZED PEOPLE IN 1992, WOULD INTELLIGENTLY MEET TO DISCUSS WHO HAS A CHOICE TO LIVE.
- . DECEMBER, 1991, WAS A CHALLENGING TIME FOR MY FAMILY. MY HUSBAND WAS CALLED INTO FULL TIME MILITARY DUTY - DURING THE DESERT STORM INTERACTION, AND FINANCIALLY WE WERE BEING PULLED IN MANY DIRECTIONS. AND IN THE MIDDLE OF IT ALL, I LEARNED THAT I WAS DEFINITELY PREGNANT.
- . BUT, WAS THERE EVER A TIME, A MOMENT THAT I COULD DECIDE THAT I COULD SIMPLY DISPOSE OF THE RESPONSIBILITY OF OUR ACTIONS. AT WHAT MOMENT COULD-HUMAN, GOD-GIVEN LIFE-BE REDUCED TO AN INCONVENIENCE? AT WHAT MOMENT COULD I BECOME AS GOD AND PASS SENTENCE ON A DEFENSELESS, DEPENDENT, HELPLESS, HUMAN BEING-WHO WAS ALIVE AND WANTING TO LIVE, JUST AS MUCH AS WE DO, THIS VERY MOMENT. A PRECIOUS HUMAN BEING, A LITTLE GIRL, WHO WAS DEPENDING ON HER MOMMY TO PROTECT HER AND SEE HER THROUGH.....PERHAPS UNTIL 18 or 21 YEARS OF LIFE.
- . TO KILL HER WAS NOT A CHOICE! NO MORE THAN I SHOULD WANT TO DESIRE TO KILL YOU!

## HOSPITAL

- . FINALLY IT WAS TIME FOR A VISIT TO THE HOSPITAL FOR A SONOGRAM. AS A BUSINESS WOMAN, THE TIME ALLOTTED THAT DAY WAS VALUABLE AND I SIMPLY WANTED TO HURRY IN AND OUT. I FELT THAT THE PROCEDURE WAS TAKING FAR LONGER THAN I EXPECTED-WHEN FINALLY ONE OF THE DOCTORS INDICATED THAT THEY SUSPECTED THERE WAS A PROBLEM, AND ALONG WITH SEVERAL OTHER EXPERTS, IT WAS DETERMINED THAT A SPOT OR CLOSED DEFECT WAS POSITIONED ON MY BABIES LOWER BACK. I HAD NO IDEA WHAT THAT MEANT AND FOUND MYSELF PERPLEXED AND IN SHOCK!
- . I WAS THEN TAKEN TO A SPECIALIST IN THE AREA OF SPINE CONCERNS, BIRTH DEFECTS, GENETICS, ETC... WHERE I EXPERIENCED MUCH MORE THAN I EVER EXPECTED. MUCH MORE IN CARE, WARMTH AND FEELING, NO! BUT MUCH MORE THAN I WAS PREPARED FOR IN <sup>his thoughts concerning</sup> THE INSIGNIFICANCE OF HUMAN LIFE! I WAS TOLD CASUALLY TO CONSIDER KILLING MY CHILD, TO ELIMINATE THE INCONVENIENCE SHE COULD CAUSE. WHEN I SHOWED STRONG REFUSAL OF THE SUGGESTION, SAYING "ABORTION WAS NOT A SOLUTION FOR A CHILD WITH A BIRTH DEFECT", THEN I WAS SHOWN PICTURES OF GROSSLY DEFORMED BABIES. I FOUND OUT LATER, AFTER THE BIRTH OF MY DAUGHTER THAT THESE PICTURES HAD NOTHING TO DO WITH SPINA BIFIDA, WHICH AN EXPERT IN HIS FIELD WOULD HAVE KNOWN AT THAT TIME.

House Committee on Federal State Affairs  
February 6, 1992  
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- I LEARNED NOT UNTIL AFTER MY DAUGHTERS BIRTH THAT SPINA BIFIDA IS NOT RARE, BUT WAS RECOGNIZED YEARS BEFORE CHRIST, NOW OCCURRING IN 2 OUT OF EVERY 1000 CHILDREN BORN. SIX THOUSAND CHILDREN ARE BORN WITH SPINA BIFIDA IN THE U.S. EACH YEAR. I LEARNED THAT it IS TREATABLE AND THAT MAXIMUM ACHIEVEMENT AND KNOWLEDGE WAS AVAILABLE. NEVER-THE-LESS, I LEFT THAT AFTERNOON WITH THE IMPRESSION THAT MY CHILD COULD BE GROSSLY DEFORMED.
- I FEEL THAT MY CONFIDENCE WAS BETRAYED. IT IS WRONG WHEN A WOMEN IS DEPENDING ON SOUND, ETHICAL ADVICE FROM A HIGHLY ESTEEMED PHYSICIAN, YET WHAT SHE GETS IS-A-GROSSLY DEFECTED ERROR IN DIAGNOSIS. IT WAS TERRIBLY DISRESPECTFUL AND IRREVERENT TO HAVE MAGNIFIED AN ALREADY DIFFICULT SITUATION. IT IS NOT RIGHT TO PUT A TRUSTING PATIENT IN THAT POSITION, ESPECIALLY WITHOUT HAVING 100% PROOF. AN AMNIOCENTESIS WOULD HAVE BEEN NEEDED AS WELL AT THAT POINT TO DETERMINE WHAT HE ASSUMED MIGHT BE THE PROBLEM, YET I WAS NOT OFFERED CONSULTING - WITH ONE OF THE MANY SPECIALIST, WELL PREPARED IN THE AREA OF SPINA BIFIDA, BUT OFFERED A BITTER - NOW-SOLUTION OF GETTING RID OF THE CARE, BY KILLING IT.

Doctors fully understand their power and stature in the community. They understand that too often a trusting patient is putty in their hands, this place of honor & esteem CAN NO LONGER BE ABUSED WITH ADVICE STANTED TO THE DESIRE TO SEE THE MURDER OF A BABY TAKE PLACE.

Who is man to define what is abnormal or dejected in the sight of God. HUMAN life - is NOT HIS CREATION? THE SOLUTIONS TO THE MANY PROBLEMS OBVIOUS TO MANKIND IS TO LET GOD BE GOD - ALL BY HIMSELF!

By the way my daughter is A BEAUTIFUL NORMAL BABY. SURGERY HAS CLOSED THE SMALL OPENING ON HER BACK, & SHE IS ON HER WAY TO A FULL & HAPPY PRODUCTIVE LIFE. AS SHE BELONGINGLY TAKES HER PLACE IN GODS UNIVERSE!



# Concerned Women for America

370 L'Enfant Promenade, S.W., Suite 800 Washington, D.C. 20024 (202) 488-7000  
P.O. Box 46 Leavenworth, KS 66048 (913)682-8393

**Beverly LaHaye**  
President

**Kenda Bartlett**  
Kansas  
Area Representative

6 February 92

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE  
Kathleen Sebelius, Chairperson  
HB 2778

Madam Chair and members of the Committee I rise today in opposition to HB 2778. I stand before you as the spokeswoman for 3,000 women throughout the state of Kansas.

We can find problems with almost every line of this bill, but I would like to address with this bill is not:

This bill is not a late trimester restriction bill. The use of the phrase "or health of the woman" in lines 32, 35 and 41 of page 1 by its interpretation in the courts removes all restrictions that this section would seem to impose. In essence this bill would allow abortions at anytime during the pregnancy and for any reason except to protect the life of the woman.

This bill is not a bill that provides counseling so that these women can make an informed choice. In the first place, counseling is required only for those girls under the age of 16. This represents a small percentage of the girls who seek an abortion. Secondly, the requirements of this bill do not provide the woman with all of the information needed to make an informed choice. One of the things that I learned while studying for an undergraduate degree in sociology is that when you counsel you talk through all of the alternatives with your client. You lay out all of the options that they have to choose from and you discuss thoroughly with them all of the consequences and benefits that each decision will bring. This bill does not require that the minor be fully informed. Also, if you look at subsection (f) of Section 3 (page 3), you will see that in line 6 the phrase "health, safety or well-being of the minor" is so broad in meaning that it, in essence, nullifies the whole section on counseling.

This is not a bill to protect health care facilities and health care providers. It is a not so subtle attempt to stop any and all activities carried on by pro-life advocates outside of the abortion clinics. This section of the bill is so broad as to include all persons even those engaged in peaceably and lawfully exercising their right of freedom of speech. Even though

"Protecting the rights of the family through prayer and action" House Federal & State Affairs

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arrests have been made, and it is only after the fact that the courts decide that the actions were protected speech. Also this section extends its limitations to the "common areas" around the facility. That means that it extends these restrictions to the public sidewalks.

This is not a bill to provide Kansas with a better law in regards to abortion. Section 6 would repeal the Criminal Abortion statute that is now on the books in Kansas. There would be no such crime any more. It is interesting that under the proposed Presumptive Sentencing guidelines Criminal Abortion is listed as a felony against a person which means that Kansas law would recognize that Criminal Abortion has a victim. This bill actually provides a new definition for "abortion". The statute now on the books defines abortion as "the purposeful and unjustifiable termination of the pregnancy of any female other than by a live birth". This bill defines abortion as "the use of any means to intentionally terminate a pregnancy except for the purpose of causing a live birth. Abortion does not include the use of any drug or device that inhibits or prevents ovulation, fertilization or the implantation of an embryo." This raises all kinds of questions about such drugs as RU-486- a drug you are being asked to endorse in HR 6020 that has been placed in this Committee for study.

These are just a few of the major problems that we see with this bill. We would respectfully ask that you consider what this bill is not and vote to report this bill adversely from the Committee. This is not a late trimester restriction bill; it is a protection bill for the abortionists, the abortion clinics and the abortion industry in our state.

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c) (CONT) OPTION #2 SEE HER DOCTOR AND ASK FOR BIRTH CONTROL. IF SHE CANNOT AFFORD BIRTH CONTROL SHE CAN GO TO THE COUNTY HEALTH CLINIC IN HER AREA AND RECEIVE ASSISTANCE. OPTION #3 IF SHE WOULD DECIDE THAT SHE NEVER WANTS TO BE A MOTHER SHE MAY HAVE SURGERY THAT WOULD PREVENT ANY PREGNANCY. AGAIN ~~THAT~~ OPTION #4 SHOULD ALL ABOVE CHOICES FAIL THERE ARE OVER 150,000 PEOPLE IN THE UNITED STATES OF AMERICA THAT CANNOT HAVE CHILDREN OF THEIR OWN THAT WANT TO ADOPT. <sup>THEY MUST BE ABLE TO</sup> ~~THEY MUST BE ABLE TO~~ PROVIDE ALL MONIES NECESSARY TO PAY FOR ANY EXPENSES INCURRED IN THE PREGNANCY AND DELIVERY OF A CHILD & THE RAISING OF THAT CHILD.

PAGE 2 OF 7  
2/6/92

2) THE BILL AT HAND APPEARS TO PROVIDE A RESTRICTION HOWEVER THAT RESTRICTION IS BASED SOLELY ON THE DECISION OF THE ABORTION PROVIDER. THE ABORTION DOCTOR DETERMINES EVERY ASPECT OF RESTRICTION.

A) VIABILITY ; 1) CAPABLE OF LIVING

- 2) HAVING REACHED SUCH A STAGE OF DEVELOPMENT AS TO BE CAPABLE OF LIVING OUTSIDE THE UTERUS
- 3) HAVING THE ABILITY TO GROW, EXPAND & DEVELOPE

B) LIFE & HEALTH ; ONE MEDICAL OPINION BY THE PERSON WHO WILL PROFIT BY THE ABORTION WILL DETERMINE THIS RESTRICTION / OR LACK OFF.

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HEALTH WITH OUT A DEFINITION  
IN THIS BILL COULD MEAN THE  
WOMAN HAS A HEADACHE, ANE EARACHE  
OR IS FEARFULL OF A CHECK BOUNCING  
OR ANY TYPE OF STRESS REAL OR  
IMAGINED THAT ONCE AGAIN WILL BE  
DETERMINED BY THE PERSON WHO HAS  
FINANCIAL GAIN AS A MOTIVE, AND  
HAS NOT BEEN REFERED BY THE WOMANS FAMILY DOCTOR.

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C) SERIOUS FETAL DEFECTIVITY OR ABNORMALITY;

WHAT WILL BE CONSIDERED SERIOUS  
AND ONCE AGAIN WHO WILL MAKE  
THAT DECISION.

ARE WE NOT SAYING THEN THAT  
PEOPLE WHO ARE OR WILL BE HANDICAPPED  
OR PHYSICALLY CHALLENGED SHOULD BE  
ELIMINATED BEFORE THEY ARE BORN.  
ARE ANY OF ~~THE~~ US PERFECT, IE.  
ALLERGIES, GLASSES, HEARING PROBLEMS

SEC. 3 COUNSELING;

- A) ANYONE WHO WORKS FOR ABORTION DOCTOR  
CAN PROVIDE COUNSELING, IE; SECRETARY  
JANITOR, NURSE AID, DOCTORS WIFE ETC.
- B) DOCTOR CAN ELIMINATE COUNSELING IF  
HE/SHE SEES FIT.
- C) THE TERM MINOR AND LAWS THAT  
GOVERN THEM SAY THAT; (OVER)



- (SEC 3 PART C) THEY CANNOT; A) ENGAGE IN PROSTITUTION PAGE 4 OF 7  
B) GET A TAN AT A SALON 2/6/92  
C) GET EARS PIERCED  
D) QUIT SCHOOL  
E) BUY A PACK OF CIGARETTES  
F) OR DRINK A BEER

AND YET THIS BILL WILL ALLOW THEM TO TAKE THE LIFE OF THEIR UNBORN BABY AND LIVE WITH THAT KNOWLEDGE THE REST OF THEIR LIVES.

D) ALSO THE COUNSELING IS VERY ONE SIDED IN THAT THE POINT OF VIEW OF THE ABORTIONIST IS ALL THAT WILL BE HEARD, EVEN IF THE ABORTIONIST DESCRIBES ALL AVENUES LISTED IT WILL BE ONE SIDED.

1) IF YOU ARE GOING TO BUY A CAR YOU DON'T TALK TO A GM DEALER ABOUT FORD & CHRYSLERS HE WILL GIVE GOOD POINTS ABOUT HIS CARS AND DOWNGRADE THEIRS AND VISA VERSA BOTH SIDES MUST BE HEARD TO BE ABLE TO MAKE ANY TYPE OF A DECISION ON ANY SUBJECT

E) THE BLANKET CLAUSE OF THE BILL;  
1) THE ABORTION DOCTOR CAN, WITHOUT CONSULTING ANYONE, WITHOUT REPORTING TO ANYONE AND WITHOUT ANY LIMITATIONS BYPASS ANY PORTION OF THE PRECEDING RESTRICTIONS.

STATEMENT OF OPPOSITION

HB 2778

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(SEC E PART 2 CONT)

- 2) THIS PORTION OF BILL GIVES UNEQUALLED POWER TO A DOCTOR, A SINGLE DOCTOR, NO BOARD OR JURY, BUT A SINGLE DOCTOR TO DECIDE LIFE OR DEATH FOR AN UNBORN BABY. NO OTHER REFERENCE CAN BE FOUND TO SUPPORT THE KIND OF POWER THE STATE OF KANSAS WOULD GIVE ONE PERSON!

SEC D)

THE RIGHT TO PEACEFULLY PROTEST EVEN ACROSS THE STREET FROM AN ABORTION CLINIC IS REMOVED BY SEC 4 OF THIS BILL.

- 1) UNREASONABLY ~~AND~~ DISTURBING THE PEACE OR DISRUPTING THE NORMAL FUNCTIONING OF SUCH FACILITY COULD RESULT IN ARREST, FINE, JAIL TIME IF ONE PATIENT OF THE ABORTION DOCTOR COMPLAINS THAT THE PROTEST MADE HER FEEL BAD OR IF THE SINGING OF HYMNS CAN BE HEARD WITHIN THE CLINIC THE PROTESTERS WOULD BE IN JEOPARDY.
- 2) DURING THE CIVIL RIGHTS MOVEMENT, HAD THE PROTESTORS NOT CAUSED DISRUPTION AND VIOLATED THE UNFAIR LAWS OF THE TIME, WOMEN'S MOVEMENTS, BLACKS, HISPANICS, AND OTHER MINORITIES WOULD NOT HAVE STIRRED THE HEARTS OF THIS COUNTRY TO CHANGE DISCRIMINATION LAWS. BY THIS SECTION OF THIS BILL THE RIGHT OF KANSANS TO DIRECT CHANGE IN OUR STATE WOULD BE ELIMINATED. AND WE WOULD BE RUN BY, NOT THE MAJORITY, BUT BY THE FINANCIAL POWERS, (OVER)

(SEC 0 PART 2 CONT)

PAGE 6 OF 7

- 2) ~~BE~~ THAT WOULD ~~RESTRICT~~ <sup>RESTRICT</sup> CITIZENS WITHOUT THE MONEY TO STAGE GREAT LOBBIES OF ORGANIZED, WELL DRESSED, LAWYERS TO BE VIRTUALLY UNABLE TO REACH THE LAW MAKERS.
  
- 3) AT THE SAME TOKEN THIS BILL DENIES PROTECTION FROM ADOPTION AGENCIES, AND PREGNANCY CENTERS WHO PROVIDE THE OPPOSITE VIEW FROM BEING PROTESTED AGAINST SIMPLY BECAUSE THEY ARE NOT VIEWED AS A HEALTH CARE FACILITY, WHICH BY THE WAY ARE FUNDED BY DONATIONS AND RUN BY VOLUNTEERS.

CONCLUSION;

THIS BILL WHEN VIEWED IN ITS SIMPLEST FORM PROVIDES NO RESTRICTIONS AND ONLY PROTECTION FOR THE ABORTION DOCTOR. THE RIGHT TO CHOICE IS MURDERED, TAINTED AND STAINED BY THE BLOOD OF THE UNBORN CHILDREN THIS BILL COMPLETELY NEGLECTS

CRAIG BARBEE  
1021 LINCOLN  
EMPORIA KS 66801

HF 35A  
2-6-92  
14-6

1992 KANSAS HOUSE BILL 2778

POSITION OF RIGHT OF LIFE OF KANSAS, INC.

House Bill 2778 contains a radical agenda calculated to protect the abortion industry as the dismantling of Roe proceeds, and in the wake of an aroused citizenry. Kansas has a well deserved reputation as a haven for baby killers. Sponsors of this bill have found a way to outdo even that reputation.

**NON-PHYSICIAN ABORTION PERMITTED**

The cry of "Keep abortion safe and legal" has always been a cruel hoax. House Bill 2778 drops even the pretense of "safe" and retreats back to the fabled days of "bloody Mary". Except now "bloody Mary" would operate under cloak of law.

**HEALTH OF THE MOTHER EXCEPTION - NO ABORTION IS PROHIBITED**

An attempt has been made to "sell" this bill by claiming it to be a "moderate" approach that limits late abortion except for the life or health of the mother. Since Roe and Doe have defined health so broadly that any reason a woman wants an abortion is a health reason, and since the abortionist is permitted to determine what is a health reason, no abortions would be prohibited. A woman would need only find a doctor willing to perform the abortion no matter how old her baby was.

**VIABILITY AS A CRITERIA TO PROTECT LIFE**

Viability is a subjective determination. There is no magic line which an unborn child crosses, at which point it suddenly becomes viable and thus a human person of value, and before which it is a blob of disposable tissue or a piece of garbage. Many normal healthy infants require medical assistance that some might term extraordinary. What is extraordinary care? Many already born persons require what some would term to be extraordinary care. Persons dependent on dialysis or organ transplants: Are they viable? This definition of viability could extend to them once we have set the precedent for the unborn. Should we deem non-viable people as expendable and thus permit them to be exterminated? As the spectre of euthanasia grows daily more evident should we write such a concept into law?

**EVERYONE IS A COUNSELOR BUT A PARENT OR PASTOR**

Section 3 purports to require counseling of a minor, but this is a farce since the abortionist who performs the abortion or one of his employees can do the counseling.

**CLINIC PROTECTION**

This bill does not protect women's rights. It protects abortion clinics. The abortion industry has long enjoyed a "favored industry" status in this state. The remaining sections of House Bill 2778 would maintain that status in the event that Roe is overturned and enhance it in the meantime.

House FEDERAL & STATE AFFAIRS  
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**LOCAL GOVERNMENTS**

Section 2 (b) takes away any ability of local government to protect the lives of unborn children.

**FREEDOM OF SPEECH?**

This legislation would interfere with the right and the obligation to protect the lives of our fellow human beings. Despite the disclaimer in section 4 (h) this bill would violate the constitutional right of freedom of speech of prolife protestors. Prolifers who have spent time outside abortion clinics can attest that the rights of prolife protestors are consistently violated under present law.

We believe, despite the disclaimer, section 4 would impede prolifters from even picketing baby killing centers.

**REPEAL OF CURRENT KANSAS LAW - THE REAL AGENDA?**

K.S.A. 21-3407, the pre Roe Kansas abortion law restricts abortions to hospitals. Americans United For Life, a national prolife legal firm has analyzed the effect of state laws after Roe. A copy of their analysis of the Kansas law is attached. Once Roe is overturned this law, bad as it is, would immediately put all abortion clinics out of business. Repeal of this law is most assuredly a primary goal of the abortion industry in Kansas. In fact the rest of the bill may be mostly a smokescreen in an attempt to get this law off the books.

How can this legislature and individuals who carry a crusade for children, who in the "Special Initiative on Children report acknowledge that children must be protected from conception, and at the same time propose legislation such as this? There are no tradeoffs in this bill. There is nothing in it that could induce a sincerely committed prolife legislator to vote for it.

RTLK, Inc. / 2/6/92

HFSA  
2-6-92  
15-2

# Abortion After *Roe* : A Survey of the States

Paul Benjamin Linton  
August 1991



343 S. Dearborn Street  
Suite 1804  
Chicago, IL 60604  
312. 786-9494

illness, or (3) the pregnancy resulted from a reported act of rape or incest.<sup>297</sup>

Once *Roe v. Wade* is overruled, the post-*Roe* feticide statute, which prohibits abortion after the second trimester of pregnancy except to preserve the life or health of the mother, would be immediately and fully enforceable. First and second trimester abortions, however, could be performed for any reason.

## KANSAS

The principal pre-*Roe* abortion statute, which has not been repealed, is based on section 230.3 of the Model Penal Code.<sup>298</sup> An abortion may be performed at any stage of pregnancy<sup>299</sup> when (1) there is "substantial risk that a continuance of the pregnancy would impair the physical or mental health of the mother[;]" or (2) there is "substantial risk . . . that the child would be born with physical or mental defect[;]" or (3) "the pregnancy resulted from rape, incest or other felonious intercourse."<sup>300</sup> Abortions may be performed only by licensed physicians in licensed, accredited hospitals.<sup>301</sup> Except in emergency cases, no abortion may be performed unless three physicians certify in writing the circumstances that exist which justify the abortion.<sup>302</sup> Violation of these provisions is punishable as a felony.<sup>303</sup> The hospitalization and three-physician concurrence requirements were declared unconstitutional by a three-judge federal court in a pre-*Roe* decision.<sup>304</sup>

Kansas recognizes the right of individuals to refuse to participate in abortions and the right of hospitals to deny use of their facilities for such purposes.<sup>305</sup> Neither may be held liable for such refusal or denial, and no person may be discriminated against by reason thereof.<sup>306</sup> There are record keeping and reporting requirements.<sup>307</sup> Public funding of abortion is available only to save the life of the mother.<sup>308</sup>

Once *Roe v. Wade* is overruled, the principal unrepealed pre-*Roe* statute, which is based on section 230.3 of the Model Penal Code, probably will be immediately and fully enforceable.

297. Iowa Admin. Code, Human Servs. ch. 78.1(17) (1987).

298. Kan. Stat. Ann. § 21-3407 (Vernon 1971) (based on Model Penal Code § 230.3 (1962)).

299. "Pregnancy" is defined as "that condition of a female from the date of conception to the birth of her child." *Id.* § 21-3407(3).

300. *Id.* § 21-3407(2).

301. *Id.* §§ 21-3407(2), 65-444. *But see supra* note 29.

302. Kan. Stat. Ann. §§ 21-3407(2)(a), (b), 65-444 (Vernon 1971).

303. *Id.* § 21-3407(1), (5).

304. *Poe v. Menghini*, 339 F.Supp. 986 (D.Kan. 1972).

305. Kan. Stat. Ann. §§ 65-443, 65-444 (1971).

306. *Id.*

307. *Id.* § 65-445.

308. Kan. Medicaid State Plan, Attachment 3.1-A, #1 (1989).

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15-3

February 6, 1992

Honorable Committe Members,

You have the future of Kansas in your hands, you have the opportunity to turn the state around for the better. I could spend my time talking terms and discussing details. Instead, I appeal to your moral conscience as human beings. It is true there are many "gray" areas in our society, but there are also many issues which will always be black or white, wrong or right. God gave all men and women a conscience to know right from wrong, so when wrong is embraced, there is no excuse of ignorance. Today, we are watching the decay of our families, our schools and our country. The reason for this is because everyone wants to do what is right in his own eyes. The leaders, which we elect on our behalf, are not brave enough to stand up and call wrong, wrong and right, right. Committee Members, you have the power to set a precedence and right a wrong here in this state. Care for Kansans, do what you instinctively know is the right thing, vote NO on House Bill #2778.

Thank you for your time and attention,

Sincerely,

*Lori Dee McFerren*

Lori Dee McFerren

1743 N. Market

Wichita, Kansas 67214

316-262-8738

HOUSE FEDERAL & STATE AFFAIRS  
February 6, 1992  
Attachment #16

Honorable Committee Member:

February 6, 1992

After reading proposed House Bill No. 2778 and hearing things about it through the media, I wish to express my concern about it as a citizen of the state of Kansas. The bill is written to ensure "safe and legal" abortion. But in truth, how safe is abortion for women? Planned Parenthood's own facts point out that women do suffer from this so called "safe" form of birth control ranging from Pelvic Inflammatory Disease to death. Then there's the little discussed problem of Post Abortion Syndrome also known as PAS. Psychologist Vincent Rue, Ph.D., has said "Abortion has a painful aftermath, regardless of the woman's religious beliefs, or how positive she may have felt beforehand about her decision to abort." I do not consider something that can cause the following problems for women to be safe:

### Possible Physical Side Effects

Immediately		Later
Damage to other organs	Shock / Coma	Sterility Hysterectomy Tubal pregnancies
Excessive bleeding	Punctured uterus	Miscarriages / Stillbirths Premature births
Parts of baby left inside	Intense Pain	Pelvic Inflammatory Disease

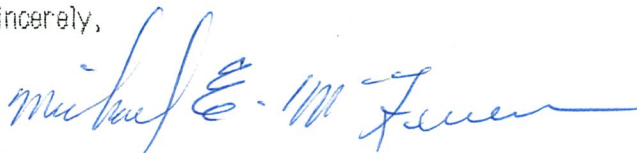
### Possible Emotional Effects to Women

Intense grief & sadness	Emotional numbness	Desire to be pregnant again
Drug or alcohol abuse	Sexual problems	Depression / Crying
Lowered self esteem	Inability to forgive self	Anorexia / eating disorders
Guilt	Nightmares	Anger / rage / suicidal urges

The cliché "safe and legal" is a smokescreen, actually meaning the person performing the abortion is safe from criminal prosecution because it is legal in the state of Kansas.

I strongly suggest you allow this bill to die, and start legislation that will protect the lives of both the mother and the child from conception to birth.

Sincerely,



Michael E. McFerren

1743 N. Market

Wichita, KS 67214

(316) 262-8738

House Federal & State Affairs  
February 6, 1992  
Attachment # 17



My name is Mike Stieben I serve as chairman of the Central Kansas Pro-family Political Action Committee. Our organization supports legislative efforts that support conservative family structure. As such we work to elect candidates to public office who are supportive and willing to listen to citizens who want america to return to the values that made her great.

Today your committee takes up H.R. 2778 a bill which would write into Kansas law a new "right". As section 2 of the bill says "except as provided by this act, the state shall not interfere with the right of a woman to terminate a pregnancy..." This new "right" in our view is an abomination. Where is it written in the constitution where our rights are innumerated that abortion is a right? Indeed, according to our Judeo-Christian heritage it is an abomination.

Our organization is particularly concerned with section 2 subsection (b) No political subdivision of the state shall interfere with the right of a woman to terminate a pregnancy. It would seem that the authors of this bill have no room in their narrow pro-abortion thinking to allow for freedom of choice for each local community on the matter of abortion. The Attorney General has stated that abortion regulations may be approved on the local level. That each community can set limits on abortion. Under this section no community could pass even the most sensible legislation to keep abortion out of their communities. It would seem that the pro-abortion community only supports "freedom of choice" when that choice is in favor of abortion as a method of birth-control.

I urge members of the committee to approve an amendment dropping section 2 subsection (b) and after that has been done give this bill a merciful death by killing it right here in your committee.

House Federal & State Affairs  
February 6, 1992  
Attachment #18

(Expression of thanks to chairperson and committee)

In my judgement, House Bill 2778 has serious defects. It provides for injustices to be inflicted on individuals and the public. It is discriminatory. In certain matters it would erect excessive barriers to protect abortion and abortion providers from just limitation of abortion and from expressions of protest against abortion. It is uneven in its penalties on statute violators.

I object to these among other things: 1) The attending physician of the abortion seeker is the sole judge of whether a well-developed pregnancy is viable or not; the same physician is the sole judge of whether the pregnancy, if allowed to go to term, seriously threatens the life or health of the abortion seeker. The same physician is the person empowered to declare a medical emergency that mandates an abortion. No second opinions here. In many cases the attending physician is the abortionist, who makes a living on abortion. Who will watch the watcher? After the 1969 abortion rights act was passed some consultation was necessary, but it proved to be vulnerable to insincere doctors.

2) The statute says that only a physician may give an abortion. However, any person with no knowledge of medicine or surgery who presumes to abort a pregnant woman is guilty of only a Class A misdemeanor. Such persons not only destroy the unborn in the womb, right up to the time of delivery, but they can cause death or grave injury to the woman. Compare the treatment of this misdemeanor with the harsh treatments of abortion protestors who violate other provisions of the statute.

(3) If any one of us in this room telephones a newspaper, a school board, or a public utility and berates personnel for their conduct of affairs, such a one is not required to identify himself or herself. Why must abortion infringe on free speech over the telephone?

(4) Why should the most vulnerable children in an abortion crisis - 15, 14, 13, 12 years of age, unexperienced in life, unschooled in wisdom - be isolated from their parents in the abortion decision? The usual reality is that parents love their children, sacrifice for them, go through trouble with them. They are to have a lifelong relation with them; whereas a crisis counselor may see them only one time. Why should not the Kansas law establishing majority at the 18th birthday be applied to abortion legislation?

February 6, 1992

Committee Federal & State Affairs  
Capitol Building  
Topeka, KS 66612

Dear Committee Members:

Let me introduce myself; I am Jennice Harrison.

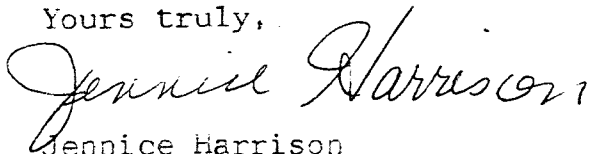
You have a difficult task before you. I hope you will carefully weigh the views presented here today. I want to share with you my personal convictions.

I believe that the scriptures place great value on the living blood that flows through human life. It is God who created us, not we ourselves; and by allowing abortion, we assume power that is reserved only for our creator.

Only now are we beginning to know something of the post-abortion trauma women face because of this all too easy option. This "easy fix" solution denies women their fulfillment and offers them only empty arms and hollow grief. The embryo is manufacturing its own blood by the third week of pregnancy. Let us be careful to preserve this young life. We do not want to be guilty of aiding in the shedding of innocent blood.

Thank you for your time. May God help you with the task before you.

Yours truly,



Jennice Harrison  
522 Angle Lane  
Wichita, KS 67230

JLH/jl

House Federal & State Affairs  
February 6, 1992  
Attachment # 20

IN THE COMMITTEE ON FEDERAL AND STATE AFFAIRS

February 6, 1992

IN THE MATTER OF )  
 )  
 )  
HOUSE BILL NO. 2778 )  
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COMES NOW Kathryn Gardner, a concerned citizen of the City of Wichita, Kansas, and an attorney at law, and provides the following testimony in opposition to House Bill No. 2778. I am a 1983 graduate of the University of Kansas School of Law. From 1983 to 1985, I served as a research attorney to the Honorable Joe Haley Swinehart on the Kansas Court of Appeals. From 1985 to 1986, I served as an Assistant Attorney General for the State of Kansas in the Civil Department. From 1986 to 1988, I served as a Law Clerk to Federal Judge Sam A. Crow in Wichita, Kansas. In 1988, my first child was born, and I have since that time been practicing law as a part-time attorney at a Wichita law firm. I value my ability to continue my practice of law, and I value as well my opportunity to spend more time with my two daughters.

Section 2(a) at page 1, lines 29-36, is an apparent policy statement in the guise of a prohibition against the state's taking of certain acts. The section purports to tell the state what it can or cannot do. The proper function of statutes is, instead, to tell citizens of the state what they can or cannot do.

Section 2(b) at page 1, lines 37-38, prohibits cities from passing any ordinances restricting abortions. This subdivision unduly restricts the cities' power of home rule.

Section 2(d) at page 2, line 1, makes it a criminal offense for a city to pass an ordinance which restricts a woman's right to an abortion, and additionally makes it a criminal offense for this state to enact any other laws regulating abortion which are not set forth in House Bill No. 2778. This surely cannot have been what the Legislature intended.

Section 3(a)(1) at page 2, lines 3-11, defines the term "counselor" to include persons who are neither regulated by the Board of Healing Arts, nor by the Behavioral Sciences Regulatory Board. The term "professional pregnancy counselor" at line 9 is overly broad, and would apparently encompass anyone who is paid to secure the consent which is required by this Bill. The citizens of the state would be better served by requiring disclosure by a narrower class of persons. Physicians as a class are better

*House Federal & State Affairs  
February 6, 1992  
Attachment # 21*

equipped to provide the medical information and to answer questions about the abortion procedure and its alternatives than are other persons set forth in this section. A requirement that disclosure be made by the physician performing the abortion, or by the referring physician, was upheld in Planned Parenthood v. Casey, F.2d \_\_\_\_\_ (3rd Cir., No. 90-1662, October 21, 1991). Casey additionally rejected arguments that the informed consent requirement would violate the First Amendment rights of abortion providers by forcing them to state an ideological message they are opposed to. Because dialogue between an abortion patient and her doctor is commercial speech, the state may compel the disclosure of relevant information, so long as the disclosure does not prescribe an orthodoxy of politics, religion or other matters of opinion. Slip Op. at 51 (citing Zauderer v. Office of Disciplinary Counsel, 471 U.S. 626, 651 (1985)). Casey held that the informed consent requirement was not an attempt to prescribe an orthodoxy in matters of opinion, but that the information involved was reasonably related to the state's interest in insuring that women have relevant information before having an abortion. Slip Op. at 51.

The goal of Section 3(b) at page 2, lines 13-29, is apparently to insure that minors have relevant information before having an abortion. But the information which the Bill requires to be disclosed to minors is equally relevant and important to all women seeking an abortion, regardless of their age. To that end, the state would be better served by requiring not only the information included in Section 3(b)(1), (2), (3) and (4), but also by requiring disclosure of other relevant information such as the nature of the abortion procedure, the risks of that procedure, the gestational age of the unborn child, and the medical risks, if any, of carrying the child to term. The sentence structure of subdivisions (1), (2), (3) and (4) of Section 3(b) leaves something to be desired as well.

Section 3(c) at page 2, lines 30-34, fails to state when such disclosure must be made. The requirement that twenty-four (24) hours elapse between the disclosures required by law and the performance of an abortion was upheld in Casey, where the Third Circuit stated, "the waiting period is a small cost to impose to insure that a woman's decision is well considered in light of its certain and irreparable consequences on fetal life, and the possible effects on her own." Slip Op. at 55.

Section 3(f) at page 3, lines 3-10, relate to a "medical emergency." This definition of medical emergency is overly broad. A definition of medical emergency as "that condition which, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death or for which a delay will create serious risk of substantial

M. Chairman

Members of the Committee,

The issue we are considering has been clouded by semantics and emotional accusations. When something becomes distasteful, we in America change the description, not the fact. Hence we change the names of pro-abortion to pro-choice, the name developing baby to fetus or "tissue", the name "abortion counseling" to "planned parenthood", the phrase "rights of a woman to control her body" instead of "right to kill", the name "abortion mill" to family planning center or clinic, the name of anti-abortion groups to religious zealots, the term "viability" to one of "breathing and functioning normally".

The reality is that over 95% of all abortions are performed strictly for convenience, and yet we spend most of our energy talking about rape or incest or the abnormal baby.

This committee is discussing what role the government should have protecting rights. The role of government should focus and have responsibility of protecting the rights of the defenseless, helpless, and those unable to cope themselves. The developing baby is that person unable to defend itself against assault. He/she should be protected by the government, not destroyed by it. This bill does everything to protecting the destruction-not protection of the developing baby.

The bill encourages a 16 year old to abort. This bill has cancelled Mahalia Jackson, the greatest gospel singer ever, Bach the great composer of symphony and me, all born of 16 year old mothers.

In 1992 we still grieve over the holocaust and the senseless slaughter of over 6 million of our Jewish brothers and sisters. Fifty years after the fact the pain of that terrible injustice still lingers. Yet since 1963 over 25 million babies in America have been killed legally. What is their cry? Where is their sanctity of life? Where is their equality? The fact is that there is now one abortion for every 3½-4 births.

*House Federal Estate Affairs  
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Attachment #22*

We could count off 1,2,3,4 dead, sucked through a tube. 1,2,3,4 dead, arms and legs ripped off. 1,2,3,4 dead poisoned in agony. 1,2,3,4 dead, harvested for research or body parts.

Perhaps we need a bill to consider rape, incest or the impossibly deformed baby. Do not pass this quick fix bill that is proposed by special interests. Go back to the drawing board and do what is morally right. Leave a legacy to your children and the community that they would be proud of.

Sincerely,

  
J.E. Schneider

HFSSA  
2-6-92  
22-2

February 5, 1992

Committee Members  
Committee on Federal and State Affairs  
House Bill No. 2778

Testimony of: Donald A. McKinney  
Attorney at Law  
444 N. Yale  
Wichita, Ks. 67208

Last year, the congress of the United States enacted the Americans with Disabilities Act of 1990. 42 U.S.C.A. sec. 12101 et seq. (West Supp. 1991). In that Act, Congress clearly enunciated our nation's goals with respect to the handicapped and disabled: "To assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals."

Kansas law also recognizes that the policy of this state is "to encourage and enable the blind, the visually handicapped and persons who are otherwise physically disabled to participate fully in the social and economic life of the state and to engage in remunerative employment." K.S.A. 39-1101.

House Bill No. 2778 conflicts with these laws and public goals. It would discriminate against disabled and handicapped persons, by allowing such individuals, viable and capable of independent existence, to be terminated by the decision of an abortionist with a financial interest in promoting such termination. If enacted, the bill would also represent a legislative statement publicly stigmatizing all individuals with handicaps and suggesting that such individuals are not equal, but have less worth.

House Bill No. 2778 conflicts with Kansas law in other ways.

*House Federal & State Affairs  
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attachment #23*



Kansas law recognizes that a viable pre-born human is a legal person for whom a wrongful death suit may be maintained by his heirs at law, including the father, if that person is killed. Yet House Bill No. 2778 would permit the killing of that person simply because continued carrying of that child might cause the mother a headache, some stress, or any other of a number of ill-defined symptoms which might be characterized as a threat to the "health" of the mother. That determination is once again left to an abortionist with a financial interest, without any requirement of a second opinion or independent evaluation.

House Bill No. 2778 discriminates in other ways. It would enact age discrimination -- discrimination against all human beings in the earliest stages of life. It discriminates against women. Many elective abortions are for sex selection purposes, most to ensure male offspring, leading to aborted women. It discriminates against a large number of those in our state who are opposed to abortion on religious grounds and wish to express their First Amendment rights of free expression and free exercise of religion in opposition to abortion. The unclear wording of the bill might permit arrest simply for being on a public sidewalk. Nor does the bill require any intent to interfere or harass, but permits arrest without the element of intent.

The Supreme Court of the United States is currently considering the abortion issue. It would be premature for the state legislature to act at this time, while the right to abortion under the privacy guarantee of the United States Constitution is under intense scrutiny and serious question at the federal level.

HFSA  
2-6-92  
23-2

Sherry Crowe  
85 S Longlake  
Wichita 67207  
683-3191

# JUST THE FACTS.



House Federal & State Affairs  
February 6, 1992  
Attachment # 24

## FACT.

### Every Third Baby Dies From Abortion.

- That's 1.6 million babies each year  
4,400 each day  
1 every 20 seconds.
- 40% of all women who have abortions will have two or more.
- Half of all abortions are performed on women who chose to use abortion as their only means of birth control.

Alan Guttmacher Institute



Photo by Scott Cooper

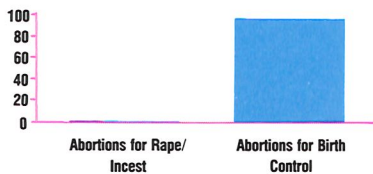
## FACT.

### Women Can Legally Abort Their Unborn Child At Any Time Throughout Their Entire Nine Months Of Pregnancy . . . For Any Reason.

Doe V. Bolton, Roe v. Wade, U.S. Supreme Court decisions

- The overwhelming majority of all abortions — 98% — are done as a means of birth control or to conceal an unplanned pregnancy.
- Less than 2% of all abortions are performed because of rape, incest or threat to the life of the mother.

U.S. Department of Health & Human Services, Centers for Disease Control



## FACT.

### This Is An Unborn Baby Boy At Approximately Seven Weeks.

- Just 18 days after conception, the baby's heart is beating. . . . At 6 weeks, brain waves can be measured. . . . At 8 weeks, the stomach, liver, kidneys and brain are functioning. Fingerprints have formed. . . . At 9 weeks, this unborn child is able to feel pain. 772,800 abortions are done each year in America after this point in pregnancy.



Photo by Robert Wolfe

U.S. Department of Health & Human Services, Centers for Disease Control

## FACT.

### This Is An Unborn Baby At 16 Weeks. 77,000 American Babies Are Aborted Each Year At This Age Or Older.

- Since 11 weeks, all of the baby's organs have been complete and functioning. He or she breathes (fluid), swallows, digests, sleeps, dreams, wakes, tastes, hears and can feel pain.

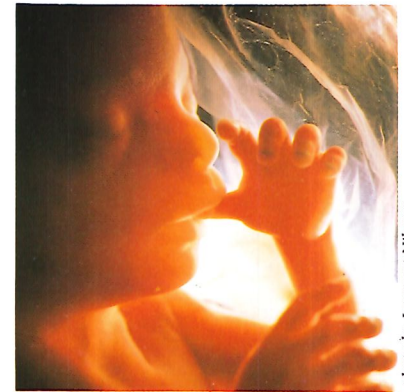


photo by Lennart Nilsson

From 11 weeks on, all the child needs to become a healthy newborn is nourishment and time.

- 40 abortions a day are performed on women carrying a child five months or older.

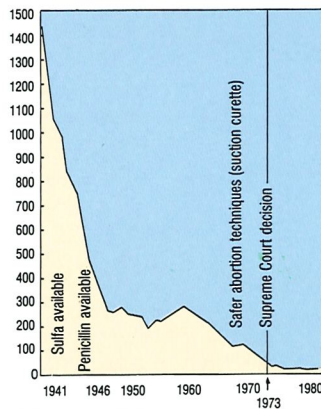
U.S. Department of Health & Human Services, Centers for Disease Control

HFBSA  
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24-2

## FACT.

### Legalizing Abortion Was Not Responsible For Reducing Abortion Related Deaths.

- According to data from the National Center for Health Statistics, the legalization of abortion was not responsible for reducing abortion-related deaths. The discovery of antibiotics in the early 1940s did that by providing a treatment for infection.
- In 1972, the year before the U.S. Supreme Court legalized abortion, only 39 women died from abortion related complications. In 1977, after abortion was legal for five years, 21 women died.



National Center for Health Statistics

U.S. Department of Health & Human Services, Centers for Disease Control

- Dr. Bernard Nathanson, co-founder of NARAL (National Abortion Rights Action League), admits his group lied about the number of women who died from illegal abortion when testifying before the U.S. Supreme Court in 1972: "We spoke of 5,000 - 10,000 deaths a year. . . . I confess that I knew the figures were totally false . . . it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics?"

## FACT.

### Child Abuse Has Increased 500% Since Abortion Was Legalized In 1973.

- Legalizing abortion was supposed to help reduce child abuse, since it was assumed most abused children were unwanted at birth. But this theory has been disproven by scientific studies as well as by the obvious evidence that child abuse has sharply increased since abortion became legal.

DATE	TOTAL NUMBER	% INCREASE
1973	167,000	
1979	711,142	325%
1986	1,000,000	500%

U.S. Department of Health & Human Services, National Center of Child Abuse & Neglect

- Rather than helping stop child abuse, legal abortion has actually contributed to its sharp rise due to the effects abortion has on women's self-esteem and ability to deal with stress—two important factors which cause child abuse.
- Cites Dr. Philip Ney in a widely read study on the connection between abortion and child abuse:

"... elective abortion is an important cause of child abuse."

"Recent evidence indicates many women harbor strong guilt feelings long after their abortions. Guilt is one important cause of child battering and infanticide. Abortion also lowers women's self-esteem and there are studies reporting a major loss of self-esteem in battering parents..."

P. Ney, "Relationship between Abortion & Child Abuse" *Canada Jour. Psychiatry*, vol. 24, 1979, pp. 610-620

## FACT.

### The Average Abortion Procedure Takes 5 To 10 Minutes. The Average Wait For Adoption Takes 2 To 10 Years.

- Approximately 2,000,000 couples in America are currently ready and waiting to adopt.
- Only about 50,000 babies are placed for adoption each year.
- Only 2% to 3% of the more than 1,000,000 teenagers who will become pregnant this year will place their child for adoption. Over 40% will choose abortion.

National Committee for Adoption

## THINK ABOUT IT.

The strategy of marketing abortion rights under the label of "pro-choice" was conceived by a "Madison Avenue" advertising agency. And it was a clever one. After all, the word "choice" strikes at the very heart of what we as Americans hold most dear.

But when you examine the facts behind the glossy label, you realize pro-choice markets only one choice to only one person: abortion for the mother.

Should abortion remain legal as it is in America today — available on demand for any reason throughout the entire nine months of pregnancy?

**Think about it. Then make *your* choice count.**

# IT'S A WRENCHING DECISION...

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## SHOULD ABORTION BE LEGAL IN THIS COUNTRY?

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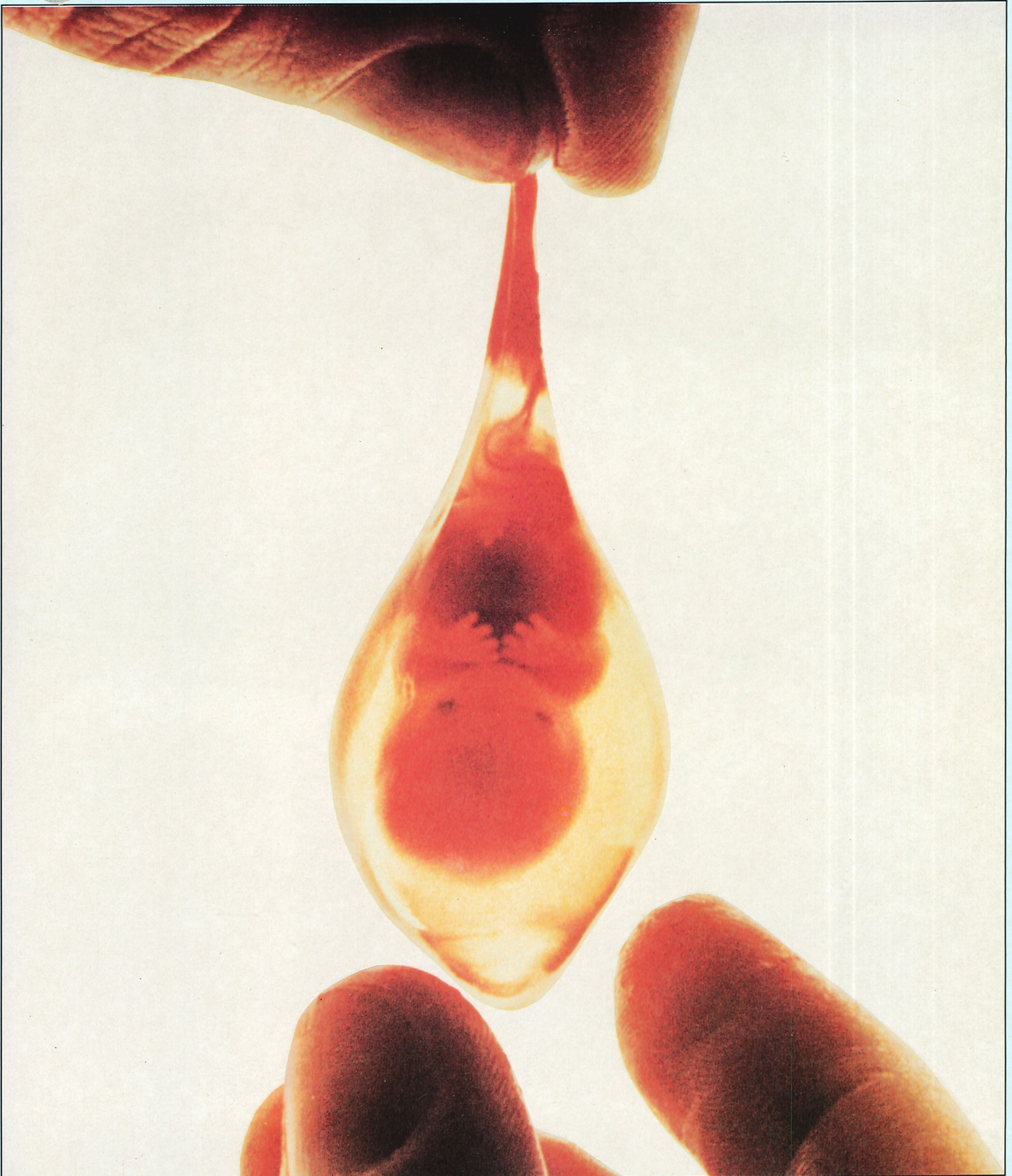
People are tired of hearing the jargon from both sides. It's time you had an opportunity to just look at the facts.

In the few minutes it will take you to read this brochure, you will find facts that are undisputed by the medical and scientific communities. Facts that will help you make up your own mind about the abortion issue.

*Photo by Scott Cooper*

HFSA  
2-6-92  
24-4

# 6 - 7 Week Baby



This photograph of an unruptured ectopic pregnancy was taken after surgery at the University of Minnesota by a medical photographer of the Department of Medical Art and Photography at the University. The 22-year-old mother had experienced her last normal menses 6 weeks prior to admission. The picture was originally printed in the Bulletin of the Bell Museum of Pathology of the University of Minnesota Medical School: Autumn, 1972 - Publication No. 2.

© 1990 Human Life International



The heart begins beating between the 18th and 25th day. The foundation for the entire nervous system is laid down by 3 weeks. At 6 weeks, the skeleton is complete and reflexes are present. Electrical brain waves have been recorded at 6 weeks. The brain and all the body systems are present by 8 weeks.

HUMAN LIFE INTERNATIONAL -- 7845-E Airpark Road, Gaithersburg, MD 20879 USA -- 301/670-7884  
HLI-CANADA -- P.O. Box 5350, Merivale Depot, Nepean, Ontario R2C 3J1 CANADA -- 613/723-9810

*HOUSE FEDERAL & STATE AFFAIRS  
February 6, 1992 Attachment #25*

Committee Members;

My name is Kimberley Gates. I live in Wichita, KS. I would like to tell you my story. On July 30, 1983 I had an abortion. I was 21 yrs. old, in college, unmarried, and I wanted a quick solution in handling my "problem." I told myself it wasn't really a baby even though it may be alive. It had no personality. That's something that must be taught, or so I believed. I went to an OB/GYN for my abortion. I found out I was pregnant on Tues., and had the abortion on Fri.. I was so upset about being pregnant I did everything in my power not to think about the abortion I had scheduled. My doctor gave me no counseling and as for preparation - he warned me that I would feel some slight cramping during the procedure. On that day the pain was so great that I nearly broke a friend's hand. It took 2 nurses to pry our hands apart. Even the thought of going through labor scares me to death now. Something else I didn't count on was when I was back home in my own bed. A very sad feeling came over me. A sadness that could only be described as a deep emptiness; like something had been present and was now gone. I didn't understand the emotions I was feeling so I cried myself to sleep, and vowed never to think about that day again.

That day came back to haunt me one night in October of 1984. I began having nightmares and waking up crying. I began to cry at different times throughout the day for no apparent reason. I began experiencing short periods of depression. And, as I began to learn more about fetal development & and different abortion procedures, all these things got worse. But I must add another emotion to the list. I started to be angry at people. I got angry at the doctor and nurses who performed my abortion because they didn't inform me on what I was getting myself into. I got angry at the friend who took me because she knew what was going to happen. I got angry at my Dad because he only wanted to make me happy at the time. And I got angry at the women of this society because they taught me that abortion was quick and convenient. Well, 8 1/2 yrs. have come & gone, through lots of tears and nightmares. It definitely was not quick and these past years have shown me that I will be dealing with this emotional scaring for the rest of my life.

I am telling you this because, unfortunately, I'm not alone. I've learned to deal with these emotions & have been able to voice them but for every woman who has gone through what I have gone through, there are thousands that are not able to voice it. Why is the abortion experience so hard to talk about? Because when life is begun at conception, I believe a woman becomes a mother. The morning I had my abortion I experienced a deep void that could only have been there because I destroyed life - a part of myself. I believe we are doing a disservice to the women of this country. A disservice that is borderline to abuse. We are teaching the young women of this nation that abortion is a quick and easy solution. I think my story and many others proves that wrong. We are teaching women of this country that abortion is a personal "right" that they have. It has taken me one time to have an abortion - to know that it is deadly wrong. I advocate against abortion because I believe women deserve more than the lies they are being given. The rhetoric of the pro-abortionists seems to have dulled the senses of this great nation. We need to stop this destruction of women. You have it in your power to abolish abortion. Do you really care about the women of Kansas? I think not - but please prove me wrong.

*Kimberly Gates,  
Wichita*

HFSA  
2-6-92  
# 25-2

McGuire,

Before mother feels unborn baby's movements, the infant wakes & sleeps, moves about, swallows, hears, feels pain, breaths, receives, tries to cry, sucks its thumb or toes.

Heart beats at 3 or 4 weeks, & has brain waves.

8 weeks - the skeleton forms -

- limbs - fingers with fingerprints
- all body organs formed

16 weeks - eye lashes

16 1/2 weeks - 20 milk-teeth buds

20<sup>th</sup> week - hair

Physicians for Life:  
Position Statement

Dr William McGuire

316 - 682-9381  
medical evidence confirms that human life begins at conception. We therefore uphold

the sanctity of human life from conception until natural death.

We are firmly opposed to taking human life by abortion or euthanasia.

We are therefore committed to providing positive & compassionate alternatives to such termination of human life.

House Federal & State Affairs  
February 6, 1992  
Attachment # 26



DARLENE CORNFIELD  
 REPRESENTATIVE, 90TH DISTRICT  
 SEDGWICK COUNTY  
 7 WEATHERLY COURT  
 (316) 755-0543  
 VALLEY CENTER, KANSAS 67147



COMMITTEE ASSIGNMENTS  
 MEMBER: INSURANCE  
 LABOR AND INDUSTRY  
 LOCAL GOVERNMENT  
 PENSIONS, INVESTMENTS AND BENEFITS  
 STATE CAPITOL 448-N  
 TOPEKA, KS 66612  
 (913) 296-6876

TOPEKA

HOUSE OF  
 REPRESENTATIVES

TESTIMONY PRESENTED TO  
 HOUSE FEDERAL AND STATE AFFAIRS  
 HB 2778

Thank you Madam Chairman and members of the Committee. I am here to testify in opposition to HB 2778. This bill is extremely offensive to those citizens that are really concerned with protecting life. The intent of the bill is clearly to protect the industry of abortion and has no provisions whatsoever to punish the abortionist for failing to follow the "restrictions" placed on them in this legislation.

In section 1(c) the definition of viable is the best medical judgement of the woman's physician - the abortionist is not the woman's physician. She has not been seeing him other than to enter his establishment to terminate the pregnancy. According to this, the physician can decide what viable is. Is any reasonable person going to believe that the abortionist will be honest in this determination?

In section 4 you carefully set out very specific penalties for blocking facilities, but no where in this bill is there specific penalties or even safeguards to protect the women from being exploited or lied to about the maturity of the baby.

This bill has the same familiar "vague" language of "protect life or health" of the woman. Of course, "health" is not defined. This bill allows abortions for serious deformity or abnormality which also is not defined. I wonder if, as a Legislature, we should look at the funds we allocate for prenatal care. If this in fact is not a baby and can be terminated, maybe that money could be better spent. Maybe as citizens we should think about

not supporting agencies such as the March of Dimes that spend millions of dollars on researching birth defects if we are going to eliminate these babies before they are born. This bill even prohibits local communities from protecting life if they so choose.

In section 3 counselor is defined and does not include any ministers, clergymen or parents, but allows those who would profit the most to give counsel instead of outside, unbiased persons. In the guidelines for what should be included in "counseling" there is no mention of the risks involved or after effects, which all doctors give to patients for any "medical procedure" they are to perform. Why not this one?

This bill takes the liberty to make specific fines and imprisonment for certain acts, even second and third offenses, that are not even in the criminal statutes for felons of very serious crimes. It is at variance with the criminal code KSA 21-4502 because it treats this specific misdemeanor differently than any other misdemeanor.

Finally, it will repeal the abortion statute now on the books that at least will allow someone other than the abortionist to validate the need for an abortion. This bill will not restrict any abortions in Kansas nor provide true alternative counseling for young women in need.

In conclusion, this bill should be titled the "Abortion Provider Protection Act" and if passed as is, will be a travesty for all the citizens of Kansas.

*Mary Jo Heiland Cornfield*

Mary Jo Heiland  
5407 Sullivan  
Wichita, Ks. 67204  
(326)838-1505

February 6, 1992

Re: HB 2778 The Abortion Issue

Mr. Chairman and Members of the Committee

I am not traveling to Topeka for the hearings for two very good reasons. First, it is a special time for my husband and myself. We have been married twenty six years. It is our anniversary. Twenty six years of learning and coming to know one can survive family feuds and make up; one has given life and love to babies and then children only to watch them walk away, and one comes to understand that marriage is a "threshing floor", designed by God to purify one by fire. I am encouraging you to look deeper than the issue, and reject killing babies for any reason. You have before you, life and death, hope and despair. You on the committee choose, and become complicit in the act should you choose to aid in killing.. I would suggest you look for, and amend this bill accordingly; ways to reduce the temptation into, and incidence of abortion. I would suggest school curricula geared to making the commitments that allow long term marriages to survive and be fertile ground for raising children. School curricula right now encourages abortion as a contraceptive failure. Sex is promoted without commitment to another human being, but only a sense of "social" responsibility by using condoms or other devices to prevent pregnancy. No wonder we have aimless, hopeless children having children. As lawmakers, you have the power and ability to make law that encourages sound and moral living in accordance with Gods will for man.

The second reason I am not there is because I consider this bill to be a "dud." I believe Ms. Sebelius is a masterful strategist in introducing this bill at this time, while her real "baby" is in the Committee for Children's Initiatives. Her HB 2320 which would allow population control of whole neighborhoods from the central command of the schoolhouse, and has language so broad that abortions could even be performed in the schoolhouse by traveling abortionists was vetoed last session. It is back, transformed, and making an end run as HCCR 5035, with prestigious people placed in charge of agitating the people to ask for the "services" themselves. All of the talk in regard to this bill will be as so much dust in the wind if the Children's Initiative Committee gets by with its great child snatch. There is nothing the social "reformers" cannot do with the children if HCCR 5035 gets the legislature to pass laws in regard to ALL children. That will make the children essentially custodial wards of the state. So, I tell you in this letter, that you will tie up your Committee and all these people for nothing, and you should be asking Ms. Sebelius why she has done what she has done.

HFSA  
2-6-92  
27-3

An open letter to Rep. Kathleen Sebelius & Member  
of the House Federal & State Affairs Committee:

I am very concerned about the contents & purpose  
of HB 2778. Although purported to be a "pro-life"  
bill, its intent is clearly favoring abortionists,  
whose main concern is not a mother's well-  
being or saving a life, but rather, monetary gain.

Several points in the bill merit closer scrutiny:

1) Defines legal abortion as "for a non-viable"  
fetus only. What constitutes viability? Who  
decides? The physician on duty at the  
abortion clinic? He is certainly not qualified  
to make an unbiased decision that is best  
for the mother.

2) Provides counseling for those 16 and under. A  
girl is a minor by law until age 18. What  
makes a 17-yr-old above the law? And who  
provides the counseling? A non-biased,  
trained counselor? Or the physician at the  
abortion clinic? He's not trained to counsel.

3) Severe penalties for abortion protestors.  
Protesting at an abortion clinic is not a  
criminal, but civil matter, and is a right  
guaranteed by the 1<sup>st</sup> Amendment of the Bill of  
Rights. It is not granted to the Legislature  
the power to restrict rights given to the  
American people by the Bill of Rights. It is also  
not in line with other civil disobedience  
penalties, either.

Please think seriously on this - make the right  
decision by voting No. People are counting on you!  
Marilyn Reed

FEBRUARY 4, 1992

Rep. Darlene Cornfield:

We are writing today to voice our strong disapproval of HB 2778 which is scheduled to be heard before the Federal and State Affairs Committee this week.

After reading the language of the bill it has struck us as being totally one sided in its attempt to further exploit the unborn children, the pregnant women, and the people who try their best to help these persons.

We find the definition of viability, as in the attending physician best judgement, wholly inadequate and easily lent to abuses by unscrupulous physicians. Furthermore the language fails to define "extraordinary medical measures", would this include an oxygen tent, or even an IV?

Later the language states the "health" of the pregnant woman to be a consideration in determining the abortion as necessary, but again fails to even state if this refers to something as minor as morning sickness, surely this would not be the intent of a reasonable bill.

What about the rights of the minor when they sign the informed consent portion of this bill?? Do they also sign away other rights in the event of a botched abortion, such as legal recourse against the physician?


Also in this bill is the attempt to curtail protest activity outside abortion clinics. The bill goes to great length to detail legal consequences to those who transgress this bill, yet no mention is made of consequences to those physicians who might ignore this bill altogether. How are abuses to be prevented??

In conclusion, we find this bill to be vague in places where it can lend itself to abuses. This is not a good bill for the people of Kansas and we urge you to vote against it.

Sincerely.



Tim and Gina Lauer  
5721 N. Athenian  
Wichita, Ks. 67204



Dick + Pat Dwyer  
340 N. CLIFTON  
Wichita, KS. 67208

HF 35A  
2-6-92  
27-5

February 5, 1992

**Federal & State Affairs Committee**

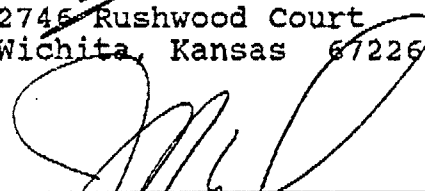
RE: HB 2778

Dear member of the Federal & State Affairs Committee, the subject of this letter is the newly proposed House Bill 2778. My name is Craig Caulk and I oversee a group of 20 business people who have been meeting regularly since November of 1991. We all work in downtown Wichita, represent most of the State Representative districts, and are primarily concerned with the issue of abortion and the children it kills, as well as the young people who suffer later consequences.

We, the undersigned, strongly oppose this Bill because it provides no protection on rights, life or choice of the unborn baby. We urge you to support our Constitution, that all have the right to life.

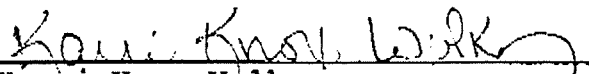


Craig L. Caulk  
2745 Rushwood Court  
Wichita, Kansas 67226



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Jeffrey R. Wood  
821 Linden Court  
Wichita, Kansas 67206



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Karri Knox Wolken  
6624 N. Wendell  
Wichita, Kansas 67219

HF 3 SA  
2-6-92  
27-6

Feb 3, 1992

Dear Mrs. Selilino:

I am writing in opposition to Bill H.B. 2778. I have read the bill and find nowhere that there is any provisions to protect the life of the unborn child in the womb. I find this bill is a cover-up for liberal anti-family legislators. This bill also states that an abortion cannot be performed on a viable child, but goes on to state that, that child can be killed for any one of ten thousand health reasons of the mother, what if she has a headache? Why can't our government legislators do what the constitution says and protect and preserve the right to life for everyone, ~~even~~ the most helpless and innocent citizen, the child in the womb. Thank You for taking the time to read this letter.

Mrs. Rhonda Cawik

HF 35A  
2-6-92  
27-7

Charles W McConnell  
3520 Carla  
Rose Hill, Ks 67133  
2 Feb, 1992

HF 95A  
2-6-92  
27-8

Representative Darlene Cornfield  
Topeka, Ks 66612

Dear Representative Cornfield,

I oppose HB 2778 and request you to distribute this letter to the committee.

Wichita has the sad distinction of being able to kill babies at any time prior to being born. It is these clinics that are being targeted for saving of the unborn and those that cannot protect themselves. They are alive and have the right to be born and live.

This right does not conflict with that of a woman.

After all, she had the right

to have sex, use the pill or any other contraceptive. If she became pregnant then the right of the child must be protected.

There is so much sex education in schools it would seem impossible for a woman to get pregnant if she really tried to prevent it. I think it is time that this responsibility be borne by those involved.

I completely disagree with those who are trying to punish the people standing up to preserve life.

Abortion and Euthanasia are the greatest tragedies facing the country today.

Sincerely,

Charles W McConnell



Connie Craig  
Secretary, Federal  
and State Affairs  
Committee.

2-3-92

Dear Connie Craig,

I am writing this letter to express my concern for Bill HB 2778. After my reading of this Bill I strongly oppose it. I am a victim of an abortion, mostly because of ill-responsibility and no one advising me of its lie and the reality of the death of a child.

Provision 32 of Page 1 This states that an abortion is necessary if the health of the woman is in question. I can see if her life is in question, but the word health is a very broad term. It could mean 1,000 things. That does not seem fair to me to trade the life of a baby for any of 1,000 things.

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That shows that the people of this Bill places no value on a baby's life. Thus, this Bill provides no protection to the Baby, and teaches no responsibility to the mother. And God knows what this generation needs today is responsibility.

Provision 38 of Page 1 " This provision states that no one shall interfere with the right of a woman to end the life of that which is in her womb. Please think about this! What provision protects the right of the child to live. We as a people have lost our senses when we trade the life of one (who can't even speak for themselves and who is the helpless of all) for the convenience of another.

Provision 18-30 Page 2 " I don't see the word adoption used here or any other

provision that would inform the mother of  
the life stages of a little one in the  
womb to a viable child. I also  
see that there is no provisions in this  
bill that notifies the father as to  
what is transpiring. Nothing to protect  
him. Does he not have any rights. I  
was the father of a baby that was aborted.  
I was not told, neither by the mother  
nor by the state. I don't even know  
where I was the day my child died. or  
so I know where my child was thrown away.  
I don't think you know the pain that  
that brings to a man.

Summary This bill supplies no protection in  
what so-ever to the child, the mother or the  
father. Please consider what is the right  
thing to do. I challenge you to take

HF 5A  
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27-11

just 5 minutes out of your schedule  
and ask God what is right.

Sincerely  
Laurie Cantle

P.S. Thank you for taking  
your time + reading this.

I am 39 years old and married with 4  
children. I am a independent oil explorationist  
and live in Wichita.

2-5-92

To The Committee on Federal and State Affairs:

Re: House Bill No. 2778

As a concerned citizen and clinical neonatologist I am responding to the lack of clarity in House Bill No. 2778. While positions on abortion are vastly diverse, at least the language we use should be consistent and hold meaning.

In 1980 the clinical practice of Neonatology was such that with rare exception babies born between 750 and 1000 grams died, even with full medical support. In 1990 it was uncommon for a baby between 750 and 1000 grams to die if provided *routine* intensive care. In fact, many less than 750 gram babies are in our midst as happy one to five year olds. Was this care extraordinary? Yes, in 1980; no, in 1990. How can one define extraordinary? If you have defined it, the language was not included in House Bill 2778.

Sustained survival is a difficult term for those of us in neonatal care. We expect 70 years as the life span of our survivors, but some die before they are one year of age. What is sustained? 1 year? 10 Years? 50 Years? And then what is a *reasonable* likelihood? Who gets to reason? What data should be available with which to reason?

Not only should the data from which one reasons be agreed upon, the person empowered with this decision should be reevaluated. Is it proper for the "woman's" physician without consultation from experienced and educated infant care providers to be wholly empowered to determine that there is a "reasonable likelihood of sustained survival"?

The American Thoracic Society, the medical section of the American Lung Association, has stated that the purpose of life sustaining intervention should be to *restore or maintain a patient's well-being* ... (italics mine). Therefore, in 1992 the need for a period of routine intensive care, considered alone, does not constitute extraordinary medical support; indeed only if life-sustaining treatment is deemed to be

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futile and unlikely to result in a meaningful survival for the patient can it be withheld. This bill, as presently formulated, could be used to deny some infants *standard* medical care. It is important that the language of House Bill 2778 be clarified with regard to these issues.

Sincerely,



Carolyn Johnson, M.D.

RE: House Bill #2778

I have several concerns I would like to address to the State Legislators concerning this Bill: 1) Viability, which pertains to the statement saying that it is in the best medical judgment of the woman's physician--that there is reasonable likelihood of sustained survival of the fetus outside of the uterus w/o the application of extraordinary medical measures. What are we to define as extraordinary medical measures? Perhaps ventilatory status -- is that to imply oxygen status -- what does that imply? In the majority of these cases, which particular physician is making those decisions? In many cases that particular physician is the abortionist himself who is determining whether this infant has viability or not. This leaves the door open to definite abuse in concerns to second trimester terminations. There is a large open window here now, anywhere from 22 weeks to 26 weeks. If you consult most perinatologists in this country you will find that infants even at 23 - 34 weeks have done extremely well. Several infants have now survived as small as 380 grams. There is a great deal of concern with the term viability and who determines that viability. It depends which particular physician is making that decision as to whether viability exists. In many cases that determination is made by a physician who is the abortionist. He has a vested interest in performing that procedure and it is not in the best interest of the patient for him to make the decision whether viability exists or not. In a sense, abortion usually in the second trimester will intentionally cause the fetus to die prior to the birth of the child. It fulfills the criteria for abortion under Section 1A of this House Bill. I see some great concern with that.

The other concern I see is Section #2, which states that the State shall not interfere with the right of a woman to terminate a pregnancy before fetal viability and, hence, when is the right determinant to fetal viability today since the standards are getting lower and lower? Is it 23 weeks, is it 24 weeks, it is 25 weeks, is it 26 weeks? There is an extremely gray zone there that needs

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RE: House Bill #2778  
Page 2

to be addressed by the legislators. Perhaps it should be required that an independent party involving a physician has agreed prior to the termination that viability does not exist in this particular case.

A classic example is if a patient had an ultrasound performed right at 24 weeks the inherent error of that ultrasound is +/- 1 1/2 weeks to 2 weeks on either side. Hence, this pregnancy may vary in gestational age anywhere between 22-26 weeks gestation. Clearly by perinatology standards today a 26 week gestation is viable. Trying to use late-term ultrasonography as a way to determine viability prior to termination has an extremely large error rate.

The other possibility here, too, is that late second trimester ultrasonography may actually be measuring a small for gestational age baby or what we term intrauterine growth retardation in a baby whose measurements are actually 22 weeks gestation. Even with an error rate placing it between 20-24 weeks gestation, there could actually be a symmetric intrauterine growth retarded infant who is actually 27, 28, or even 30 weeks gestation. Hence, this was a viable fetus yet the viability determination may be performed by a person in an abortion office who utilizes ultrasonography as a way to gauge whether an abortion can be performed or not, but again has a vested interest in performing that procedure. Because of the large error within that ultrasound diagnosis, he may opt to bend more toward the side of termination rather than indicating to the patient herself that fetal viability may exist here.

The other vagueness here is that the State shall not interfere with the right of a woman to terminate pregnancy at anytime if the procedure is necessary to protect the life or health of the woman. This is the most ambiguous statement I have seen in quite awhile. What is determined as the health of a woman? Certainly health is defined as either physical or mental, or both. This could be grossly misinterpretable as indicating anything that would be construed as physically or mentally unhealthy for that woman

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RE: House Bill #2778

Page 3

gives her the right to terminate at any gestational age to, again, this vague point of viability. I think the State needs to impose more rigorous criteria concerning what is defined as the health of a particular female and certainly a vast majority of the first trimester terminations in this country are due to social and/or psychological reasons for terminating the pregnancy and not due to physical reasons. When you get up into the second trimester where viability becomes a great concern, then the health of the mother needs to be more clearly defined since viability may actually play a role in this particular patient's pregnancy.

Again, Section 2, #1, states the abortion is necessary to preserve the life or health of the pregnant woman. This determination is, again, by a physician. However, the only physician this patient may see is the abortionist herself and since he has a vested interest in performing that procedure he is not an objective independent counselor who can make a determination for that patient as to whether her life or health is in jeopardy based on that procedure.

Also, in Section 2, the fetus is affected by a serious deformity or abnormality. Again, who is determining whether the deformity is serious or the anomaly is serious? In many cases this determination, again, may be performed by the abortionist himself. There may be a great deal of vagueness associated with that diagnosis.

The legislature should know that we are at new crossroads in the field of Perinatology, Neonatology, and Obstetrics. We are now at a task to insure both fetal and maternal well-being occur almost from the time of conception. With the advent of ultrasonography we have been granted a journey into previously "unchartered waters." We now have the capability of genetic diagnosis through amniocentesis, chorionic villi sampling, and even the likelihood of harvesting fetal cells for maternal blood. Ultrasound diagnosis has become so sophisticated now that fetal ultrasonography of the heart has

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RE: House Bill #2778  
Page 4

been developed. Antenatal diagnosis of congenital heart defects is currently being instituted in many research centers. Does the mother have the right to terminate a pregnancy at 20 weeks gestation if an atrial septal defect is discovered on ultrasonography, or a ventricular septal defect, or an atrial ventricular septal defect? These are ethical questions we need to ask ourselves since many of these terminations are at or near viability and there are great errors in ultrasound diagnosis for fetal cardiac abnormalities with a perhaps false positive value as high as 10%, depending on who you read. Because of the fear of medical/legal liability many perinatologists offering congenital anomaly advice to patients may error on the side of the most feared or worse prognosis and perhaps the most feared or worse diagnosis places the patient herself in a difficult decision as to whether termination should be performed or not.

The greatest problem I see is who determines this abnormality and whether this abnormality is serious enough to warrant termination. In many instances perhaps a physician at the Abortion Clinic may be making the final decision as to whether this abnormality is serious or not, or the abnormality noted on ultrasonography is serious or not.

Another point of contention I would like to make is Section 4, concerning health care facility. This means any licensed medical care facility. Hence, we are referring to Abortion Clinics, as well. I would like to see some degree of state supervision over these so-called health care facilities. At the present time we have no state agency overseeing anything that goes on within these facilities other than the possibility of OSHA itself coming in to regulate and make sure that a proper sterile technique and procedure is being followed concerning waste disposal. There needs to be more closely observed State supervision concerning proper diagnosis of gestational age pregnancies, proper interpretation, physical anomalies which have been sent for termination and pregnancy to assure that those physical anomalies did exist, or whether fabrication of those anomalies were done by the patient themselves and not documented by

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that particular health care facility performing the abortion. Since no regulatory agency exists for abortion health care facilities there is great room for abuse. Since terminations occurings at 24-25 weeks gestation may actually be at a very viable period of time for that particular pregnancy we need to have some regulation of that particular type of procedure being performed. I think all second trimester abortions in any state should undergo autopsy at the time of the abortion. Again, it's a well known fact that in instances where karyotyping had not been obtained with gross physical anomalies present certainly karyotyping should have been obtained at the time of the delivery of the infant.

I do not think a counselor should imply just, in general, a person who is licensed to practice medicine and surgery or just, in general, a person who is licensed to practice psychology. We should seriously consider what we are defining at counseling for these particular patients since we are stating that before the performance of an abortion on a minor a counselor should provide pregnancy information and counseling in a manner that can be understood by the minor. We need to assure that alternatives are available to minors such as adoption. How do we have any assurance at all that these alternatives are being offered to these patients arriving at "Health Care Facilities," when it involves the case of a minor 16 years of age or less. I don't think that simple discussion of the possibility of involving the minor's parents is correct. I think that the Pennsylvania legislators are correct in assessing and feeling that regardless of any surgical procedure performed on a minor the parents or at least one parent should be involved prior to that procedure. There is no other surgical procedure performed in this country, even something as simple as placing sutures in a minor in an Emergency Room for a small laceration, allowed under state law unless the parents or parent have been informed, or the Guardians of that particular minor have been informed. Why is it that no other medical procedure can be performed in this country unless the Consent of the parents have been given except in the case of termination of pregnancy? This has an inherent risk of death

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RE: House Bill #2778  
Page 6

in approximately 2-3 per 10,000 cases and morbidity in approximately 1-2% of all cases including infection, bleeding, and the need for re-  
evacuation of the endometrial cavity.

I would strongly urge all the legislatures involved in the State of Kansas to seriously ponder on these questions and ambiguities within the law so that there can be less room for error and less room for abuse. I certainly feel second trimester abortions need to have some state regulation since the room for error and abuse is much higher in this trimester. I think the ambiguities in this particular law at this time need to be addressed and perhaps better clarified.

Sincerely,



Thomas Van Geem, M.D.

TVG/bjs

HF 35A  
2-6-92  
29-6

February 5, 1992

Committee on Federal and State Affairs  
Capital Building  
Topeka, KS

Dear Kathleen Sebilus, chair, Robert Krehbiel, vice-chair, and committee members.

My name is Robert Noxon; I am a Chemical and Petroleum Refining Engineer for Koch Industries in Wichita, Kansas where I presently reside. I have come today to testify before this committee as to my absolute opposition to the proposed House Bill 2778. I will in the course of my testimony outline the reasons why I find this bill unacceptable.

It is not my intention to insult or to anger anyone on this committee, but it seems to me this is exactly the affect this bill has on those opposed to abortion. It is an insult to prolife persons to expect us to believe that the provisions in this bill will truly restrict abortion. I see this bill as nothing more than a thinly veiled attempt to pass a bill that appears to restrict abortion, but in reality is nothing more than the status quo. The only real changes are provisions included to punish those who actively oppose abortion.

**Section 1.** The language used to define *Viable* leaves too much discretion on the part of doctors as to what is *Extraordinary Medical Measures* ensuring survivability outside the womb. I am reasonably certain that there is a sharp contrast in what defines *Extraordinary Medical Measures* to an abortionist as compared to that of an obstetrician, pediatrician, or neo-natal doctor. I am also certain that the definition my sister would use, who's 2 1/2 year old daughter Samantha was born at 22 weeks, would also differ from that of the abortionist.

**Section 2.** This section is intended to place restrictions on abortion after the fetus is deemed *Viable*, however, current interpretations by the courts of the term *Health* virtually eliminate this restriction. *Roe v. Wade* has already placed this restriction on third tri-mester abortions, but it is well known that this has not stopped the practice of third tri-mester abortions. Most doctors willing to perform an abortion will also be willing to find it in their patients best *Health* interests, emotional or psychological well being, to perform the procedure; thus, abortion will continue essentially at will.

**Section 3.** This section attempts to ensure that minors are provided a *Counselor* before an abortion can be performed, but again such a broad definition is used to define counselor that one cannot be assured that competent counseling is being provided. Secondly, there is no provision to ensure that a balanced presentation of the risks and alternatives to abortion are presented. A video, prepared jointly by both sides of the issue or two videos, one from each side, that must be viewed by all those seeking an abortion could be a reasonable alternative.

This section also defines a *Minor* as under 16 years of age. I find it ironic that a person under 18 years of age is not considered mature enough to vote on putting you into office, but you have deemed those persons 16 years of age as mature enough to make life and death decisions. A 16 year old cannot go into a hospital and have any medical procedure performed, except for an abortion, without parental consent; yet, this bill would allow her to decide on an abortion that could leave her emotionally scarred, infertile, or even dead. It seems wholly irresponsible to leave parents out of such a life altering decision.

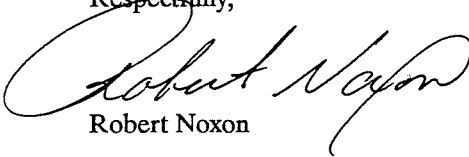
**Section 4.** It is this section, I believe, that shows the true intent of this bill. It is amazing that in my own home town of Wichita, KS there are streets people will not drive at night for fear of drive by shootings, drug deals, and other gang related activity. DUI repeat offenders are released with but a slap on the hand. But here in this committee you are considering minimum sentences for mothers, fathers, grandfathers, priests, pastors and many others who are simply following their conscience and have had no other contact with the law than possibly an occasional traffic ticket; yet it is your desire to

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place minimum sentences on these people that exceed what career criminals often get for their crimes. It is also indefensible that in this bill the killing of any fetus, let alone a viable fetus, is a class A misdemeanor. Making the penalty for passively sitting in a door way of an abortuary more severe than for a doctor who knowingly kills a viable baby in the womb shows nothing but a total disregard for the sanctity of life.

I very much appreciate your time and I hope in the course of this testimony I have expressed my concerns about House Bill 2778 and I request that you will vote to end it's consideration for passage. I also request that in the future you will consider a bill that will truly restrict abortion in the state of Kansas.

Respectfully,



Robert Noxon

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2-6-93  
30-2

Committee on Federal & State Affairs  
Capitol Building  
Topeka KS 66612

February 6, 1992

Honorable Committee Members:

Thank you for allowing me to speak to you today.

My purpose in being here today is to voice my fear for our Nation when we refuse to honor life as God does. He brought terrible destruction and devastation upon His people for "sacrificing their sons and daughters in the fire" as they worshiped idols. That is what we as a people are doing when we sacrifice our unborn children on the altar of convenience. I marvel that the Holy and Righteous Judge of the Universe has given us another chance to turn from this terrible sin.

I urge you as the elected leaders of this state, please lead our people in justice and mercy for the unborn.

Please reject House Bill #2778.



Donna L. Bogner  
3830 N. Athenian  
Wichita, KS 67204

House Federal & State Affairs  
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Attachment # 31

Byron G. Stout IV  
453 Sunnyslope Court North  
Andover, Kansas 67002  
(316) 733-9198

Thursday, February 6, 1992  
Page 1

RE: HOUSE BILL No. 2778  
To The Committee on Federal and State Affairs

PAGE 1: SECTION 2: LINE 42-43

"Serious deformity or abnormality" is too broad of a statement. It's not right, nor should it be determined by anyone what is serious or not. Extra fingers and toes are traits that run in my family, which is an abnormality. But we anticipate these traits and accept them. To some these "deformities or abnormalities" may not be acceptable. We cannot play God to pick and choose our baby because of biological traits.

PAGE 2: SECTION 3; Line 2-34

There is no provision that the counselor is to be off premise of the abortion clinic nor is there a mandatory waiting period provided to make a sound decision between counseling and the act of abortion. In fact, according to this section, counseling could be given moments before an abortion by a counselor, paid by the abortionist. This presents a conflict of interest. That is like going to buy a car at a Chevrolet dealership and asking the salesperson the benefits of buying a Ford. How unbiased would that be? The next disturbing part is counseling for just "minors". What makes a twenty-three year old any more intelligent on abortion alternatives than a sixteen year old. Mandatory education for all!

PAGE 2: SECTION 3: LINE 27-29

This is totally unacceptable. As long as a parent is responsible for the well-being of the dependents they claim every year on their income tax, they have the right to know and be involved with making a decision in regarding an abortion ... which could kill their daughter and future grandchild.

PAGE 3: SECTION 4: LINE 33

This statement is too broad. Disturbing peace with peace? The PRO-LIFE movement is here to save babies. The only threat we create is one to an abortionist's pocket book.

PAGE 4: Sec. 4: Line 7-43

Is out of order! This country is filled with people who steal, kill, and sell drugs that destroy mankind. Page 4 of this bill is for them, not unarmed woman, children, men, and clergy. Subjecting ordinary people whose intent is to save lives, not hurt or kill is a public travesty and shame. The abortionist holds the knife, not the people outside clinic.

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We are not criminals and do not pretend or prejudge that we are. The only thing missing from this section is the "KANSAS HARD 40". The PRO-LIFE members are not the ones who are terminating lives!

The issue of "viability" is so misconstrued. From conception till death of an individual involves several events which are all stages in life. If we take a fifteen month old born child and place him on the corner of Douglas and Market in downtown Wichita and expect him to catch a bus ride home is insane. But does this make him not "viable"? No. He is just at a different stage in life and needs the care and the protection of an adult. Just as we cannot expect a six week old unborn child to survive outside the mothers womb doesn't make him or her any less a person. And this individual deserves the same rights as any American provided by the United States constitution.

I challenge you to see the video "THE HARD TRUTH" and talk to PRO-LIFE members one-on-one. The untold truth about this countries biggest crime, abortion, is finally being told. And it is unconstitutional not to let this truth be told or shown. Abortion is a lie. It is not a service. It is a crime and a national shame. It doesn't take a rocket scientist to figure out once explained, under the unborn tissue are brains with brain waves proven medically after forty-three days from conception. Hearts that are beating only twenty-four days after conception. This is LIFE ! To stop is death and voluntarily is murder. You represent the public, but as individuals you need to know for yourselves the real truth. For lives are at stake, futures of generations are being decided. Don't let the blood of the innocent unborn be on your hands. REJECT House Bill 2778 and any others that allow death to our future fellow Americans by the means of abortion.

One last thought. If you awoke one night out of a deep sleep only to find your neighbors house ablaze and you know there is a family of five in that house. Do you just watch it burn? No, our human instincts of survival and compassion are too strong. You run out of your house and onto their lawn only to find a "NO TRESPASSING" sign posted. You look into the house from where you stand and you can hear screams and you can see the family moving frantically about trying to find a child who has wandered astray, but they cannot find her. But you see her in another window crying for help. This child is counting on you! This is how we feel as PRO-LIFE members. We see the unborn as children who need to be rescued from abortion.

TO: House Committee on Federal and State Affairs

SUBJECT: Opposition testimony to House Bill No. 2778

NOTE: This bill appears to have been written by Tiller's Legal staff!

Item 1. Re. Sec. 1. (c) pg. 1 line 24-28: The test of viability cannot be determined/decided by one individual, otherwise exploitation of the female will occur solely to support the "physician's" financial or political agenda. "Extraordinary" medical measures in some instances have been interpreted to mean provision of food, air, staunching of wounds, or protection from environmental conditions. Specify what measures are "extraordinary."

Item 2. Re. Sec. 2(a) & (b) Line 29-38: Wherein is it written that any "right" is granted to women to terminate pregnancy (kill children)? What legislation has established such right? The term "Health" is too broad; is it physical, emotional, financial, or will just a headache or mild anxiety caused by pregnancy's imposition to a planned social event be sufficient? Should your mother have had such latitude?

Item 3. Re. Sec 2(c) Line 39-43: Same problems as noted, no single individual can reasonably determine the threat to life or what a "serious" deformity or abnormality is, by any objective standard, simply on the basis of a professional license.

Would the preborn child be seriously abnormal if they had red hair or dark skin and therefore a minority? Would having the wrong sex organs be a "serious deformity" if the mother would be "stressed" by not having a son, e.g. her "health" affected? Isn't there any requirement to define such terms and support such findings with bonafide scientific verifications beyond any doubt? Without strict definition and required verifications women will easily be exploited for financial and/or political gain.

Re. Page 2 Sec. 3(a)(1)(I) Line 9-11: Why codify any professional credentialing requirements when such credentialed persons can empower anyone to act for them? Does Kansas legislation assume the titled elite transcend human nature subject to prejudice, greed or tyranny?

Re. Page 2 Sec. 3 (a)(2): In matters of life and death such as these, all females deserve to be informed of all possible consequences regardless of age.

Line 13-Page 3 Line 10: Written counseling information should be followed by a mandatory 7-day reflection period prior to any surgical intervention or induced labor, otherwise "informed consent" is not achieved or free of undue manipulation. All signatures must be notarized and counseling provided in the mother's native language to prevent exploitation of the process and underprivileged women. No single physician may determine when to kill anyone, otherwise tyranny rules. All such bonifide medical determinations affecting any life or death outcome must be made by a duly constituted board of review having no financial or political interest in the determination.

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Re. Sec. 4 Page 3-5: This section totally abrogates any citizen's rights of free speech and due process with equal protection under the law. It is prima facie intimidation designed to limit all manner of direct protest regardless of the true nature of such protest. It even limits where one might protest. All anyone with a vested interest need do is allege actions took place and decent tax-paying voters will be open to all manner of loss without due process. Such fascist draconian measures are unconstitutional.

Even if such kind of legislation were lawful, this particular proposed bill would still be an example of how not to do it. There are serious technical legal flaws throughout its provisions. One of the more ironic ones is that labor union members would be at risk if they went on strike and followed their normal and usual picket and blockade protest methods. Medical unions would not be able to protest. The strikers of medium to large industries would be at risk as companies have their own medical facilities which per se would be blockaded by normal strike tactics. The union contracts are due for renewal this fall and next. Will non-strikers who are aggrieved by alleged actions of strikers be able to breach the privacy of the strikers without due process and with the assistance of the police as this proposed bill calls for? Finally, how can the state dictate a municipalities action regarding local use of its police force? Where is that found in the constitution of Kansas?

The learned proponents of this bill do not realize the egregious plight such irresponsible legislation opens this state to. The number of committed abortion protesters is increasing as the true nature of this dark industry is being exposed. Were this proposed bill to become law, or one a thousand times more one-sided or harsh, it would not stop abortuary blockades. It would, however, increase prison populations to unprecedented levels. It would tie down police forces and court dockets like never before. It would punish tax-paying voters from all professions and trades. It would further erode the economic base of the state by reducing population via unrestrained abortion of future taxpayers, increased spending of tax dollars for laws designed to enrich a special-interest group, and lost income tax from protestors incarcerated for trespassing at some abortion mill.

Please understand that the 3 thousand trespassers in Wichita this past year were mostly locals who are gainfully employed, from all segments of professional and trade industries. The direct supporters of these "criminals" are increased by a factor of 15. The indirect supporters increase by a factor much higher. The proposed bill (HR 2778) goes after a group too large to handle legally and too costly politically for the sake of a seedy few who profiteer on the blood of innocent children and ignorant persons.

For those committee members unfamiliar with the true nature of the abortion industry, there is a wealth of literature available. A particularly well-written and comprehensive overview is to be found in the Sept./Oct. 1991 issue of New Dimensions magazine.

History will judge the protestors as courageous heroes. Join them. Stop the killing of our children. Women's rights cannot be based on murder. I urge you to work against HR 2778 and to actively work to end Kansas' role as the aborticide capitol of the nation.

  
Robert A. and Rhonda L. Coleman

cc: Gov. J. Finney, Lt. Gov. J. Francisco, Sen. N. Daniels, Sen. K. Francisco,  
Rep. A. Cozine, Rep. J. Wempe

HF 35A  
2-6-92  
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TESTIMONY AGAINST HOUSE BILL NO. 2778 by Diana Conner

COMMITTEE HEARING ON FEDERAL AND STATE AFFAIRS

February 6, 1992, 1:30 PM, Room 526-S

Supporting abortion is not rational thinking:

"My girl friend is pregnant and since we are not married lets kill our child while it's still in the womb so that we won't be embarrassed about committing fornication or inconvenienced by having to bear a child."

"This is the wrong time in my career to be raising a child so lets kill my son (or daughter) while he or she is still in the womb."

"We have too many children now so let us kill our next child while our baby is still in the womb."

"My daughter may get pregnant out of wedlock and since I wouldn't want our family inconvenienced or emparrassed lets give her the legal opportunity to kill my grandchild while he or she is still in the womb."

Do you realize that the reasons for abortion and euthanasia are the same? Lets list them: 1. Usefulness; both are considered a burden. 2. Both are considered unwanted. 3. A degree of perfection; both are considered handicapped. 4. Age; one is too young and the other is too old. 5. Intelligence; one is determined to be conscious yet while the other is not consciouse anymore. 6. One does not have a "meaningful life" yet while the other no longer has a "meaningful life." 7. Cost; both are too poor. 8. Numbers; too many children and the other - too many old folks. 9. Marital status; one unmarried and the other widowed.

Abortion is infanticide of the unborn and clearly the steps toward infanticide for handicapped newborns and euthanasia of the elderly and handicapped.

When we begin to think that a life is not worth living we begin to advocate the destruction of life for those considered either socially useless or socially disturbing.

The unborn child has the right to life just as much as you and I do. We all were at one time a preborn child. Every one of us has the right to life and nobody has the right to take it away.

All reasons given to justify an abortion are reasons less than human life itself.

"Every way of a man is right in his own eyes but the Lord pondereth the heart." Proverbs 16:2

*House Federal & State Affairs  
February 6, 1992  
Attachment # 34*

## REFERENCES

- 1 M. Cushner, M.D., M.P.H., U.S. Congress, Senate Committee on the Judiciary, *Constitutional Amendments Relating to Abortion*, S.J. Res. 17, S.J. Res. 18, S.J. Res. 19, and S.J. Res. 110, Ninety-Seventh Congress, First Session, 1983, Vol. 1, p. 158. Aida Torres and Jacqueline D. Forrest, "Why Do Women Have Abortions," *Family Planning Perspectives*, Vol. 19, No. 4, July/August 1988, pp. 169-176.
- 2 Kenneth B. Noble, "Key Abortion Plaintiff Now Denies She Was Raped," *New York Times*, September 9, 1987, p. A23.
- 3 Sandra K. Mahkorn, M.D. and William V. Dolan, M.D., "Sexual Assault and Pregnancy," *New Perspectives On Human Abortion*, edited by Hilgers, Horan, Mall (Frederick, Maryland: University Publications of America, 1981) p. 187.
- 4 Basile Uddo, "The Hard Cases: Rape, Incest and Public Policy," *The Zero People*, edited by Jeff Lane Hensley, (Ann Arbor, Michigan: Servant Books, 1983) p. 113.
- 5 *Ibid.* p. 112.
- 6 *Ibid.* p. 114.
- 7 Torres and Forrest, cited in note 1.
- 8 Bernard N. Nathanson, M.D., *Aborting America*, (Garden City, New York: Doubleday & Company, Inc., 1979) pp. 238, 239.
- 9 Uddo, *op. cit.*, pp. 118-119.
- 10 *Ibid.*
- 11 Anne Hollister, "The Unborn Patient, Radical New Methods of Healing the Fetus," *LIFE Magazine*, April 1983, pp. 38-44.
- 12 George F. Will, "Granting Rights to the Retarded," *The Washington Post*, June 26, 1983; "New Optimism Surfacing on Retardation," *Los Angeles Times*, July 5, 1977.
- 13 Nathanson, *op. cit.*, p. 235.
- 14 *Ibid.*, pp. 235, 236.
- 15 Francis A. Schaeffer, C. Everett Koop, M.D., *Whatever Happened to the Human Race?* (Old Tappan, New Jersey: Fleming H. Revell Company, 1979) p. 17.
- 16 Frederic Wertham, M.D., *A Sign For Cain: An Exploration of Human Violence* (New York: The Macmillan Company, 1966), pp. 156-191. Patrick G. Derr, Ph.D., "Hadamard, Hippocrates, and the Future of Medicine: Reflections on Euthanasia and the History of German Medicine," *Issues in Law and Medicine*, Vol. 4, No. 4 (Spring 1989), pp. 487-495.
- 17 William Brennan, *Medical Holocausts, Exterminative Medicine in Nazi Germany and Contemporary America*, (Boston, Massachusetts: Nordland Publishing International Inc., 1980) Vol. 1, p. 314.

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# Abortion: The Hard Cases

*Diana Cornell*



## The Hard Cases: Rape, Incest and Genetic Handicap

Ninety-eight percent of all induced abortions are performed for social reasons,<sup>1</sup> which simply means that the aborted unborn children are unwanted for one reason or another. The most unwanted of the unwanted are those who are conceived through rape or incest and those who are suspected of having a genetic handicap. These extremes are considered the "hard cases" because of the intense emotional strain such situations bring upon the families involved. This brochure will examine the question, "Is induced abortion an acceptable solution to these social dilemmas?"

### Rape and Incest

The 1973 landmark U.S. Supreme Court case, *Roe v. Wade*, gave us national legalized abortion for the full nine months of pregnancy in all fifty states. The case was brought to the courts by a woman (Jane Roe) who claimed to have been raped and had become pregnant. (In September 1987, she admitted that she had lied when she declared that she had been raped.) Denied an abortion under Texas law, she appealed to the Supreme Court and won the right to have an abortion performed. By then it was too late. She had already given birth, and the baby was put up for adoption.<sup>2</sup>

Considering this case, plus all the publicity given to rape and incest as reasons for needing abortion-on-demand, it would seem perhaps, that many of the over 15 million women who have had induced abortion since 1973 were impregnated by a stranger, friend, or close relative. This is not so.

*Statistically, pregnancy from rape and incest is extremely rare.*

Statistically, pregnancy from rape or incest is extremely rare. Several investigations during the past decade have concluded that pregnancy from rape is very unlikely, occurring in from 0%-2.2% of the victims involved.<sup>3</sup> Likewise for incest. Reliable studies from incest treatment programs suggest that pregnancy is infrequent. Out of three surveyed, two reported a one-percent-or-less pregnancy rate and one reported no incidences of pregnancy.<sup>4</sup>

The low rates in rape/incest related pregnancies is backed up by several medical realities:

- The occurrence of conception from any single act of unprotected intercourse is placed at two to four percent.<sup>5</sup>
- The trauma of sexual assault is likely to inhibit ovulation.

- A high incidence of sexual dysfunction among sexual assailants is documented.
- Improved incest treatment programs are succeeding in ending incestuous relationships before pregnancy occurs.<sup>6</sup>

The vast majority of the 1.6 million abortions each year are obtained for social and financial reasons—not for rape and incest. A recent survey of 1,900 aborted women collected at 38 facilities around the country by a leading pro-abortion organization revealed that 1% of the women claimed that they were victims of rape or incest. Pro-lifers believe that the number is actually no more than one-tenth of one percent. (Fetal abnormality accounted for 1% of the reasons the women sought abortions.)<sup>7</sup>

When a pregnancy does occur, induced abortion should not be considered as the best and only solution to what would seem to be an insurmountable problem. There are other alternatives. No decision to kill the unborn child and endanger the mental and physical health of the woman should be made hastily. All such situations should be approached with compassion, dignity and love for both innocent victims—the woman and the unborn child. The total health of each person should be considered.

*All such situations should be approached with compassion, dignity and love for both innocent victims—the woman and the unborn child.*

The question could be asked, "If pregnancy from rape or incest happens so seldom, why not permit abortion when it does occur?"

This question is best answered with another question raised by former abortionist Bernard N. Nathanson, M.D. in his book, *Aborting America*. Dr. Nathanson asks, "Does the terrible emotional turmoil that rape stirs up in the woman, justify the elimination of the alpha (unborn child) that is produced by the rape?" Nathanson answers his own question by saying, "... the intent and moral status of the act of intercourse does not alter the value of the alpha that may result ... If a part of the human community were not at stake, no woman should be required to undergo the degradation of bearing a child in these circumstances, but even degradation, shame and emotional disruption are not the moral equivalent of life. Only life is."<sup>8</sup>

Another equally important moral question is also raised when considering abortion as a solution to a

*"Science and society are out of sync."*

George Will  
*Newsweek*, June 22, 1981

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rape or incest pregnancy, "Should an innocent baby be killed for the crime of his father?" The obvious answer is "No." Our whole judicial system in America is based on punishing the criminal, not the victim. And yet, when an unborn child's life is taken, the other innocent victim is being made to pay for a crime he or she did not commit. Just think—since 1973, over 23 million innocent victims have paid for the crime committed by Jane Roe's supposed rapist.

Apart from the moral questions are some very important practical considerations. For example:

- A woman could compound her mental and emotional anguish from a rape/incest situation by taking the life of the unborn child.<sup>9</sup>
- Abortion is never a "treatment" for incest because abortion does not solve the underlying cause. In fact, the "disposal" of the "evidence" of incest through abortion could subject the victim to continued exploitation.<sup>10</sup> *Abortion in effect, becomes a convenient cover up for the crime and hinders the prosecution of an offender.*

## Genetic Handicap

Like rape and incest, the prospect of giving birth to a child who will be mentally or physically disabled presents a family with a social and moral dilemma that on the surface could seem unbearable. The dilemma is often characterized by concern for the unborn child who should not have to live a life of suffering. Abortion, then, is put forth as the best option for relieving the suffering. In reality, however, the concern is most often for those who would care for the handicapped child and the suffering they would experience. As in rape and incest situations, there are other alternatives to the abortion and elimination of a handicapped member of the family. There have to be.

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***If an unborn child can be treated, then shouldn't he be regarded as a human being with all the rights afforded to personhood?***

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For example, recent developments in medical technology are producing "miracles" in treating unborn children. Medical techniques which make it possible to detect genetic complications in the unborn child for potential "search (identification) and destroy (abortion) missions" are the same techniques that make it possible to correct fetal health problems in utero. As a result, we can now treat the "patient within a patient" for such complications as hydrocephalus (fluid on the brain).<sup>11</sup> This in itself raises dif-

ficult moral and ethical questions regarding the unborn: If an unborn child can be treated, then shouldn't he be regarded as a human being with all the rights afforded to personhood?

Rapid advances in medical technology have also improved the prospects for effective medical treatment and therapy for handicapped children after birth.<sup>12</sup> Moreover, private and governmental assistance is available to families of handicapped individuals in providing for the special needs of persons born with an incapacitating physical disability or mental deficiency.

A basic consideration frequently overlooked during public discussions about killing such individuals through "eugenic" abortion is that abortion violates their fundamental rights as human beings. Two internationally famous physicians offer valuable insights on this issue.

*Bernard N. Nathanson, M.D., a former abortionist-turned-pro-life advocate, observed that, "In eugenic abortions we are presuming to make decisions on behalf of the alpha (the unborn child) which once born will always prefer to live than not to have lived, given a choice . . . Dare we usurp this most ultimate of decisions from a fellow member of the human community?"<sup>13</sup>*

*C. Everett Koop, M.D., a world-renowned pediatric surgeon and former U.S. Surgeon General, explained that, "It has been my constant experience that disability and unhappiness do not necessarily go together. Some of the most unhappy children whom I have known have all of their physical and mental faculties and on the other hand some of the happiest youngsters have borne burdens which I myself would find very difficult to bear. Our obligation in such circumstances is to find alternatives for the problems our patients face. I don't consider death an acceptable alternative."<sup>14</sup>*

## Death as a Solution to Social Problems?

This issue of abortion in the cases of rape, incest and genetic handicap points to a larger and even more basic issue that we in America must face. The question we must answer is, "By what standard will we measure the value of human life?" Asked another way, "What basic principle will we use to decide who should live and who should die in America?" Every society has such a standard.

Up until 1973, the standard recognized by U.S. law was that all human life is valuable and should be preserved. This included unborn human life. However, the Supreme Court set aside that standard in the *Roe*

*v. Wade* decision which made abortion-on-demand legal. In setting aside the previous standard, the Court raised up another very dangerous one. The standard for determining who should live and who should die in America is no longer a moral and civil rights one—it is a social or utilitarian one.

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***The standard for determining who should live and who should die in America is no longer a moral and civil rights one—it is a social or utilitarian one.***

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The 1973 *Roe v. Wade* Supreme Court decision was the event that switched America from a stable civil rights standard to a fluid utilitarian one. The process that led to the event began years earlier as developments in science, technology and society began to undermine our nation's view of life. Traditional Western ethics have always placed great emphasis on the intrinsic worth and equal value of every human life regardless of its stage of development or the condition of health. This longstanding concern is reflected in the preamble to our Declaration of Independence which places an individual's right to "life" before an individual's right to "liberty" or "pursuit of happiness."

This universal and compassionate respect for life has been the cornerstone of Western medicine for over 2,000 years and has been expressed in such medical documents as the Declaration of Geneva from the World Medical Association. Adopted in 1948, a portion of the declaration states, "I will maintain the utmost respect for human life from the time of conception until death."

Today, however, we are seeing the *value of life ethic* being replaced by a *quality of life ethic*. As evidence of this, some medical schools who use the Declaration of Geneva as a commencement oath for their graduates, are dropping the phrase, "from the time of conception" from the clause beginning, "I will maintain the utmost respect for human life."<sup>15</sup> This, in itself, is an indication of the practical application of the "quality of life" ethic which classifies certain individuals as "non-persons."

Their philosophy—promoting the quality only of selected lives—though new to America, is an attitude and standard which has been implemented in other countries. Most notable is *pre-World War II* Germany. Evidence produced during the Nuremberg War Crime trials clearly established that the German medical community and German society had accepted a general rule that particular classes of persons could be killed for the "good" of society. The killing started with abortion in the very difficult cases,

which then gradually extended to abortion-on-demand. When abortion became widespread, persons whose lives were considered "devoid of value" were killed. First to go were handicapped infant children, then the mentally ill, then the terminally ill. Voluntary euthanasia (so-called "mercy killing") was next followed by involuntary euthanasia.<sup>16</sup> With moral absolutes removed, the standard in Germany became a social and utilitarian one—the welfare of the state. Classifying anyone as not worthy to live destroyed the absolute right of everyone. Upwards of 275,000 Aryan German men, women and children were sacrificed for the so-called "social good" during the years *prior* to the Jewish Holocaust.<sup>17</sup> Based on the philosophic and social trends, the Jewish Holocaust was the next logical step.

These same trends of the 1920's and 30's in Germany are gaining momentum in America today. Much of our own medical community and many groups in society are accepting death as an answer to medical and social dilemmas. Abortion-on-demand is legal. Reports of infants being allowed to die after birth, infanticide, are increasing. Suicide is encouraged through manuals that outline methods of "relieving suffering." Legislation advocating euthanasia is being proposed and even passed in state legislatures and is being promoted as acceptable through movies and the media in general. The first step being the "Living Will," followed by "Death with Dignity" legislation.

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***What will be the next group to be labeled as unessential to society or unworthy to live?***

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The obvious problem with such a trend is that once life is devalued, it is very difficult to draw the line. All human worth is placed in jeopardy. What will be the next group to be labeled as unessential to society or unworthy to live? It took Germany about two decades to get to the place where it could justify exterminating millions of minority citizens. There is still time for America to reverse the trend.

Not everyone is comfortable with death as a solution to social problems. "Quality of life" proponents recognize this. That is why abortion is never spoken of by them as killing. As a society we are still offended by killing. As a society we *have not* accepted it as a way to resolve social conflict. *For* ever, unless we return to a civil-rights standard for determining the value of life, we will become participants in a holocaust more shocking and shameful than the Holocaust of Nazi Germany. With over 23 million unborn children dead from 16 years of abortion, many say we already have.



Review of 1973 State of Kansas

2/6/92

34.2

TESTIMONY AGAINST HOUSE BILL NO. 2778 by Nick Conner

COMMITTEE HEARING ON FEDERAL AND STATE AFFAIRS

Room 526-S, 1:30 PM, February 6, 1992

We must recognize the fact that an abortion is the killing of another human being; and unborn child; a baby. Even the infamous Wichita abortionist George Tiller admits in a form letter signed by him that a "pregnancy" is a baby. "The life of every person begins at fertilization. No other event than fertilization is able to start the life of an individual person." -- Dr. Jerome Lejeune

An abortion is a very violent act. The killing usually takes place inside the Mother's womb. The exception to this may be the Hysterotomy type of an abortion. This method is usually used late in pregnancy. Suffocation or poisoning are common methods of killing the tiny boy or girl. The killing of younger developing preborn babies involves the physical tearing apart and the removal of each arm and leg, then the torsal and finally the babies head. The dilds head must be crushed before removal. The parts of the babies body must then be reassembled like a gigsaw puzzle to make sure nothing is left behind in the Mother's womb. An abortion killing is intensely painful to the baby and in most cases is painful to the Mother also. The baby is usually not given any anesthetic before being physically cut and ripped apart.

The act of slavery and the act of abortion are very similar. When slavery existed in this country, the negro was legally a non-person. Abortion considers the unborn the unborn child a non-person. As a slave, a negro was the property of the owner who had the legal right to buy, sell or kill him. The unborn child in a abortion society is considered the property of the owner (Mother) who has the legal right to keep or kill her baby. During the time of slavery, slaveowners claimed that abolitionist should not impose morality on them. Now pro-abortionist claim that pro-lifers should not impose morality on the Mother. Back when slavery was legal, discrimination was on the basis of skin color. The discrimination in abortion is on the basis of age and place of residence (living in the Mother's womb).

"But the only change I know I can do is to let the Lord use my experience to show others how destructive abortion really is. Maybe I can help others see abortion is a sin. The destruction is against the family unit, not just the baby and the mother, but the entire family." This is a quote from Carol Everet who once operated abortion clinics in Dallas and was responsible for 35,000 abortions. She has since come to her senses and turned away from the abuse of mothers' the killing of their children. -- Carol Everet, "The Scarlet Lady", p. 251.

"The ultimate act of love is to lay down one's life for another human being. But the ultimate act of selfishness is to take the life of another human being to preserve one's own convenience." -- Randall Terry

The following quote is from the Nuremburg Military Tribunal titled, "Trials of War Criminals." After World War II, The War Crime Tribunal indicted ten Nazi leaders for "encourageing and compelling abortions," which is considered a "crime against humanity."

*House Federal & State Affairs  
February 6, 1992  
Attachment #35*

TO WHOM IT MAY CONCERN:

RE: House Bill 2778

As citizens of the state of Kansas and practicing psychiatrists, we have many objections to House Bill 2778. In general the bill is very poorly written and very vague. Specific objections include the following:

Section 1 (a): Pregnancy begins at conception. Therefore an abortion does include inhibition of implantation of an embryo.

Section 1 (c): According to Stedman's Medical Dictionary, viable means "capable of living; denoting a fetus sufficiently developed to live outside of the uterus". Nowhere is the term "extraordinary medical measures" used. What are "extraordinary medical measures" and who decides, the abortionist or a neonatologist? Is oxygen extraordinary? Is surfactant extraordinary?

Section 2 (a) and Section 3 (f): What does "health, safety, and well-being" of the mother mean? This is again very vague. If psychiatric reasons are used, this is grossly inappropriate. Anxiety, anger, and depression are not reasons to terminate a pregnancy. Many aspects of life are stress-producing; jobs, marriage, etc. The answer is not quick fixes with more deleterious affects at a later date. The same is true of an unwanted pregnancy. Women who abort their pre-born babies are involved in denial and rationalization that this is not a human being. To admit that these fetuses are live human beings is to admit murder. Defense mechanisms are used in a very strong way to subject very intense and painful feelings arising from an abortion. When the defense mechanisms break down (e.g. the woman goes through with a subsequent pregnancy and sees on sonogram her fully formed baby, feels it kick, hears its heartbeat (etc.) the guilt and remorse are incredible. Most women are "not informed" of the developmental stages of the baby, what it looks like, what it is capable of doing, etc. and therefore cannot make an educated "choice". Many women suffer enormously after delivering a burned or mutilated baby which they thought was simply a "blob of tissue". We have never seen in our practice of psychiatry a woman full of guilt and depression because she carried an unwanted pregnancy to term, but we have seen women who are still agonizing 10-15 years later because they are mothers who "killed their own baby". In over 50 years of accumulated psychiatric practice, our experience is that a pregnancy essentially never presents a threat psychiatrically to the life of the mother, even when pregnancy results from rape or incest.

In addition, who determines if the "health" of the mother is in jeopardy? The abortionist is in a very biased position and cannot give an adequate assessment. And let's face it, abortion is a multi-million dollar business. A second opinion is absolutely necessary.

Section 3 (a) (1) (H): What is "a professional pregnancy counselor". This is so vague it could apply to anyone!

*House Federal & State Affairs  
February 9, 1972  
attachment #36*




Section 3 (b): An abortion is a surgical procedure and should be given the same consideration as any other surgical procedure performed on a minor. Therefore, parents and or guardian should be notified prior to any treatment.

Section 3 (b) (1): Who is going to verify that alternatives to abortion are actually being made available?

Section 4: Very vague and poorly written. Basically an infringement on our Constitutional rights to freedom of speech and freedom of assembly.

Sincerely,

  
Kimberly J. Pankow M.D.

  
Larry M. Pankow M.D.

  
Ron Erken M.D.

4-4  
2-6-92  
36-2

M. Luhra Tivis  
P.O. Box 46723  
Little Rock, AR 72214

July 9, 1991

Frank Ojile  
Greg Ferris  
Rip Gooch  
CITY COUNCIL  
City of Wichita  
455 N. Main  
Wichita, KS 67202

RE: the defeated abortion bill

Dear Gentlemen:

I wanted to send you this letter and the enclosed newspaper clipping before the council meeting at which the bill was presented and defeated. Unfortunately, the news regarding the situation reached me too late. In hopes that the measure might be reintroduced at a county or state level, I am sending you the following information.

I am a former employee of Dr. Tiller. I worked for him for about 7 months approximately four years ago. When I interviewed for my job with Dr. Tiller, he told me that most of the late-term abortions that he did were for reasons of a defective fetus, and he additionally commented that if they were born at that gestation, their lungs were too immature for them to survive anyway. I was puzzled at his comments, but being a word processor with no medical experience, I didn't really know what he was referring to. In due course, however, I found out.

My job involved typing report letters on all the abortions and handling patient medical records. As time went by, I learned more about what the procedures entailed, both through my training and through conversations with the office manager and the medical staff. After six weeks of working solely on the computer, I was trained in answering the phones in order to schedule patient appointments. It was at this time, coupled with my growing awareness of the medical significance of the patient medical records, that I began to realize the scope and intent of Dr. Tiller's late abortion practice.

*House Federal State Affairs  
February 6, 1992  
Attachment #37*

Frank Ojile, Grey Ferris, Rip Gooch  
July 9, 1991  
Page 2

In the phone training, I was given pages of information to read on how to be a good salesperson. Statistics regarding the number of "sales" of abortions were kept, indicating by the month and year, how many "sales" the clinic had made. The whole thrust of the phone answering work was, as the office manager put it, to convince the patient to schedule and come in for an abortion. Once there, the late-term abortion patients were briefly counseled that they could not choose to stop the procedure once it had started, but could leave before the procedure was initiated. Otherwise, we were told specifically to coax them by any verbal means available, outside of outright lies, to have an abortion. This, of course, is Dr. Tiller's own business, but I found it distasteful.

As I continued my work with the medical records, I found that a very high percentage of the late-term abortions were done on healthy fetuses. I handled the records for every patient on whom Dr. Tiller performed an abortion for over six months. In every instance, the fact of the condition of the fetus was noted in the records, whether it suffered from some abnormality, such as spina bifida, or was normal. Dr. Tiller took photographs of some, or all, of the deformed fetuses for his records and correspondence with other medical persons.

Since I was there for a relatively representative time period, I can note that the number of late-term abortions performed each week averaged to 10-20 per week. The financial return on such procedures was known to all employees, since all knew the prices which had to be quoted over the phone, and since sales figures in numbers of sales were posted in the office. Through that information, and by figuring a conservatively high cost-of-doing-business, I estimate that Dr. Tiller's entire practice, consisting primarily of the late-term abortions, brings in a net of \$500,000.00 per year, in addition to his investments and other ventures. The number of late-term abortions and the extremely lucrative yearly net he makes has never been dealt with in the news media, due primarily to lack of documentation, but I can definitely state that I had personal knowledge of these facts, through my normal duties as his employee.

It is my personal feeling that Dr. Tiller doesn't care about women, that he exploits them in his medical practices, and that he acts in an unprincipled and unethical manner in the pursuit and protection of his late-term abortion practice.

When Dr. Tiller learned that I was looking for another job, the office manager called me at home on a Sunday afternoon and told me that I was fired. I was not given any explanation nor was I given a chance to comment on my termination. I picked up my personal possessions at the clinic under the supervision of an armed security guard. If I had had the chance to explain to Dr. Tiller, I would have told him that my personal conscience moved me to look for other work, but that I would not interfere in any way with his business. This, indeed, was my stance for quite some time.

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2-6-92  
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Frank Ojile, Grey Ferris, Rip Gooch  
July 9, 1991  
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I subsequently took a temporary job over the winter, and then accepted employment as the Assistant to the Executive Director of Planned Parenthood, Sharilyn Young. I was delighted to have a position in a women-oriented office, and the job showed promise of advancement and rewarding experience.

I might mention at this point that just prior to my firing from Dr. Tiller's employ, the former director of Planned Parenthood, still in her capacity as director, had issued to Dr. Tiller an endorsement letter on Planned Parenthood stationery, telling the reader that Dr. Tiller's clinic was the place to send referrals for abortions. Dr. Tiller sent the letter to a printer and had about 1,000 copies of it printed up for distribution to the facilities and medical persons on his mailing list. A week later, the woman who had written the letter was no longer the director of Planned Parenthood, and had come to work for Dr. Tiller as his director of publicity. I thought that this was an extremely unethical move on the part of them both. However, I did not make reference to this action during my employ at Planned Parenthood, because I didn't see it as being any of my business.

After I had worked for PP for about two months, I suffered a concussion and head injury requiring 6 stitches during an attempted robbery in March of 1989. The crime was covered in a column by Sharon Hamric. I was so ill with the concussion that I couldn't even read for over ten days, at which time I returned prematurely to work due to the urgency of my duties. About a week later, I woke up one morning feeling extremely ill and called the office to let them know I'd be to work about 9:30 a.m., as I had to go to the doctor's office immediately. Sharilyn called me back, told me I was unreliable since I couldn't be there, and fired me. During the previous two months, she had repeatedly told me of Dr. Tiller's efforts to get her to fire me, explaining to me that he was a contributor to PP. She told me that she had told him that she ran PP, not him. I subsequently, in my computer work at PP, saw the contributors records for 1988, and other past years, and noticed that Dr. Tiller had contributed about \$15,000.00 in 1988. I felt that when she fired me, she was motivated by increasing pressure from Dr. Tiller, and perhaps the Board of Directors of Planned Parenthood. Nothing explicit which I had done in the performance of my duties warranted my firing.

It was at this time that, angered by Dr. Tiller's petty though serious interference in my life, that I lost all remaining respect which I had for him as a doctor and a person. Although I didn't like what he was doing, I had in the past appreciated his kindness to me, which included prescribing drugs to alleviate my poison ivy and related infection, and other medical treatment which he gave me free of charge. I was amazed that a man with that amount of power, money and influence would stoop to impoverish and punish me for merely wanting to find another job.

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I have been told by a member of the Eagle editorial staff that he and his publicity director circulated rumors about me to the effect that I had tampered with his computer system, that I was a spy for the right-to-lifers, etc., when in fact I have never had any connection to right-to-life/anti-choice groups. All I know about computers is how to do word processing, I certainly wouldn't have the slightest idea how to tamper with a computer or its software in any way. In fact, when I was a member of the NOW, including being a state officer, I participated in the volunteer escort program, which provided women to escort abortion patients on Saturday mornings.

Since I could no longer respect Dr. Tiller, and could not in good conscience ignore the ramifications of his late-term abortion practice, I decided to give information about him to the governor, and the media. It was a difficult decision for me, since I am not a person in a position of importance, have very little money, and felt myself to be vulnerable to possible retaliation. But I thought about the viable fetuses, living babies, that he was killing each and every week and I couldn't remain silent.

I wrote a letter which I sent to the governor, Mike Hayden. (I knew that Mike Hayden was acquainted with Dr. Tiller, because I handled the correspondence between Dr. Tiller and Mr. Hayden's office when Dr. Tiller set up a weekend hunting holiday at a private game preserve near Fall River Lake for himself, Hayden and several friends. Dr. Tiller told me at the time when he was arranging the holiday that he had been working on setting it up for several years, and that he considered it a major lobbying move on his part.) I received no answer to my letter from Hayden. I also sent a copy of the letter to Dr. Tiller, because I felt that he would get a copy eventually anyway, and I didn't feel that I had anything to hide.

At the time I mailed the letter to Hayden and Tiller, I took a copy of it to George Neavoll, editor at the Eagle, a man whom I respect and admire. I was scared that Dr. Tiller would do something further to hurt me, and wanted the protection that knowledge in the hands of the media might provide. I told George that I was scared. He asked me what I wanted him to do with the information. I told him I didn't care, that he could use it however he saw fit, as he was older and wiser than I was. He smiled and said, "Well, maybe older, anyway." George took the information and gave it to the newspaper reporting staff. I was contacted 3 weeks later by a reporter, who came over to my house and questioned me for 1 1/2 hours. The information I gave her was subsequently verified through other sources for an article on Dr. Tiller, and my name wasn't used in that publication of the information. I later moved away from the state, sickened by the controversy and Dr. Tiller's indomitable greed.

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That is my small part in this saga. Please allow me to briefly inform you as to the methods Dr. Tiller uses in performing late-term abortions. Although many clinics who refer patients to him think that he performs tests for viability on the fetus, to my knowledge no such tests were ever performed while I worked there. The first day the procedure is initiated, a needle is inserted into the living heart of the fetus and a "foeticidal agent" as Dr. Tiller calls it, is injected to kill the fetus. Over the next couple of days, laminaria packs are inserted into the cervix of the patient, and labor-inducing drugs are administered. Sonograms are done at various points in the procedure -- and Dr. Tiller measures the BPD (bi-parietal diameter) at its narrowest point, instead of at the usually measured widest point, leading to a BPD reading by Dr. Tiller of, say, 24 weeks gestation, when the medically accepted norm might be 26 weeks gestations -- however, this method is not illegal, but is currently just a matter of accepted practice.

Aided by the body's natural inclination to expel a dead fetus, labor commences on the 4th or 5th day, and the group of patients are kept in a room in the basement together, separated by only a few feet of space from each other, and delivered of their dead infants. However, occasionally a labor begins at the motel where the patients are required to stay, so Dr. Tiller keeps a nurse there at night.

I feel that Dr. Tiller's late-term abortion practice is wrong and bad and should be made illegal. It is a blot on the record of the Kansas Legislature that they have allowed this nauseating business to continue.

If I can provide any further information or testimony, please do not hesitate to contact me.

Sincerely,

M. Luhra Tivis

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**Letters**

**More from the Abortion Mill**

*[Editor's note: Two months ago we published a letter by M. Luhra Tivis, a former employee of Wichita abortionist George Tiller. In it, Ms. Tivis contended that Tiller was lying regarding the numbers of late term abortions that he performs; that his clinic personnel were instructed to encourage women to have abortions; that his technique of ascertaining fetal development was unorthodox; and that he was using Planned Parenthood stationary and former Planned Parenthood personnel as a referral service to his private practice. At the time, we had not communicated personally with Ms. Tivis, but subsequently she wrote to us saying: "I am enclosing for your review a copy of a letter which I wrote for a small Wichita paper. As you will note from it, I am not a conservative Christian; but I am a person of deep moral conviction... Some folks, pro-choice, have angrily called me a liar -- I, who was an eyewitness, and who have no motive other than my morals and ethics to expose what Tiller is doing -- while he is getting the adulation of an adoring, uncritical crowd -- and he has a million dollar motive to protect and continue his clinic... He herds those women through there like cattle, and they are all crowded together in one basement room in full view of each other, bleeding and delivering their poor dead fetuses. It is a nightmare, macabre scenario."]*

Dear editor:

I am writing in response to your 10-1-91 request for information. Thank you for this opportunity to share what I know with your readers. Please, if you print this letter, use the entire text so that my remarks will remain in context.

My first contact with Tiller was as a volunteer escort for the first-trimester abortion patients on Saturday mornings in 1986. I went to work for him in 1988 as a computer word processing operator. When I realized that he was aborting healthy, viable fetuses, I looked for another job. When Tiller learned of my job search, he fired me. Four months later, I was hired as the administrative assistant to Sharalyn Young, director of Planned Parent-

hood of Kansas. Mrs. Young told me that, as he was a lucrative financial contributor to Planned Parenthood, Tiller had attempted to exert his influence and told her to fire me. Mrs. Young told me that she had refused to do so, but only two months later she used a flimsy pretext and fired me. Up to that time, all I had wanted to do was go on with my life and forget about Tiller and his gruesome clinic. I was afraid of his power and influence. But when Tiller, a wealthy millionaire, ruined my life financially, I who am a paycheck-to-paycheck peasant, he forced me to take a long hard look at the situation. At this time, I decided to write about him, giving the information I have to lawmakers and the community. I am not merely a disgruntled employee.

Tiller and Jarman [an employee of Tiller's] have repeatedly lied about the number of late-term abortions performed at his clinic. I saw the medical records of every abortion patient for a period of over six months. At least (conservatively) an average of ten (24-30 week gestation) late-term abortions were done each week. If, as they claim, no more than ten to twenty are done each year, then why did Tiller invest in the expensive, full-sized (funeral home type) crematorium which was installed in a locked room in the northeast corner of his clinic? I will never forget sitting at my computer terminal just around the corner from the crematorium room, and smelling the peculiar burnt odor of human flesh. No locked door could keep that horrible smell confined.

Please note that Jarman is almost always referred to in the press as a "representative for the ProChoice Action League of Wichita", although she is a highly paid employee of Tiller's and not merely a member of a volunteer organization.

No one, to my knowledge, has yet simply shown up early on the Monday and Tuesday mornings of each week, to count heads and see how many women enter the clinic. (Late-term abortions, 3 or 4-day procedures, were started on those days when I worked there.) A few patients bring someone with them, but a nearly accurate count could be arrived at using this method.

Also, in regard to how late Tiller performs abortions: his method for reading the BPD (bi-parietal diameter) and thus determining the weeks of gestation, extends his "self-limited" period to at least 28-30 weeks. He does not, to my knowledge, perform abortions in the last month of pregnancy or up to birth.

Unusually, two different groups of late-term abortion patients are started for the 3-day or 4-day procedures each week. On the first day, Tiller inserts a needle into the fetus's heart to kill it. A subsequent sonogram is done to verify the fetus's death. Over several days, lamanaria are used to dilate the cervix, and drugs are administered to the patient to induce labor. The dead fetuses are delivered on the third or fourth day in a basement room. I saw at least 95 percent or more of the late-term abortions noted in the medical records as being performed on perfectly healthy pregnancies.

Evidently, the law requires Tiller to report the number of abortions he performs to the Health Department. If so, those figures should be available to the public. If Tiller is not reporting accurate numbers, he is in violation of the law. The IRS might have an interest in the matter as well, since Tiller collects the majority of his (low estimate) \$20,000.00 per week gross receipts in cash.

I am not a right-wing, politically conservative Christian. I am a generally liberal person; my politics are radical feminist; lesbian and my religion is pre-Judaic/Christian pagan, Dianic Wicca. I am also definitely pro-choice, up to the point of viability. I am giving out this information because it grieves my heart to think of those perfectly healthy fetuses being killed, when in one or two more months the infant could be born alive. When a fetus is viable and healthy, can an abortion honestly be preferable to another month or two of pregnancy?

I am not gaining anything from my writing about Tiller. I am still afraid of his power and influence, and make this information available to you at considerable personal cost to myself. Many acquaintances and friends, during my recent visit to Wichita, came up to me without having read my letter to the city council, and called me a liar without any dialogue or discussion or explanation from me as to my knowledge or views. Some persons refused to speak to me at all. Others called me filthy names and threatened me. Summarily dismissed was the fact that I had been there, in Tiller's clinic, and was an eyewitness. I will not back down or retract my statements. I cannot deny what I know and what I saw.

Sincerely,  
Maevie Luhra Tivis

**Treatment cuts deaths of premature babies**

Gannett News Service

A new treatment for premature babies under 3 pounds cuts their death rate by about one-third, two nationwide studies have found.

"This is a major advance that will help us fight the leading cause of mortality in very small babies," said Dr. Jerold Lucey, editor of *Pediatrics*. The report is in the July issue.

Tiny babies often lack a crucial substance on the surface of their lung cells that keeps their lungs from collapsing. The new treat-

ment is a similar substance — bovine surfactant — retrieved from cows' lungs and sterilized.

The studies, at 20 medical centers, involved 1,228 newborns ranging from about 1 to 3 pounds. Results: A death rate one-third lower than babies who didn't get the treatment.

More than 7,000 babies have been treated with the surfactant since it was approved by the Food and Drug Administration last year, with no serious side effects, Lucey said.

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## The Slide to Auschwitz

*C. Everett Koop, M.D.*

**I**N JULY the City Council of Cambridge, Massachusetts, voted to petition Harvard University to temporarily halt the construction of a half million dollar laboratory for specialized genetics research. This intervention of the town in the affairs of the University was not just the hysterical reaction of ignorant people to the misunderstood pursuits of a scientific faculty. Rather, it had been initiated and pushed by distinguished scholars on the Harvard faculty. These individuals were deeply concerned with the newly acquired power in biology to alter the genes of living organisms and create new hybrids of animals and plants, and of viruses, some of them potentially dangerous.

It is the custom of men to be concerned about those things of which they know little at present but where the potential seems to be a threat to all of mankind. This was true of the first atomic bomb; of its successor, the hydrogen bomb; of all the weaponry to deliver thermonuclear warfare; of biological warfare and of nerve gas. There are even environmentalists who are deeply concerned over the destruction of the ozone by aerosol cans. Yet, each of these potential dangers to mankind is theoretically, if not practically, controllable.

I would like to address you today on another potentially destructive force against mankind which, because of the nature of human beings, may not be controllable until it has inexorably pursued its path of destruction and has come to weigh upon the conscience of so many people that, like a Vietnam war, it must grind to a halt. I am speaking of the growing disregard for life itself. I am speaking of what was called in a more moral, or perhaps a more religious generation, the sanctity of human life. Given

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C. Everett Koop, M.D., is today the Surgeon General of the United States. This article first appeared in the Spring, 1977, issue of this review. (Dr. Koop was then the chief surgeon of Children's Hospital in Philadelphia.) It was adapted from his address to The American Academy of Pediatrics, on the occasion (October 18, 1976) of his being awarded the William E. Ladd Medal, the highest honor given to pediatric surgeons in this country.



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the conflicting concerns of our generation — the specter of famine raised by those primarily concerned about population control, the specter of financial chaos for the whole world raised by economic pundits, the intrusion of violence as an accepted thing into our culture, and the declining morality in all the affairs of men — it is quite possible that when the inevitable swing of the pendulum takes place and life once again becomes precious, it might be too late to stop the slide that will ultimately herald the decline and demise of our civilization.

I am nearing the end of my thirty-first year in the actual practice of pediatric surgery, longer I think than anyone in this room today. I have had the unusual advantage of growing up with my specialty. It has been for me an extremely satisfying career. One of the most satisfying aspects has been my participation in the rehabilitation of youngsters who were born with congenital anomalies incompatible with life but nevertheless amenable to surgical correction. The surgical correction might have been by a dramatic one-stroke procedure or it may have required years of time and effort, plus further operations, to get the best possible result. At times the best possible result was far from perfect. Yet, I have a sense of satisfaction in my career, best indicated perhaps by the fact that no family has ever come to me and said: "Why did you work so hard to save the life of my child?" And no grown child has ever come back to ask me why, either. On the other hand, in a recent study that I did on twenty-five families, all of whom had had a child with an imperforate anus operated upon by me in the period twenty-five to fifteen years ago, almost every family referred to the experience of raising the defective youngster as a positive one. A few were neutral; none were negative. Some siblings felt that they had not had some of the advantages that they might have had if their brother or sister had been born normal, yet on balance the conclusion from these twenty-five families whom we studied quite extensively was that many of them were better families than they would have been without the necessity of facing the adversity produced by the problems of the imperfect child.

I do not think that I am over the hill, but with mandatory retirement less than five years away it does behoove me to look at the end of my career. As I do it saddens me. But it frightens me too

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when I see the trends in our society and recognize the acquiescence, if not the *leadership*, of the medical profession down a path which in my judgment leads to destruction.

In January of 1973 the United States Supreme Court declared that a new right existed in the Constitution; namely, the right of a woman to have an abortion on demand. I am not here today to argue the pros and cons of the abortion question, but in a paper I presented in 1973, I predicted ten consequences of the Supreme Court's decision on abortion that would remarkably — deleteriously — affect the society in which we live.<sup>1</sup> All ten of these prophetic statements have found realization in historical fact.

Without going into all the details, I expressed the concern that abortion of somewhere between a million and two million unborn babies a year would lead to such cheapening of human life that infanticide would not be far behind. Well, you all know that infanticide is being practiced right *now* in this country and I guess the thing that saddens me most about *that* is that it is being practiced by that very segment of our profession which has always stood in the role of advocate for the lives of children.

I am frequently told by people who have never had the experience of working with children who are being rehabilitated into our society after the correction of a congenital defect that infants with such defects should be allowed to die, or even "encouraged" to die, because their lives could obviously be nothing but unhappy and miserable. Yet it has been my constant experience that disability and unhappiness do not necessarily go together. Some of the most unhappy children whom I have known have all of the physical and mental faculties and on the other hand some of the happiest youngsters have borne burdens which I myself would find very difficult to bear. Our *obligation* in such circumstances is to find alternatives for the problems our patients face. I don't consider death an acceptable alternative. With our technology and creativity, we are merely at the beginning of what we can do educationally and in the field of leisure activities for such youngsters. And who knows what happiness is for another person? What about the rewards and satisfactions in life to those who work with and succeed in the rehabilitation of these "other-than-perfect" children? Stronger character, compassion, deeper understanding of another's

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burdens, creativity, and deeper family bonds — all can and do result from the so-called social “burdens” of raising a child with a congenital defect — repaired but less than perfect.

I have frequently said, facetiously, that nothing makes a woman out of a girl quicker than a colostomy in her child. But it is true.

When from the materialistic point of view a life seems to be without meaning, it can from the spiritual point of view be extremely useful. Such a life might, for example, provide a source of courage in the manner in which the stress caused by disease and its treatment is accepted. There is also no doubt that the value placed upon the patient by his associates as one who is respected and honored and loved is a source of inspiration to all who see it and a spiritual blessing to many.

“American opinion is rapidly moving toward the position where parents who have an abnormal child may be considered irresponsible.” This is the observation of Dr. James Sorenson, Associate Professor of Socio-Medical Sciences at Boston University, who spoke at a symposium, “Prenatal Diagnosis and Its Impact on Society.”<sup>2</sup>

Now, if I take a strong stand against a statement like Dr. Sorenson's, I am told that I am trying to legislate my morality for other people. I think, on the contrary, those who agree with Dr. Sorenson's statement are trying to legislate the morality of our society. Parents who might give remarkable love and devotion to an abnormal child are put in the position of feeling they must conform to Dr. Sorenson's morality, or lack of it, for the good of *society* rather than for the good of their own child.

In the book, *Ideals of Life*, Millard Everett writes:

No child [should] be admitted into the society of the living who would be certain to suffer any social handicap — for example, any physical or mental defect that would prevent marriage or would make others tolerate his company only from the sense of mercy.<sup>3</sup>

If dehumanization is one of the ideals of life, then when we reach the utopia planned by Mr. Everett, life will be ideal indeed. His reference to marriage I cannot help but consider because I am convinced that the backbone of our remarkable nursing profession and that much of our pediatric care and pediatric social service is to be found in the many unmarried women who devote themselves

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selflessly to the care of patients. I cannot believe that all of these fine women *chose* not to be married merely to take care of patients: It would follow then that there might have been some “social handicap,” to use the words of Millard Everett, that might have prevented marriage. If the social handicap existed then, the social handicap must exist today. How long will it be before the Millard Everetts of our society decide that those with this social handicap, whatever it might be, be eliminated also?

Lord Cohen of Burkenhead, speaking of the possibility of euthanasia for children in Great Britain who were mentally defective or epileptic, said:

No doctor could subscribe to this view . . . who has seen the love and devotion which bring out all that is the best in men when lavished on such a child.<sup>4</sup>

J. Engelbert Dunphy, in the annual oration before the Massachusetts Medical Society in 1976, had this to say:

We cannot destroy life. We cannot regard the hydrocephalic child as a non-person and accept the responsibility for disposing of it like a sick animal. If there are those in society who think this step would be good, let them work for a totalitarian form of government where beginning with the infirm and incompetent and ending with the intellectually dissident, non-persons are disposed of day and night by those in power.

Dunphy goes on to say:

History shows clearly the frighteningly short steps from “the living will” to “death control” to “thought control” and finally to the systematic elimination of all but those selected for slavery or to make up the master race. We physicians must take care that support of an innocent but quite unnecessary “living will” does not pave the way for us to be the executioners while the decisions for death are made by a panel of “objective experts” or by big brother himself. The year of 1984 is not far away!<sup>5</sup>

Dr. Dunphy was speaking of adults dying of terminal cancer, yet his thinking can be extrapolated to the “imperfect” child with frightening consequences.

In the Forshall lecture given by Robert B. Zachary on July 9, 1976, in Sheffield, England, he said:

I accept that the advice given by other doctors may well be different from that which I myself give, and although I would strongly support their right to have a different view, they should be expected to state the fundamental principles on which their criteria are based.

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Zachary went on to state:

I believe that our patients, no matter how young or small they are, should receive the same consideration and expert help that would be considered normal in an adult. Just because he is small, just because he cannot speak for himself, this is no excuse to regarding him as expendable, any more than we would do so on account of race or creed or color or poverty. Nor do I think we ought to be swayed by an argument that the parents have less to lose because he is small and newborn, and has not yet established a close relationship with them or indeed because the infant himself does not know what he is losing, by missing out on life.

Mr. Zachary concluded his lecture:

There are some ways in which modern society cares greatly about those who are less well off; the poor, the sick and the handicapped, but it seems to me that newborn babies are often given less than justice. Our primary concern must be the well-being of the patient — the neonate — as far as it is in our power to achieve it. In his battle at the beginning of life, it could well be that his main defense will be in the hands of pediatric and neonatal surgeons.

Has not Mr. Zachary enunciated the whole *raison d'être* of the specialty of pediatric surgery?

On the occasion of the 100th anniversary of the Children's Hospital in Sheffield in July of 1976, Mr. Peter Rickham of Zurich presented a paper entitled "The Swing of the Pendulum." Although he concerned himself largely with the problems of meningomyelocele (a birth defect where the spinal cord is exposed, leading to neurological *sequellae*, some correctable and some not), an ethical problem of greater proportion in the British Isles than here, he did talk to some degree on medical ethics in reference to the neonate. In discussing his own interviews with theologians of diverse religious convictions, he had this to say:

They all doubt the validity of the basis of the present argument for selection of only the least handicapped patients for survival. The hope that selection will reduce to a minimum the overall suffering of these patients and their families is a well meant but somewhat naive wish. How many normal newborn infants will live happily ever after, especially in our present time? It may be argued that by not selecting, we artificially increase the number of people with an unhappy future, but can we be sure of this in any given case? After all we as doctors deal with single, individual patients and not with statistical possibilities. It has also been pointed out to me (said Rickham) that even a child with a grave physical and mental handicap can experience emotions such as happiness, fright, gratitude and love

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and that it may be therefore, in fact, a rewarding task to look after him. It has been further argued that, strictly speaking, selection implies a limitation of resources, because with an optimum of resources and care a great deal can be done for these children and their families. In underdeveloped countries these resources do not exist, but in developed countries, where such enormous sums are spent by governments on purposes which are of very doubtful benefit to humanity at large, the distribution of resources is a debatable subject. Finally it can be argued that if selection is practiced, it may not be necessarily the fittest on whom the greatest effort should be expended.

Duff and Campbell in their paper on moral and ethical dilemmas in the special care nursery make the statement that "survivors of these (neonatal intensive care) units may be healthy and their parents grateful but some infants continue to suffer from such conditions as chronic cardiopulmonary disease, short bowel syndrome, or various manifestations of brain damage; others are severely handicapped by a myriad of congenital malformations that in previous times would have resulted in early death."<sup>6</sup>

First of all, it is not necessarily true that the myriad of congenital malformations of previous times would now result in early death. Many patients who have lesions that appear to be lethal can have those lesions corrected and although they may not be pristine in their final form they are functional human beings, loved and loving and productive. If indeed we decide that a child with a chronic cardiopulmonary disease or a short bowel syndrome or various manifestations of brain damage should be permitted to die by lack of feeding, what is to prevent the next step which takes the adult with chronic cardiopulmonary disease who may be much more of a burden to his family than that child is, or the individual who may not have a short bowel syndrome but who has ulcerative colitis and in addition to his physical manifestations has many psychiatric problems as well or the individual who has brain damage — do we kill all people with neurological deficit after an automotive accident?

Very, very few parents of their own volition come to a physician and say, "My baby has a life not worthy to be lived." Any physician in the tremendously emotional circumstances surrounding the birth of a baby with any kind of a defect can, by innuendo, let alone advice, prepare that family to make the decision that that

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physician wants them to make. I do not consider this to be "informed consent."

Campbell and Duffy say this: "Often, too, the parents' and siblings' rights to relief from seemingly pointless, crushing burdens were important considerations." Here again Duff and Campbell have enunciated a new right and that is that parents and siblings are not to have burdens. Even Duff and Campbell use the word "seemingly" in reference to "pointless" and I am sure that "crushing" as applied to the burden may not be nearly as crushing as when applied to the eventual guilt of the parents in days to come.

As partial justification for their point of view, Duff and Campbell say that although some (parents) have exhibited doubts that the choices were correct, all appear to be as effective in their lives as they were before this experience. Some claim that their profoundly moving experience has provided a deeper meaning in life and from this they believe they have become more effective people.

If these same parents were seeking deeper meaning in life and if Duff and Campbell were indeed interested in providing deeper meaning in life for the parents of their deformed patients, why not let the family find that deeper meaning of life by providing the love and the attention necessary to take care of an infant that has been given to them? I suspect that the deeper meaning would be deeper still and that their effectiveness would be still more effective and that they would be examples of courage and of determination to others less courageous.

Duff and Campbell talk about "meaningful humanhood," a phrase which they extract from Fletcher, and of "wrongful life," a phrase which they take from Engelhart. As soon as we let anyone, even physicians, make decisions about your humanhood and mine, about your rightfulness or wrongfulness of life and mine, then we have opened the door to decisions being made about our worth which may be entirely different in the eyes of a Duff and a Campbell or their followers than it would be in yours and mine.

In their discussion, Duff and Campbell say that parents are able to understand the implications of such things as chronic dyspnea, oxygen dependence, incontinence, paralysis, contractures, sexual handicaps, and mental retardation. Because a newborn child has the possibility of any of these problems in later life, does this give

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us the right to terminate his life now? If it does, then I suspect that there are people in this room who have chronic dyspnea, who may have oxygen dependency at night, who might be incontinent, who may have a contracture, who may have a sexual handicap and I trust that none of you are mentally retarded, but let's carry it to its logical conclusion. If we are going to kill the newborn with these potentials, why not you who already have them?

Finally Duff and Campbell say, "It seems appropriate that the profession be held accountable for presenting fully all management options and their expected consequences." I wonder how commonly physicians who opt for starving a baby to death are willing to be held accountable for the eventual consequences in that family which may not be apparent for years or decades to come.

I think the essential message in the Duff and Campbell paper is missed by many. These authors first brought to attention the concept of death as one of the options in pediatric patient care. But it is not always understood that the death they presented as an option was not the death of infants who could not possibly survive but rather the death of infants who could live if treated, but whose lives would not be "normal." It is not the lesion, but the physician's *decision*, that is the lethal factor. In view of the fact that the socio-economic status of the family, and the stability of the marriage, are mitigating circumstances in deciding on treatment or non-treatment, it is clear that there has been introduced a discrimination just as deplorable as those of race, creed, or color, of which we are constantly reminded. I wonder how many of us would be here today if someone had the option of not feeding us as newborns?

Arthur Dyck, who has the intriguing title of Professor of Population Ethics at the Harvard School of Public Health, is also a member of the faculty at the Divinity School at Harvard. The connotation of being a Professor of Population Ethics these days, even with a seminary appointment, would lead one to expect that such a man would be ready and willing to eliminate all life that was not "meaningful" — a word I detest. Yet, Professor Dyck believes much more in the *equality* of life than he does in the *quality* of life; he believes that we should and must minister to the maimed, the incompetent, and the dying. To put it in his words:

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The moral question for us is not whether the suffering and the dying are persons but whether we are the kind of persons who will care for them without doubting their worth.<sup>7</sup>

We in the medical profession have traditionally responded in our treatment of patients as a reflection of our society's human concern for those who are ill or helpless. Indeed we have often acted as advocates for those who had no one else to stand up for them. Thus we have always responded, in days gone by, with love and compassion toward the helpless child. It may well be that our technical skills have increased too rapidly and indeed have produced dilemmas that we did not face a decade ago. But this does not give us any new expertise in deciding who shall live and who shall die, especially when so many non-medical factors must be taken into account in making the decision.

It is really not up to the medical profession to attempt to alleviate all of the injustice of the world that we might see in our practice in the form of suffering and despair. We can always make the effort to alleviate the pain of the individual patient and to provide the maximum support for the individual family. If we cannot cure, we can care, and I don't mean ever to use the words "care" and "kill" as being synonymous.

Leo Alexander, a Boston psychiatrist, was at one time (1946-47) consultant to the Secretary of War on duty with the office of chief counsel for war crimes in Nuremberg. In a remarkable paper (which appeared in the *New England Journal of Medicine*, July 4, 1949), "Medical Science under Dictatorship," he outlined the problem.<sup>8</sup> Let me just mention the highlights of Dr. Alexander's presentation. The guiding philosophic principle of recent dictatorships, including that of the Nazis, was Hegelian in that what was considered "rational utility" and corresponding doctrine and planning had replaced moral, ethical and religious values. Medical science in Nazi Germany collaborated with this Hegelian trend particularly in the following enterprises: the mass extermination of the chronically sick in the interest of saving "useless" expenses to the community as a whole; the mass extermination of those considered socially disturbing or racially and ideologically unwanted; the individual, inconspicuous extermination of those considered disloyal to the ruling group, and the ruthless use of "human experimental mate-

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rial" in medical military research. Remember, physicians took part in this planning.

Adults were propagandized; one outstanding example being a motion picture called "I Accuse," which dealt with euthanasia. This film depicted the life history of a woman suffering from multiple sclerosis and eventually showed her husband, a doctor, killing her to the accompaniment of soft piano music played by a sympathetic colleague in an adjacent room. The ideology was implanted even in high school children when their mathematics texts included problems stated in distorted terms of the cost of caring for and rehabilitating the chronically sick and crippled. For example, one problem asked how many new housing units could be built and how many marriage-allowance loans could be given newlyweds for the amount of money it cost the state to care for "the crippled, the criminal, and the insane." This was all before Hitler. And it was all in the hands of the medical profession.

The first direct order for euthanasia came from Hitler in 1939. All state institutions were required to report on patients who had been ill for five years or more or who were unable to work. The decision regarding which patients should be killed was made entirely on the basis of name, race, marital status, nationality, next of kin, regularly visited by whom, and a statement of financial responsibility. The experts who made the decisions were chiefly professors of psychiatry in the key universities in Germany. They never saw the patients. There was a specific organization for the killing of children which was known by the euphemistic name of "Realms Committee for Scientific Approach to Severe Illness Due to Heredity and Constitution." Transportation of the patients to the killing centers was carried out by the "Charitable Transport Company for the Sick." "The Charitable Foundation for Institutional Care" was in charge of collecting the cost of the killings from the relatives without, however, informing them what the charges were for.

Semantics can be a preparation for accepting a horror. When abortion can be called "retrospective fertility control," think of all the euphemisms for infanticide!

Although Leo Alexander said this in 1949, it applies today:

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The case therefore that I should like to make is that American medicine must realize where it stands in its fundamental premises. There can be no doubt that in a subtle way the Hegelian premise of "what is useful is right" has infected society including the medical portion of society. Physicians must return to their older premises, which were the emotional foundation and driving force of an amazingly successful quest to increase powers of healing and which are bound to carry them still farther if they are not held down to earth by the pernicious attitudes of an overdone practical realism.

I think those of you who graduated from medical school within ten to fifteen years of my time probably came out of that experience with the idea that you had been trained to save lives and alleviate suffering. The suffering you were to alleviate was the suffering of your patient and the life you were to save was the life of your patient. This has now become distorted in the semantics of the euthanasia movement in the following way:

You are to save lives; that is part of your profession. If the life you are trying to save, however, is producing suffering on the part of the family, then, they say, you are to alleviate that suffering by disposing of your patient. So in a strange way you can still say you are saving lives and alleviating suffering — but the practice of infanticide for the well-being of the family is a far cry from the traditional role of the pediatrician and more lately of the pediatric surgeon.

There are many times when I have operated upon a newborn youngster who subsequently dies, that I am inwardly relieved and express honestly to the family that the tragic turn of events in reference to life was indeed a blessing in disguise. However, being able to look on such an occasion in retrospect as a blessing does not, I believe, entitle me to distribute showers of blessings to families by eliminating the problems that they might have to face in raising a child who is less than perfect.

We are rapidly moving from the state of mind where destruction of life is advocated for children who are considered to be socially useless or have non-meaningful lives to a place where we are willing to destroy a child because he is socially disturbing. What we need is alternatives, either in the form of education or palliative measures for the individual as well as for society. We here should be old enough to know that history does teach lessons. Destructiveness eventually is turned on the destroyer and self-destruction is the result. If you do not believe me, look at Nazi Germany. My concern is that the next time around the destruction will be greater

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before the ultimate self-destruction brings an end to the holocaust.

The power to destroy our civilization and indeed our race is not necessarily good or bad in itself. The difficulty is to be certain that we have the moral character to use this power appropriately. Man's reaction to this kind of power can be either pride, man's greatest problem, or humility, one of man's most commendable virtues. Power accepted in humility is a source of strength for man's moral prerogatives.

We are an enthusiastic and an aggressive people and one of our tendencies is to make decisions on the basis of expediency — to take shortcuts to solutions, if you will. We must be very careful not to throw the baby out with the bathwater and I can't think of any situation where the use of that aphorism is more apropos because we are concerned with babies and we are indeed throwing many babies out in what seems at first glance to be a commendable goal to make life easy for parents and to remove burdens from society.

I have not really chosen a title for these remarks although several have come to mind. The first is "The Camel's Nose is in the Tent," from the Middle Eastern proverb that when the camel's nose is in the tent, it is not long before he is in bed with you, and refers to the thin edge of the wedge in reference to euthanasia. The second that occurred to me, because I see the progression from abortion to infanticide, to euthanasia, to the problems that developed in Nazi Germany, and being aware of the appeal of alliteration in titles, is "Dominoes to Dachau." But having just visited Auschwitz in the company of some of my Polish confreres and having read extensively from the Germans' own reports about what went on there, I view what we are experiencing now as a dynamic situation which can accelerate month by month until the progress of our downhill momentum cannot be stopped. Therefore, I guess I favor the title: "The Subtle, Slippery Slide to Auschwitz."

It is difficult to be a participant in history and understand what is going on with the same depth of perception that one would have if he were able to look back upon the present as an historian. The euthanasia movement — and I use that in the broadest possible sense — is with us today with greater strength and persuasion than

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ever has been the case before in the history of what we call modern civilization.

Do not dismiss contemptuously my concern in reference to the wedge principle — that when the camel gets his nose in the tent he *will* soon be in bed with you. Historians and jurists are well aware of what I am saying.

The first step is followed by the second step. You can say that if the first step is moral then whatever follows must be moral. The important thing, however, is this: whether you diagnose the first step as being one worth taking or being one that is precarious rests entirely on what the second step is *likely* to be.

My concerns center around several aspects of this issue. First of all, I have to say that I am a proponent of the sanctity of life, of all life, born or unborn. I hate the term death with dignity because there is no dignity in death. I have many times withheld extraordinary measures from the care of my patients who were terminal regardless of their age and have felt that I was doing the moral and the ethical as well as the just thing. I have never, on the other hand, taken a deliberate action to kill a patient whether this deliberate action was the administration of a poison or the withholding of something as ordinary as feeding that would keep him alive.

I am concerned about legislation that would take the problems of life and death out of the hands of the medical profession, and out of the realm of trust between the doctor and his patient or the patient's family, and put them into the legal realm.

Perhaps more than the law, I fear the attitude of our profession in sanctioning infanticide and in moving inexorably down the road from abortion to infanticide, to the destruction of a child who is socially embarrassing, to you-name-it.

I am concerned that there is no outcry. I can well understand that there are people who are led to starve children to death because they think that they are doing something right for society or are following a principle of Hegel that is utilitarian for society. But I cannot understand why the other people, and I know that there are many, don't cry out. I am concerned about this because when the first 273,000 German aged, infirm, and retarded were killed in gas chambers there was no outcry from that medical profession either, and it was not far from there to Auschwitz.

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I am concerned because at the moment we talk chiefly about morals and about ethics but what is going to happen when we add economics? It might be hard enough for me to survive if I am a social burden but if I am a social burden *and* an economic burden, no matter how precious life might be to me, I don't have a chance.

Let it never be said by an historian in the latter days of this century that after the Supreme Court decided on abortion in 1973, infanticide began to be practiced without an outcry from the medical profession.

Let it not be said by that historian that perhaps the entering wedge was the decision on the part of pediatricians that there were some burdens too great to be borne by families and that a far better solution to the burden was infanticide of a child who was either unwanted by those parents or who would produce social problems and emotional distress in the family and in society.

Let it not be said that the entering wedge was the infanticide of a portion of the neonatal population of our teaching hospitals' intensive care units.

Let it not be said that pediatric surgeons of this country, who have perhaps the greatest experience and the greatest understanding of what can be done with a deformed life, not just in the correction of mechanical problems but in the rehabilitation of a family, stood by while these things happened and said nothing.

Let it not be said by that historian that in the third quarter of the 20th Century physicians were so concerned with perfect children that the moral fiber of our profession and of our country was irreparably damaged because we had forgotten how to face adversity.

Let it not be said that the extermination programs for various categories of our citizens could never have come about if the physicians of this country had stood for the moral integrity that recognizes the worth of every human life.

#### NOTES

1. C. E. Koop, "Of Law, of Life, and the Days Ahead," Wheaton College Graduation Address, June 1973.
2. *Newsletter* of American Association of Pro-Life Obstetricians and Gynecologists, ed. Dr. Matthew Bulfin, Ft. Lauderdale, Florida, August, 1976.
3. Quoted by Leah Curtin in her address "On Dehumanization" on behalf of the National Center for Nursing Ethics, Cincinnati, Ohio, in July 1976 at Boston University.

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4. Quoted from P. P. Rickham's discourse "The Swing of the Pendulum," on occasion of the Centennial Celebration of the Children's Hospital in Sheffield, England, July, 1976.
5. J. E. Dunphy, "On Caring for the Patient with Cancer," *New England Journal of Medicine*, August 5, 1976, 295:313.
6. R. S. Duff and A. G. Campbell, "Moral and Ethical Dilemmas in the Special-Care Nursery," *New England Journal of Medicine*, October 25, 1973, 289:890.
7. A. J. Dyck, "The Value of Life: Two Contending Policies," *Harvard Magazine*, January 1970, pp. 30-36.
8. L. Alexander, "Medical Science Under Dictatorship," *New England Journal of Medicine*, July 4, 1949, 241:39-47.

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# the HUMAN LIFE REVIEW



SUMMER 1982

*Featured in this issue:*

Joseph Sobran on ..... Tendency Land  
Dr. C. Everett Koop on ..... The Slide to Auschwitz  
Dr. Joseph R. Stanton on ..... Feticide & Infanticide  
Steven R. Valentine on ..... 'Wrongful Life'  
Prof. Gary E. Crum on ..... A Doctor's Defense  
Robert Brungs, S.J. on ..... Life & Personhood  
Prof. R.V. Young on ..... Taking Choice Seriously  
Ellen Wilson on ..... Gifts for Children

*Also in this issue:*

The Bloomington Baby (from the *Congressional Record*, including Rep. Henry J. Hyde, Sens. Jesse Helms & Jeremiah Denton, George F. Will, Stephen Chapman); plus Warren King, Hadley Arkes

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Ladies and Gentlemen of the Legislature;

Civil disobedience has been part and parcel of the American Experience since our founding parents rose up against the Colonial Power of England seven generations ago. Patrick Henry, Henry David Thoreau, The Underground Railroad, Dr. Martin Luther King, Jr., the burning of draft cards in the late 60's, the 1968 Democratic National Convention in Chicago, Kent State...

We can look back on these cases and wish that cooler heads had prevailed, that peace and safety had been the rule...but social change and the expression of deeply held beliefs cannot forever be stilled, even by the threat of gunfire or lengthy incarcerations.

What we can look back and ponder is the effect that over-zealous attempts at governmental control of explosive issues has brought forth. Across the ocean we mourn the children run over in Beijing, we applaud the courage of the Russian dissidents, we hang wreathes to commemorate the bravery of the Dutch Resistance to Hitler's heavy hand of statism...yet, are we not ourselves marching down the same paths toward totalitarian control?

Will America still be America if the "right" to civil disobedience is crushed by heavy-handed state and national legislation? Is there not something terribly wrong with a State government that will consider mandating to local communities harsh sentences that must be put upon religious prisoners of conscience? Did not King George III attempt the same?

The handwriting is on the wall. Roe is going down, and the State governments will soon be faced with "managing" the abortion holocaust. Roe is falling because the right to abort is not found in the Constitution, is not a "god-given" right that our founding fathers died to bring forth on this continent. A host of Kansans, quite possibly a majority, believe abortion to be the killing of innocent human life. Like MLK and the black freedom riders, some will indeed challenge the State by defying the "laws" that allow said killing to proceed unabated. Is the State government in Topeka prepared to criminalize the actions of civil rights activists? How shall said justice be "meted out"?

In Communist China said religious dissenters would, most likely, be run over with tanks. In the old USSR, shut away for years in gulags or psychiatric hospitals. However, in America we have, traditionally, held such men and women of courage up as role models; keepers of the Higher Law of God that our founding generations build the greatest republic the world has ever known upon. What will the State of Kansas do? The blood of the innocent preborns cries out, motivating some to direct intervention. Will this legal body put such god-fearing "called" men and women into the dungeons, a modern parable of John the Baptist versus the resolve of the childkilling Herod Dynasty? Shall we now turn our backs on the dynamic that built this nation, that being civil disobedience based upon the revealed Law of God in Holy Writ? And what shall the great Heavenly Host who died at the volley of English muskets say to us? Are we not in danger of becoming the new totalitarians; demanding the lives of the future generation, locking up without mercy any who attempt to stop the state-sanctioned executions?

I beg this body to turn away from the path of dictatorial power. As our late President Woodrow Wilson said; "The history of liberty is a history of limitations of governmental power, not the increase of it. When we resist, therefore, the concentration of power, we are resisting the powers of death, because concentration of power is what always precedes the destruction of human liberties." I fear that the path you are currently contemplating will lead only to sorrow and a greater upheaval when the horrid truth about the effects of abortion on our nation are finally understood, and acted upon, by a majority in the Heartland.

Let us therefore not mandate how local communities determine their protection of the abortion-industry forced upon the nation in the Roe vs. Wade decision. It is time, far past time, that each and every local community determined their own policy concerning the destruction of life in the womb as a source of revenue. It is time that locally-based grassroots democracy, rather than raw statist power, determined if the abortionists are welcome on a street, in the high schools, in a city. Only by turning the regulation of the application of the law concerning abortion demonstrations over to the local governments can you assure the State of Kansas a "pressure relief valve" in the likely possibility that abortion becomes the most controversial subject of the 90's. In the best interests of Kansas I counsel you to listen to the words of Wilson and pass down to the lowest levels of government the abortion controls.

Bryan J. Brown

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February 6, 1992  
ATTACHMENT #38

February 5, 1992

Committee Members  
Committee on Federal and State Affairs  
House Bill No. 2778

Testimony of: Mark Severt  
Attorney at Law  
229 E. William, Suite 310  
Wichita, Kansas 67202

During the Summer of Mercy held in Wichita, Kansas in 1991 over 60 babies were saved from abortion. This means that over 60 children, voters, tax payers and business clients exist today due to the blocking of abortion clinics. This also means that after being told the truth, over 60 mothers learned that abortion was not the answer to their crisis pregnancy.

House Bill No. 2778 provides no protection for women nor for the people whose lives will be terminated during the abortion. On the other hand, the bill provides financial assistance to the abortion industry without any real requirement of greatly needed pre-abortion counselling.

House Bill No. 2778 in my professional opinion violates the equal protection clause of our constitution because it creates additional rights for abortionist. These same rights are not granted to other citizens. It also punishes poor people greater than the rich. This results in a chilling effect on the first amendment rights of the poor protestor. Further it fails to provide protection to our youngest population, the unborn Americans.

This summer in Wichita over 1700 people were arrested when saving children. These people came from every social and

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economical aspect of our population. Young and old; poor and rich; professional people and clergy.

The following chart will illustrate the fines that would have been ordered had the proposed statute covered the summer of 1991. As the chart shows, 1239 people were arrested one time and an additional 292 people were arrested twice.

NUMBER OF TIMES ARRESTED	NUMBER OF PEOPLE	FINE CALCULATION PER PERSON	TOTAL REVENUE
1	1239	\$250	\$309,750
2	292	\$250 + \$500 = \$750	\$219,000
3	90	\$250 + \$500 + \$1000 = \$1750	\$157,500
4	59	\$250 + \$500 + (2)(\$1000) = \$2700	\$162,250
5	21	\$250 + \$500 + (3)(\$1000) = \$3750	\$ 78,750
6	16	\$250 + \$500 + (4)(\$1000) = \$4750	\$ 76,000
7	13	\$250 + \$500 + (5)(\$1000) = \$5700	\$ 74,750
8	2	\$250 + \$500 + (6)(\$1000) = \$6750	\$ 13,500
TOTAL			\$1,091,500

In addition to the fines set out above, further amounts of revenue would be sent to the abortionist. The Summer of Mercy lasted 46 days. Under the proposed Bill, the clinics would receive a significant amount of cash.

(3 clinics in Wichita) x (46 days) x (\$5000/day)=	\$ 690,000
TOTAL	
	\$1,781,500

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Abortionist would probably welcome operation rescue next summer because of the enormous profit this bill would create.

If the legislature really believes that fines must be set to stop the blocking of clinics then they should at least give the money to the children that are saved by rescue blockades. Mr. Tiller already has a big home and a fancy car.

For 1.7 million dollars we could educate a lot of women about the real horrors of abortion. We could also provide for the children who would otherwise be killed at the clinics. Any fine money should be distributed to adoption agencies, homes for unwed mothers and other organizations which will provide for unwanted children.

In conclusion I recommend that House Bill No. 2778 not be adopted. I recommend that the legislature due something for the pregnant women and children, not the abortionist.

I suggest that the committee research why women seek abortion. Then try to provide solutions which eliminate the concerns that create unwanted pregnancies. I also encourage the legislature to pass laws which insure that women are shown the positive side of pregnancy. There are many adoptive families that are waiting to accept children and many understanding parents who if given the chance would help their pregnant teenage children.

RESPECTFULLY SUBMITTED,

  
Mark Severt

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February 6, 1992

Testimony RE: House Bill No. 2778

Dear Honorable Members of the Committee on Federal and State Affairs:

Many on both sides of the abortion holocaust would cast their arguments along professional lines: medical, psychological, and social issues. This is fine and good as far as such discussion can help define the real question. It should be noted that over one hundred years ago the medical community in our nation took the public position that abortion was "murder." Proponents of HB No. 2778 would reject any moral issue is at stake in this bill, thus implicitly denying the personhood of the pre-born child. But I submit to the committee that this is the issue which is really at stake.

The fact that I am a member of the clergy will perhaps lead some of you to question my testimony. That I am also the president of Hope for the Heartland, a Wichita coalition of pro-life organizations and churches that brought over 35,000 people together on very short notice for a very hot August pro-life rally might get better press. But I submit to you that the most compelling reason to listen to my testimony and to defeat this bill in committee lies with the fact that I like all of you was once a child in my mother's womb.

In today's language, we were all once fetuses. (I'm sure you know that the Latin word fetus simply means "little one.") All of us have hearts that began beating before our mothers even knew we were present in their womb. In that 25-33% of all pregnancies in this nation are being ended (over 4,000 per day) by killing the unborn child, statistically 25-33% of the people in this committee hearing would not be here if we were conceived in our mothers under the provisions of this bill.

The fundamental question before this honorable body, and every other legislature like it in these United States is this: will Kansas be a state that promotes child-killing as an honorable business? Or will we be the first state in this nation to come to our senses and recognize this truth: By God's grace we each enjoyed the right to life as pre-born children, and we have no right to deprive those conceived after us of the same. May the Creator of all life help you make a right decision. Thank you for the opportunity to give testimony.

Sincerely,

David W. Lee

Celebrating  
in the worship  
of God

Cultivating  
spiritual growth  
in all believers

Caring  
for people in the  
name of Christ

Communicating  
the gospel  
to the world

House Federal, State Affairs  
February 6, 1992  
Attachment #40

To the Federal and State Affairs Committee  
Kansas House of Representatives

Kathleen Sebelius, Chairman

I am here to oppose HB 2778 which is being ridiculed across Kansas as "The Abortionist Protection Act of 1992."

I believe it is the duty of a legislature to protect the best interests of all its citizens, but especially the weak, the disenfranchised, and the children.

Who does HB 2778 protect? The abortionist. And why does he feel the need for protection? Because the public has gradually become aware of what he is really doing, and they don't like it. I have to believe, knowing some of you as I do, that this committee is well-intentioned, but uninformed.

I can understand why. The sheer weight of paper you must handle in one legislative session is mind-boggling. Everyone wants to tell you what to think and what to do.

Lobbyists, generally, have my respect. I have found them to be persons of integrity, experts in their fields. And they want you fully informed also. Not so the abortion lobby. Their job is to prevent you, and the public, from knowing too much about the real work of the abortionist.

That is why they change the language to veil the truth. We talk about "choice" because it sounds more civilized, even democratic, to allow "choice."

If abortion is so desirable and acceptable, why must they call it "choice?" Simple. That enables us to say, "I wouldn't have an abortion, of course, but I won't interfere with your right to do it." Transferred to Hitler Germany, this translates, "I wouldn't kill a Jew, of course, but I won't interfere if you want to." The good people of Germany were mostly silent, and now we condemn the Holocaust with annual memorials.

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The uproar in Wichita will happen again and again across the nation because our people are waking up to a nightmare of 28 million abortions since 1973. Some issues do not yield to restrictive legislation. Slavery did not. It nearly destroyed our country.

The same forces are in conflict over abortion. They are economic. Slavery lasted several hundred years, through colonial times into the 19th century because, quite simply, it was profitable.

Slavers did not always have to beat the bushes for victims. They were delivered for profit, by their own chiefs, or enemy chiefs. Slaves were part of the three-cornered trade which fueled the economies of both England and the United States. You remember, "rum, molasses and slaves." Good people like yourselves truly believed that slavery was necessary for survival, so they were mostly silent. There were, of course, a few fanatics called Abolitionists. Lots of them lived in Kansas.

Abortion is a big industry, multi-billion dollars each year. It supports clinics, abortionists, assistants, lobbyists, drug suppliers, government grants to such organizations as Planned Parenthood.

Thousands of people in the business have much to lose. And we, lulled by talk of "choice" remain uninformed about the risks, dangers, and long-term health destruction for women.

Venereal disease in the young was a rarity when my husband began the practice of OB-GYN in Manhattan nearly 30 years ago. The availability of abortion on demand has unleashed recreational sex with all its attendant diseases and tragedies.

We see an epidemic of diseases that destroy health and future fertility in women. A routine test for gonorrhea and chlamydia is now recommended for the sexually active teenager. We'll never know how many are permanently sterile because of safe, legal, botched abortions.

So, what has this to do with HB 2778? Abortion seems to be the only surgery with civil rights. It can be performed without regulation, with<sup>out</sup> reporting, without pathological examination of the "specimen" removed, and no on-going follow-up care for the patient.

If you suggest legal restraints, a perfectly sensible person will look you right in the eye and state, "you can't legislate morality." But I thought we were talking about surgery! So, let's talk about morality. Society agrees that murder and theft are wrong. The law says, don't murder and don't steal. These are moral judgments, and the law is framed to set standards of responsibility.

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Unless you are talking about abortion. The law of the land, Roe v. Wade, encourages the avoidance of responsibility. Our young have learned it well.

Lobbyists who protect abortionists can't tell you what abortion really is for fear of the backlash. I could tell you in great detail, but you'd put me down for sensationalism. Also, it is too soon after lunch, and I would be sorry to create calamity in such a crowded room.

You may not know what is happening in that "health facility," but those folks who believe it is their constitutional right to stand on the sidewalk outside would like for you to know.

This bill, with its excessive penalties, will only create more havoc. This issue will not yield to legislation.

It is also understandable why the abortionist lobby wants the repeal of the Kansas 1969 abortion regulations. This law, KSA 21-3407 was framed with the help of distinguished physicians, the father of Rep. Roy, Dr. Bill Roy, and my husband among them.

They believed that there are desperation cases which require the option of abortion. They also believed that such cases should have the written approval of two physicians other than the abortionist and that hospital care with all its support systems should be available. This law also defines pregnancy as "that condition of a female from the date of conception to the birth of her child."

I regret sounding suspicious, but I believe that the repeal of KSA 21-3407 must be the real goal of the abortion industry in Kansas. When Roe v. Wade is void, this law would prevent their present system of doing business.

Noone, in 1969, foresaw wholesale abortion, legal until the day of delivery. Illegal abortion, incidentally, is still flourishing because legal abortions involve big bucks. Forgive me please, if my testimony has been too long. It is my birthday, and I thank you for the opportunity to be here. I believe it would do honor to Kansas if this bill were to die in committee.

CATHY MOWRY *Cathy Mowry*  
2007 Arthur Drive  
Manhattan KS 66502

February 6, 1992

HF 35A  
2-6-92  
4-3

FEDERAL AND STATE AFFAIRS COMMITTEE

Chairman Kathleen Sebelius  
2-5-92

HOUSE BILL #2778

Chairman Sebelius and Members of the Committee,

I am Diane Kolman from Beloit, Ks. and am giving written testimony opposing House bill 2778.

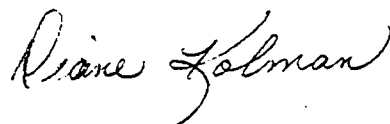
Prior to Roe vs. Wade there was good legislation on the books, 21-3407, that allowed for abortion for reasons of physical or mental health of the mother, or that the child would be born with physical or mental defect, or pregnancy resulting from rape, incest, or other felonious intercourse.

If the bill now before the committee is enacted, 21-3407 would be repealed.

I do not find anything in the bill now before the committee that would be of any advantage over the present legislation and much of it would probably be ruled unconstitutional.

I recommend you do not pass HB 2778.

Diane Kolman



House Federal & State Affairs  
February 6, 1992  
Attachment #42

1992 13:24 FROM COAST-COAST 913-738-2772 TO  
TO: The Committee on Federal and State Affairs  
COMMITTEE CHAIRPERSON: Kathleen Sebelius  
RE: House Bill no. 2778  
DATE: Thursday, February 6, 1992

1296025

MADAM CHAIRPERSON and MEMBERS of The Committee on Federal and State Affairs

My name is Connie K. Chapin and I reside in Beloit, Kansas. Yesterday I traveled to Topeka to attend the hearings concerning HB No. 2778. And I submit to you the following testimony in opposition of HB No. 2778 for the reasons listed below:

- \* K.S.A. 21-3407 sufficiently provides acceptable legal procedures concerning abortion as stated in (2)(a) of said statute; and, gives justifiable reasons for having an abortion as stated in the first paragraph of section (2)
- \* Sec. 4, 2(b) should be omitted from any proposed law concerning abortion because the offenses discussed in this section are already covered by existing civil law and order statutes, and if not, then civil law needs to be amended, not the abortion law. Despite the disclaimer in lines 13-17 of page 5, section I believe the language used in lines 25-28 on page 3 to be in violation of the First Amendment. (If Nazi groups have the freedom to meet and discuss or "advise," "counsel," "encourage," or "request" recruits to act in a prescribed manner, then....)
- \* HB No. 2778 would repeal K.S.A. 21-3407 as stated in section 6, page 5, line 32.

I do, however, support an amendment to K.S.A. 21-3407. I recommend the adoption of Sec. 3 of HB No. 2778 as an amendment to K.S.A. 21-3407.

In conclusion, I agree with Sylvia, I am not pro-abortion, I am pro-choice

Respectfully,

*Connie K. Chapin*

*House Federal & State Affairs*

*February 6, 1992*

*Attachment #43*

TOTAL P

TO: The committee on Federal and State Affairs  
FROM: Gary J. Woodward  
RE: House Bill No. 2778  
DATE: February 6, 1991

My name is Gary Woodward. I am a resident of Wichita, my hometown. I have taught grades 6,5 and 4 in the Wichita Public Schools for the past five years. I am also a husband and father.

As an educator I am concerned about the safety and well-being of my former students as well as students I may teach in the future. Any legislation regarding abortion should provide protection to the two most important individuals involved: the preborn child and the mother. This bill provides protection for neither. After reading this bill, there are many reasons why I am very much opposed to it. Here are a few of those reasons:

1. Any woman considering an abortion deserves to have all the facts. Who can ensure that the woman is given clear, unbiased counseling when the counselor is an employee of the abortion establishment? An abortionist makes no money by referring a potential customer to a crisis pregnancy center or to someone who could help the woman place her baby in an adoptive home. Any requirement to give counseling to a minor girl can be easily circumvented by the abortionist (see page 3 lines 3 - 10). This is a clear example of conflict of interest.
2. This bill prevents cities from deciding for themselves what restrictions they will or will not place on the abortion business.
3. If with this bill in place, it were possible to actually convict an abortionist of an illegal abortion (say, aborting an eight and a half month preborn child with no defects) the penalty is a class A misdemeanor. No mandatory penalty is described. However, an individual "trespassing on the facility or the common areas of the real property upon which the facility is located" is subject to a minimum fine of \$250 and jail time, not to mention civil penalties.

This is a bill that offers much support and protection, but to whom? The unborn child who has no voice and whose life is about to be snuffed out? The woman in a crisis pregnancy confused, scared, not supported to make a fully informed choice (which she will live with for the rest of her life)? No. The support and protection goes to the abortionist who offers only one choice: abortion, money up front.

Respectfully Submitted,

*Gary Woodward*  
Gary J. Woodward  
1712 N. Hood  
Wichita, KS 67203

*House Federal, State Affairs  
February 6, 1992  
Attachment #44*