

Approved April 30, 1992

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Sen. Edward F. Reilly, Jr. at 11:00 a.m. on March 10, 1992 in Room 313-S of the Capitol.

All members were present except:

All members were present

Committee staff present:

Emalene Correll, Legislative Research Department
Jeanne Eudaley, Committee Secretary

Conferees appearing before the committee:

See attached list

Others attending: See attached list

The Chairman, Sen. Reilly, called the meeting to order and recognized Sen. Vidricksen, who presented the committee with a proposal (Attachment 1) for reapportionment. Sen. Bond moved the committee introduce the proposal as a bill, and it was seconded by Sen. Strick. The motion passed.

Sen. Reilly announced the committee is hearing opponents of HB 2778 and welcomed them and requested that they adhere to the rules of the committee.

The following appeared as opponents to HB 2778:

Rep. Kent Campbell, 107th District, (Attachment 2);
Kathy Mowry, Manhattan, KS, (Attachment 3);
Dr. Paul Davis, Physicians for Life, (Attachment 4);
Luhra Tivis, Wichita, KS, (Attachment 5);
Bob Runnels, Executive Director, Kansas Catholic Conference, (Attachment 6);
Nancyjo Mann Streeter, Women Exploited by Abortion, (Attachment 7);
Mary Kay Culp, Missouri Right to Life, (Attachment 8);
Kenda Bartlett, Concerned Women for America, (Attachment 9);
Sandy Pickert, Kansas Nurses for Life, (Attachment 10);
Patricia Ellen Trausch, KU Students for Life, (Attachment 11);

The following submitted written testimony:

Rev. Regis Hickey, St. Benedict's Abbey, (Attachment 12);
Richard Faherty, (Attachment 13);
Barbara Mosher, (Attachment 14);
Linda Hale, Pregnancy Crisis Center, (Attachment 15);
Tina McLaughlin, (Attachment 16).
Pat Goodson, Kansas Right to Life, (Attachment 17).

Sen. Reilly announced that Malcolm Davison, Independence, has a Petition with 2,000 signatures. It will be submitted to the Senate Secretary and made a part of the Senate record.

The meeting was adjourned at 12:10.

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: 3-10-92

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Clota Renyer	Salveta, Ks	Right to Life of Ks
Jack Fesler	RR1 Box 98 Off. Ks.	" " " "
Richard Jacobson	Church of God 7th Day Wichita, Kansas	" "
Loan Barton	Hidden Plain KS	" "
Ken Barton	Box 173 Garden Plain Ks	
Eileen Pakusch	Topeka Ks	" " " "
Renee Georgeson	Topeka Ks 560956 14th	" "
Vera Brinkman	Carbondale KS	
DAVED FORTUNE	2020 E. CENTRAL WICHITA, KS 67214	HopeNet, Inc.
Suzanne Fortune	"	"
PATRICIA S. TALBOTT	6441 SUFFOLK RD. TOPEKA	
Margaret J. Sullivan	218 POTTOWATOMIE, Rossville KS 66533	
Cheryl Repp	218 POTTOWATOMIE, Rossville KS 66533 Cassandra, Cody Shawn & Chelsea	161864
Helen Tiedeman	R#1 Neosho Rapids, Mo 64864	
Zonda Wiedner	Madison, Ks	National Right to Life
Carolyn Matlock	Box 501 Madison, Ks.	Right to Life National & State
Marjorie J. Ames	Rt 2, Box 378, Holtan, Ks 66436	Pro Life
Richard L. Watson	814 Neosho Emporia, Ks 66801	RFT
CRAIG E. BARBEE <i>heBar</i>	1021 LINCOLN EMPORIA KS 66801	EMPORIANS FOR LIFE
Darlan Meyer	Rt 1 2744 Tenn Dr Rantoul KS 66879	
Deby Lee	4205 Hiway K-68 Wellsville, Ks 66092	Franklin Co. for Life
Lays W. Guest	1020 N 10th Manhattan KS 66502	Manhattan Kansans for Life
Cindi D. Colburn	1706 Rockhill Rd. MANHATTAN KS 66502	Manhattan Kansans for life

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: 3-10-92

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Fred J. Anderson Jr	718 N. 17th. KCK 66107	Oak Grove Baptist School
Sherry Warren	1238 KANAS AVE KCK 66108	Cent Berne Baptist School
Jessica Sanderlin	5912 Hedley Merriam Kilaheo 2	Oak Grove Baptist School
Andrea Creek	4541 Shawnee Dr. KS 66106	Oak Grove Baptist School
Walter Pollin	2626 Poplarault K.P. KA 66106	Oak Grove Baptist School
Yeri Pansich	2501 N 64th. KCK 66104	Oak Grove Baptist Church
MAX W. TUCKER	5552 WOODEND KCK 66106	DAK GROVE Baptist School
DAVE GOLDBERK	522 E 7th Lyndon KS	Mt Pleasant County Church
Ernest ADAIR	19840 FLOYD ^{Stilwell} KS	KFL
Pat Adair	19840 FLOYD ⁶⁶⁰⁸⁵ - Stilwell, KS	Olathe KS. for life
Ramona Olson	10965 Gillette K.S. 66210	Kansas for life
LORA B HENDRICKS	7805 RILEY, O.P. ^{#725 66204} KS	Kansas for Life
Angie Kwan	1606 Ridgeway Shawnee ^{KS}	Oak Grove Baptist
Denny James	4706 Switzer Shawnee ^{KS}	Oak Grove Baptist
Kim Kovar	1606 Ridgeway Shawnee ^{KS}	Oak Grove Baptist
Walter A. Claassen	Rt 1 Box 121 Whitewater	Stenwood Farms
Alex K. Claassen	Rt 1 Box 123 Whitewater	Henry Creek Farms
Jeanine Blanck	1311 Montereyway ^{Lawrence, KS.}	KFL
Bette Anne Brewitt	2406 Whitehall ^{Lawrence}	KFL
Helen - P. Bogard	9328 E 42nd St. N ^{Wichita KS.} 67226	Andover Assembly of God - against abortion! self-conviction
Rhonda L. Coleman	703 Heidi Ln. ^{Mulvane, KS} 67110	
Roe Verming	Valley Center	Progressive Women for Am
Daren Dalton	Rt 1 Box 45 Chapman	Chapman High School
Aaron O. Mandell	3819 Emerald Circle ^{Maple Hill, KS} 66502	Chapman Tour Day
Chris Okon	RR1 Box 1A ^{Enterprise}	Chapman High

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: 3-¹⁰~~8~~-92

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Bob Kunnels	Leavenworth, KS	St. Cath. Conf.
Regis F. Niskey	St. Benedict's Abbey	Atchison, KS
Paul H. Davis MD	Wichita KS	Physicians for Life
Sandy Hickert	Wichita, KS	KS. Nurses for Life
Betsy Jones	Shawnee KS	Coale Forum
Kenda Ballott	Leavenworth	CWA of KS
Kent Campbell	Miltonvale	Rep 10 th
Pat Goodson		RTLK
M. Laura Travis	P.O. Box 46723 Little Rock, AR 72214	
Mary Kay Clegg	12815 W 82 Spwy, KS 66215	
W. Skyles	OLATHE KS	SEV W 1373
Timothy McKelvie	11419 Wichita KS	
Robert Condread	8443 Birch - Wichita	
Rex Ambrose	3624 Eveningriddle	Pro-life Citizens
Renee Boose	RR 1 Box 39 Omega	Pro-life Citizens
Cathy Moore	2007 Arthur Drive	Manhattan
Patricia Ellen Prausch	400 Kansas 2545 Union Box 49	KU Students for Life
Charlene Handelman	1111 W. 44th Terr, Shawnee KS 66203	Oak Grove Baptist School
Julie Aldridge	6624 Wood Avenue KCK 66102	Oak Grove Baptist School
Edward L. Senter	801 Shawnee Road Kansas City, KS 66103	Oak Grove Baptist School
Miaak Kopycka	2501 N. 64th Terr, K.C. KS 66104	Oak Grove Baptist School
Steve Higgins	2500 Woodend Kansas City, KS 66106	Oak Grove Baptist School
Janet Sanderlin	5912 Hadley Merriam KS 66202	Oak Grove Baptist School
John D. Long	900 S. 57th Terrace K.C. KS 66106	Oak Grove Baptist School

3/10/92

(Widrickson)

PROPOSED BILL NO. _____

By xx

AN ACT concerning congressional districts; providing for the reapportionment thereof; repealing K.S.A. 4-127.

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

Section 1. Whenever a county is included in any congressional district under the provisions of this act, the district shall include the territory within such county as constituted on January 1, 1992.

Sec. 2. Congressional district one shall consist of the following counties: Barber, Barton, Cheyenne, Clark, Clay, Cloud, Comanche, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Gove, Graham, Grant, Gray, Greeley, Hamilton, Harper, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Lane, Lincoln, Logan, McPherson, Marion, Marshall, Meade, Mitchell, Morris, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Pratt, Rawlins, Reno, Republic, Rice, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner, Thomas, Trego, Wallace, Washington and Wichita.

Sec. 3. Congressional district number two shall consist of the following counties: Butler, Chase, Chautauqua, Cowley, Elk, Greenwood, Harvey, Labette, Montgomery, Sedgwick, Wilson and Woodson.

Sec. 4. Congressional district number three shall consist of the following counties: Allen, Anderson, Atchison, Bourbon, Brown, Cherokee, Coffey, Crawford, Doniphan, Geary, Jackson, Jefferson, Leavenworth, Linn, Lyon, Miami, Nemaha, Neosho, Osage, Pottawatomie, Riley, Shawnee and Wabaunsee.

Sec. 5. Congressional district number four shall consist of the following counties: Douglas, Franklin, Johnson and Wyandotte.

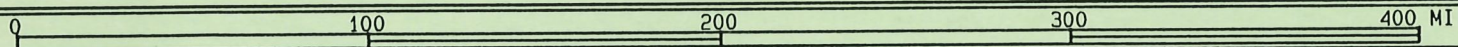
Sec. 6. The provisions of this act shall not affect the term

of any representative to congress elected to represent a district at the general election of 1990 or the term of any successor elected to succeed such representative for an unexpired term, and all such representatives shall continue to serve the districts from which elected until the representatives elected from the congressional districts established by this act commence their terms of office in January, 1993.

Sec. 7. K.S.A. 4-127 is hereby repealed.

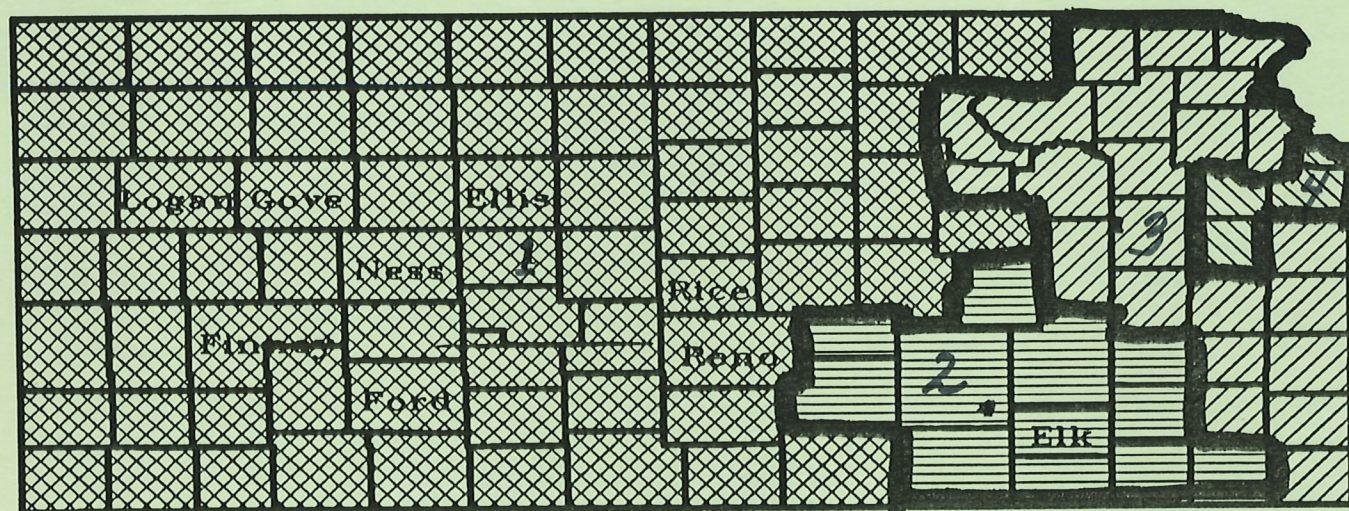
Sec. 8. This act shall take effect and be in force from and after its publication in the Kansas register.

Republican Congressional

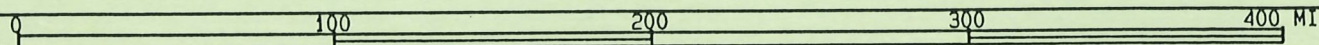


LEGEND

- County Boundary
- Dist. Boundary (CONG)
- District 1
- District 2
- District 3
- District 4
- 19** County



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Overall
Deviation .57

HB 2778

March 10, 1992

Testimony Before the
Senate Federal and State Affairs Committee
in opposition to HB 2778

Thank you, Mr. Chairman and members of the Committee, for the opportunity to appear today in opposition to HB 2778.

I'm Representative Kent Campbell, 107th District, and I am strongly opposed to each and every section of HB 2778.

In general, my opposition stems from the fact that the bill has been touted by its sponsors and proponents as: (1) a compromise position, (2) a measure somewhat restricting access to abortions, and (3) a position supported by 70% of Kansans. It is, in fact, none of the three. (1) There was no compromise with pro-life groups or individuals; absolutely none was sought. (2) The bill merely codifies the Roe vs. Wade decision into Kansas law. Roe vs. Wade, in and of itself, provides no restrictions to abortion on demand. It simply controls what a state may or may not do in any trimester. Indeed, the purpose of HB 2778 is to repeal current non-operative statutory language so that it will not "spring back to life" should Roe vs. Wade be overturned. (3) I know of no poll showing that 70% of Kansans subscribe to the idea

of abortion on demand, throughout all stages of pregnancy, at any age, for any reason. That is what this bill allows.

In fact, a 1990 Gallup poll found that a clear majority (73%) of Americans would support a prohibition of abortion after the first three months of pregnancy, except where necessary to save the life of the mother.

Turning to specific objections to HB 2778, I offer the following:

Sec. 1(a)--Allows for self-abortion. Is this setting Kansas up for introduction of RU-486, currently prohibited by the FDA?

Sec. 1(c)--"Viability" is not a definable term as it is constantly changing with changing medical technology, as well as with each individual pregnancy. It is ironic that those promoting abortion have, in the past, resisted any pro-life legislation, using the term "viability" as not definable. This year, in an amendment, I used the term "third trimester", a definite period of time, and they rejected it while switching their support to "viable".

Additionally, the term, "woman's physician" used in this section, is a synonym for "abortionist." Could we expect an unbiased decision from the one whose livelihood depends on performing abortions? And, where is "extraordinary" medical measures defined?

Sec. 2(a)--"Viability" again. "Health" of the woman is a wide open definition. Doe vs. Bolton, the companion decision to Roe vs. Wade, makes clear that

absolutely anything goes under the term "health." As further proof, 1972 KDHE figures provided to me listed 12,248 abortions performed in Kansas; 11,075 were for reasons of mental health. Curiously, in 1973 Kansas changed the reporting format and there is no longer a breakdown by reason for seeking an abortion. Of course, only hospitals are required to report so we don't have any firm knowledge of the number of abortions performed in any case.

Apparently, the last sentence of Sec. 2(a) means whatever you want it to mean.

Sec. 2(b)--Whatever happened to "local control," so recently in the news? Does this threaten curfews for minors now in effect in certain cities?

Sec. 2(c)--"Health," again, and who defines "serious deformity or abnormality?"

Sec. 3(a)(1)--"Registered" is merely a listing; it denotes no standard of training.

Sec. 3(a)(2)--Where else in Kansas law do we define a minor as someone less than 16 years of age?

Sec. 3(b)(1)--Who decides the content of "alternatives" when the setting is an abortuary? What about "informed" consent?

Sec. 3 (b)(3)--Who decides which "agencies" are to be made available to minors?

Sec. 3(c)--Can "minors" sign and date statements elsewhere in Kansas law?

Sec. 3(f)--Is an "escape clause."

Sec. 4--Is there any parallel to this in Kansas law? Is this two subjects in a single bill?

Sec. 5--I oppose the repealing of KSA 21-3407 which requires that abortions be performed only in hospitals. At least, the public would then know how many are performed. Since clinics are not required to report,--- and all indications point to "cash only transactions, no checks, no credit cards,--how does Kansas enforce its income tax collection?

In summary, viewing the bill as limiting abortions made the bill suspect from the start, coming as it did out of House Federal and State Affairs Committee. For your information, since 1978, twenty-nine separate pro-life measures met their Waterloo in the House Federal & State Affairs Committee. Eighteen of those have occurred since 1986. During that 14 year period, not one pro-life bill emerged from that committee. Perhaps that will help explain why none of us in the pro-life camp harbored any illusions about this bill.

Additionally, of all of the things that Roe vs. Wade (abortion on demand) was advertised to "make better"--- teenage pregnancy rates, teenage suicide, child abuse, spousal abuse, domestic violence, poverty, hungry children--- not one category has improved in the past 19 years. Probably, it's fair to say that almost every one has skyrocketed. How we would love to have the teenage

pregnancy and suicide rates of 1973 in our country and our state right now. Those rates would be far below what they are today.

Statistics provided by the Kansas Department of Health and Environment reveal some disturbing insight into the permissive nature of Kansas' abortion law, dating all the way back to 1971. Our state was obviously an abortion Mecca in those pre-Roe vs. Wade days as 9,472 abortions were reported in 1971 followed by 12,248 in 1972. (I noted earlier that 11,075 of those were performed for reasons of mental health.) Of course, with the advent of abortion on demand nationwide in 1973, the numbers dropped off considerably in Kansas. However, it is interesting to note that Kansas consistently draws high numbers of non-residents for abortions, particularly with respect to teenagers, even after Roe vs. Wade. Why? What is it that is so appealing about abortion in Kansas? I believe you'll hear testimony later relating to this.

No doubt, Operation Rescue last summer in Wichita revolved around this very statistic. Those 35,000 people in Cessna Stadium on a hot summer day were sending a message that they don't like the image Kansas has today.

I urge you to reject HB 2778, and together let's return some dignity to our state by enacting legislation more in tune with our citizens' views on abortion.

Senator Ed Reilley, Chairman
Federal and State Affairs Committee
Kansas Senate

March 10, 1992

RE: HB 2778 Cathy Mowry, Manhattan, Kansas

We who truly understand abortion owe you an apology. Had we done our job of educating the public, you wouldn't have to debate this bill in a nation once regarded as the most civilized on earth.

Roe v. Wade took most of us quietly by surprise. The groundwork was laid while we were busy with normal life. We awoke years later, astonished by a million and a half abortions a year, abortion for birth control among teen-agers, an epidemic of sexual diseases in everyone's town.

Doctors, even those who don't do abortions, weren't talking about them either. They were conditioned to treat the patient, not to express their personal values. Trouble is, germs and viruses don't respect this civilized system, so their patients caught diseases no-one warned them about.

If you objected, you were put down as a religious fanatic.

The rest of us, embarrassed to be caught in the company of fanatics, and ignorant of the physical violence of abortion to mother as well as child, were glad to hear about "choice."

When did we lose our sense of the sacredness of life? Not in a religious sense, but with the responsibility we feel for endangered birds and animals, the threatened rain forests.

Why can we be concerned for them, and not for human life? It is largely a matter of what we have NOT been told about abortion. It doesn't play well on the screen. Most are offended by the sight of aborted babies. It is too gross, so the one who displays the truth is somehow more offensive than the abortionist. He, after all, did not require you to LOOK at his handiwork. He did it in private.

Where did this "right to privacy," this right to murder in private, come from? Constitutional scholars have not found it. It was an "assumed" right, assumed by Justice Blackmun. It sounds wonderfully American, like "choice."

The feminists fell in love with it; the press took it up as a battle cry. Advertisers know that if you say the same thing over and over, it takes on the ring of truth. Even if it is a lie.

My 96-year-old mother-in-law couldn't be left alone a block from her home. She can't provide her own food, nor could she survive outside the protection we have woven around her. I should be able to get rid of this inconvenience and hire a doctor to kill her, provided we do it privately in his office. It is possible that when you and I are 96, this will be an option for our children and grandchildren.

Many hearts were hardened during Operation Rescue in Wichita last summer. Every account I saw was written from a pro-abortion bias. The most quoted source was the paid, professional lobbyist of the abortionist. She styles herself a representative of the "ProChoice Action League of Wichita" for these occasions.

Those who picketed were there in defense of young women and babies who have been abandoned by their protectors, their culture. HR 2778 does not protect them. It will protect the abortionist's right to make money and compound their tragedy. It is no kindness to a young woman to destroy her fertility, and perhaps the only child she will ever bear.

HR 2778 is a deception. The so-called counselor will be in the employ of the abortionist. The abortionist himself will ^{be} the "doctor" who determines viability. Late-term abortions will continue, to preserve the "health" of the mother, and make a tidy profit for the abortionist who can sell the bodies for "medical research" back East. This may be too much truth for this kind of occasion.

Why does the abortionist feel the need for the protection of HB 2778? And why does he employ a full-time lobbyist to prevent you, and the public, from knowing too much about what he does?

Language is changed to veil the truth. "Choice" sounds civilized, even democratic. We can say, "I wouldn't choose an abortion, of course, but I won't interfere with your choice. Transferred to Hitler Germany, this translates, "I wouldn't kill a Jew, of course, but it's your choice!" The good people of Germany were mostly silent, and now we condemn the Holocaust with annual memorials.

The uproar in Wichita will happen again and again across the nation because people are waking up to a nightmare of 28 million abortions since 1973.

Some issues do not yield to restrictive legislation. Slavery did not, and nearly destroyed us. 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 economic 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 manufacturers, 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 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. Herpes usually accompanies them. HPV, a precursor for cervical cancer is common. And we'll never know how many are permanently sterile because of safe, legal, botched abortions.

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

When you suggest legal restraints, some perfectly sensible person will look you right in the eye and state, "you can't legislate morality." We were talking about surgery. So, let's talk about morality. Society agrees that murder and theft are wrong. These are moral judgments, and law is framed to set standards of responsibility. Unless you are talking about abortion. 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 gruesome detail, but you'd put me down as sensational.

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 industry wants the repeal of Kansas 1969 criminal abortion regulations. KSA 21-3407 was framed with the help of distinguished physicians, Dr. Bill Roy, father of Rep. William Roy, and my husband among them. They believed there are desperation cases which require the option of abortion, and 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. The law also defines pregnancy as "that condition of a female from the date of conception to the birth of her child." A standard scientific, biologic definition of the beginning of a new life.

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.

No-one in 1969 foresaw wholesale abortion, legal until the day of delivery. Illegal abortion, incidentally, is still flourishing because legal abortions involve big bucks. I believe it would do honor to Kansas if this bill were to die in committee.


CATHY MOWRY
2007 Arthur Drive
Manhattan KS 66502

March 10, 1992

Att. 3
4

Testimony of Paul H. Davis, MD
Chairman, Physicians for Life
Re: HB 277B 3/10/92

INTRO: Chairman and Honorable committee members...

Your task this week is to decide if HB 277B in its present form is worthy of action by the Senate. As a licensed and Board Certified physician in the state of Kansas for the past 19 years, as one who has personally performed scores of abortions in years past, and as the representative for a group of over 200 Wichita physicians, I must advise your that this bill has dangerous implications in regards to violation of standard medical care. In brief, this bill does nothing to guarantee the health and protection of women and children, but rather blatantly ensures the protection of the abortion industry.

Our physician group adheres to the Hippocratic ideal that the medical answer to depression is not suicide, the medical answer to deformity, poor health, helplessness due to age or function is not assisted suicide, and the medical answer to unwanted or unhealthy pregnancy is not abortion. The answer, is what truly civilized communities are all about, what America is all about...compassion, comfort, and caring through all phases of life, from conception through natural death.

Our physician group feels strongly that the state has several compelling vested interests that are effectively ignored by this bill, either intentionally or by vague definition.

I. STATE'S VESTED INTEREST IN THE UNBORN

We are fully aware that abortion advocates ascribe little to no value to the unwanted unborn child and another century of argument will do little to change their minds.

However both state and federal governments are ironically displaying an increasing interest in the unborn. Never before have we seen as many "government" supported programs aimed at improving the health of the unborn:

- strong advocacy of early pre-natal care
- compelling pleas for avoidance of tobacco, alcohol and drugs during pregnancy (see ACS ad enclosed)
- support of research promoting fetal health, including intra-uterine surgery to repair lethal defects prior to birth
- bans on drugs that can harm the fetus (e.g. thalidomide) and requirements by drug companies and physicians to inform potential parents of potential harm to potential children
- laws restricting X-ray exposure of the unborn by mandating protective shielding of the mother
- etc., etc, etc.

The issue of FETAL VIABILITY is perhaps the most distressing aspect of this bill to most of our physicians, especially to our obstetricians and neonatologists. With recent advances in pre-natal and neonatal care, the definition of fetal viability is constantly changing. The measurement of viability is often subjective and variable depending on who is doing the measuring.

To leave the definition of both viability and deformity entirely in the hands of one who is profiting from the sale of abortions and is not bound to peer review and second opinion, is a gross miscarriage of medical ethics. This bill only serves to protect that lethal monopoly.

The state faithfully protects the newly born's right to live, yet what occurs at birth is not a metamorphosis from a caterpillar to a butterfly, or a non-human to a human. As one well known text of Embryology states so eloquently: "birth is merely a change of environment...another stage in the growth of the new human."

Our physician group and thousands more like us have great difficulty understanding the state's reticence to ascribe appropriate protection for those individuals who suffer lethal discrimination on the basis of their age, desirability, deformity, and place of residence.

How will you senators explain this lack of protection to your children? I'm having great difficulty explaining it to mine.

II. STATE'S VESTED INTEREST IN WOMEN'S HEALTH CARE

As practicing physicians, we come under increasing scrutiny these days in the areas of record-keeping, peer review, informed consent, parental notification, advisement of risks and alternatives regarding potentially dangerous procedures, verification of competency, reporting of complications, etc.

The purpose for this increasing scrutiny is obviously the development of a safer system of health care delivery. This bill does nothing to ensure the physical and emotional safety of women in crisis, but rather sacrifices that safety net to the nebulous ideal of "choice". Responsibility to our fellow citizens and civilized ethics is lost in our perverted worship of individual rights!

Some have argued that legal abortions are safe for women. Our physician group is concerned about the mounting evidence to the contrary. Ms. Everett, former manager and co-owner of four abortion clinics in Dallas, states that 1 out of 500 women they aborted had major complications, including death, from abortions. These complications were successfully covered up by sympathetic physicians.

- Following are just a few of the documented statistics:
- genital tract infections following elective abortion are up to 18.5% at Johns Hopkins University, even higher at free-standing clinics
 - a 300 % increase in ectopic or tubal pregnancies in the U.S. since abortion was legalized.
 - 300% risk of secondary infertility among women with at least one induced abortion according to one British study.
 - a 500% increase in ectopic pregnancies among women who had aborted their first pregnancy
 - a significant increase in uterine adhesions and therefore infertility following multiple abortions
 - 7 to 15-fold increased prevalence of placenta previa in those who had prior induced abortions in the first trimester
 - cervical incompetence leading to premature births increases 14% after one legal abortion, 18% after two, 24% after three
 - the main risk of induced abortion is permanent cervical incompetence (JAMA Feb. 4, 1983)
 - according to one study, women who have had abortions are 9 times more likely to attempt suicide than women the general population.
 - up to 43% of women express anxiety, depression, and guilt after abortion.

etc. etc.etc!

- This bill does nothing to require verification of training or competence in surgical procedures.
- This bill does nothing to encourage peer review or second opinion regarding the safety of the procedure
- This bill does nothing to prevent a non-physician from doing the abortions
- This bill does not require facility inspection for purposes of verifying sterility, record-keeping, reporting of complications
- This bill promotes and protects a brand of monopolistic medical care that has grave consequences

Consider the following analogy:

An enterprising licensed physician builds and promotes a "Women's Breast Cancer Clinic".

- he performs all the mammograms
- he interprets all the mammograms
- he performs all the biopsies
- he interprets all the biopsies
- he gives all the counseling regarding options
- he performs all the mastectomies
- he invents and inserts his own silicone implants
- he again interprets all the pathology slides
- he advises and offers his own radiation therapy
- he advises and offers his own chemotherapy
- he even offers his own funeral services

How many women would feel safe in this setting? How many men would encourage their wives to seek crisis care here?

Under the guise of protecting women's rights, the state is setting dangerous foundations for poorly regulated and therefore potentially dangerous health care. The state must continue to oversee the health care industry to a point, that being the safety of its citizens.

III. STATE'S VESTED INTEREST IN PROTECTION OF MINORS

Citizens who are minors are traditionally protected by the state in recognition of their unique vulnerability.

For instance, a 16 year old girl who desires even minor wound care or cosmetic surgery, must have parent or guardian consent. She is not given the choice to purchase tobacco, alcohol, or other recreational drugs. Our physician group supports that protection of the minor from unscrupulous exploitation from special interest groups.

This bill ignores all such protection. It suggests that a counselor (whose qualifications and motives are suspect by lack of definition) MAY DISCUSS parental notification. And if the woman's physician (presumably the abortionist) decides (without benefit of 2nd opinion) that the minor's well-being is endangered or the fetus is deformed (abortionist's opinion only), an 11 year old daughter of yours or mine will have the blessing of the state to have a procedure that could scar her for life.

Would this committee give the same kind of reckless protection to a physician who wishes to set up a chain of "Teen Sterilization Clinics"?

In our business such gross neglect of the interests of a minor is branded MALPRACTICE. Is the Senate willing to accept the judgement of malpractice by passing a bill that allows the counseling of the abortionists to supersede the counseling of a parent, guardian, relative, or certified counselor with no vested interest in abortions?

The Netherlands is way ahead of us. They are currently considering a bill to allow minors to request physician assisted suicide...without parental notification!

Is this the direction the Senate would have us take?

CONCLUSION:

The crafters of this bill suggest that it represents a majority opinion. They are wrong, and it is in your best interest as senators and our best interest as your voters that you take note of the polls.

- 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 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.

On Feb 4, 1992, the ABA's House of Delegates overwhelmingly opposed state laws permitting physician-assisted suicide for terminally ill. As one of the delegates put it:

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

Dr. Robert Crist is a well known abortionist in Houston who was one of the original few who would do late term abortions. His testimony before the U.S. District court in 1978 is chilling:

Q: "What, the legal view set aside, would be your objection to killing a child a day after he or she was born?"

A: "I have none, and I have none to euthanasia... infanticide is a common and acceptable form of population control."

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

As concerned physicians who believe more strongly in the sanctity of life than in the sanctity of choice, we urge you to vote responsibly against HB 2778.

Thank You

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? — *ABORTION!*

AMERICAN
CANCER
SOCIETY

Attch. 5

TESTIMONY OF LUHRA TIVIS
MARCH 10, 1992
Page 1

I am a former employee of George Tiller, who operates Women's Health Care Services in Wichita, Kansas. I worked for him for about 7 months in 1988. My job involved typing report letters on all the abortions and processing medical records for all of the patients upon whom abortions were performed. I also mailed out sales advertising letters to possible referral sources and contribution checks to legislators. In addition, I checked in patients as they arrived for their appointment, and I also scheduled appointments when prospective patients called. I was trained in persuasive sales techniques and was told specifically to coax patients into having an abortion.

Tiller explained to me his unorthodox method of reading sonograms, and told me that it was not the usual reading method, with his method primarily involving a manipulation of the data regarding the bi-parietal diameter of the baby's head. Thus a 26 week or 6.5 BPD fetus diagnosed by Tiller, would be diagnosed by an objective sonogram interpretation as an actual gestation of 28-30 weeks. Tiller is therefore able to fit in MANY 3rd trimester abortions, which he dishonestly and unethically calls 2nd trimester.

As I was trained in clinic protocol, I learned the meaning of medical terms and procedures used in regard to the abortions, particularly the 2nd and 3rd trimester abortions. My knowledge of the medical records, combined with my training, made me realize the awful scope and intent of Tiller's 2nd and 3rd trimester abortion business.

What I saw was that a very high percentage of the 2nd and 3rd trimester abortions were done on healthy fetuses. For every abortion, the condition of the fetus was noted in the medical records, whether it had an anomaly or was normal. At least 95% or more of the late-term abortions, which were 10 to 20 2nd and 3rd trimester abortions each week, were done on normal pregnancies.

During the 7 months I worked for Tiller, as I mentioned, at least 10 and often as many as 20 of the late 2nd and 3rd trimester abortions were performed each week. All indications are that the number of the late-term abortions done in Tiller's clinic each week have increased since I left his employ.

Two groups of patients were started each week, one group on Monday and one group on Tuesday. The first thing the patients did after checking in, was to pay their fee, which ranged from \$1,850.00 to \$2,500.00. The baby is killed on the first day of the procedure. Tiller uses the sonogram to guide a needle into the baby's

Att. 5
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TESTIMONY OF LUHRA TIVIS
MARCH 10, 1992
Page 2

heart, and he then injects the heart with digoxin, a chemical which burns and crumples the baby's heart tissue. Over the first two days, laminaria are inserted into the mother's cervix to effect dilation, and labor-inducing drugs are administered. The dead baby is delivered on or about the 3rd day. The corpses of the babies are then disposed of by Tiller in his full-sized crematorium, which is located in a locked room just around the corner from my former work station. As I sat and worked at the computer, I could not help but notice the horrible smell of burning human flesh.

My first son, Daniel, was born at 6 weeks premature, in 1974. He is perfectly healthy and now attends a magnet school for science and math. When I fully realized that Tiller is routinely aborting healthy babies at 28 to 30 weeks, my own son's fetal age when he was born, I was quite horrified and began to look for another job. When Tiller learned of my job search, he fired me. I was glad to leave his employ and never contested my firing in any way.

I have here a model of a fetus at 18 weeks gestation. This fetal model is much smaller than the babies which Tiller kills on a routine basis, nonetheless it is perfectly formed and all of the baby's organs are functioning. If you pass House Bill 2778, you will be condoning, protecting and legalizing the murder of infants -- they are babies, and NOT just a blob of tissue.

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TESTIMONY

H.B. 2778

SENATE FEDERAL & STATE AFFAIRS COMMITTEE
Tuesday, March 10, 1992 - 11:00 a.m.

By: Bob Runnels, Executive Director
KANSAS CATHOLIC CONFERENCE

Because of recent court decisions the pro-abortionists are beginning to panic ... and this bill, H.B. 2778 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, 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 #94-43 to Representative

Testimony - H.B. 2778
Senate Federal & State Affairs Committee
March 10, 1992

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,

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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."

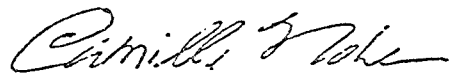
Those statutes protect health care providers against claims of unauthorized treatment. However, as noted, for a minor's consent to be a full shield against liability, the consent must be informed. The patient must have reasonable knowledge of the nature of the procedure and some understanding of the 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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10 March 1992

TO: SENATE FEDERAL AND STATE AFFAIRS

RE: HB 2778

Mr. Chairman and members of the committee, thank you for the opportunity to speak in opposition to HB 2778.

My name is Nancyjo Mann Streeter and I am the founder of WEBA (Women Exploited by Abortion). I underwent a saline abortion on October 30-31, 1974 - a "safe, legal, sterile abortion". My pregnancy was in the second trimester, 22 weeks gestation, or five and one-half months. The abortion was performed at the Iowa Lutheran Hospital in Des Moines, Iowa.

Prior to my admittance to the hospital, I met with the obstetrician in his office. He explained that he would take a little fluid out, put a little fluid in, and that I would have severe cramps and expel the fetus. This did not sound too bad at the time. He also said, "You must have the abortion done within the next 24 hours or you will be outside the law". I didn't want to break the law. My family counseled that having the abortion would be the wisest thing I could do, especially since there were serious problems in my marriage.

I was not told of the true nature of the experience my body would go through or what complications could result, with permanent physical effects.

I did not know that the injection of highly-concentrated saline solution could be toxic or fatal to me. I did not know that for one and one-half hours I would feel my baby thrash around violently within me, struggling for her life. I had not anticipated that I would deliver my baby girl myself, since the nurses did not make it to the room in time.

My baby girl was beautiful, but she was dead. I experienced deep remorse and guilt and a horrendous amount of shame. Eight hours after the delivery I was discharged, and left the hospital with a prescription of ergotrate to control the bleeding. Three days later I began to feel labor-like pains again, and I passed a piece of placenta. I called the doctor and he said, "There is no problem".

Because the guilt and remorse continued, I chose to have a tubal ligation so that I might never be in a position to kill an unborn child again. I returned to the same doctor because I was ashamed to let another doctor know what I had done - I had murdered my own child. My tubes were tied and three months later because I continued to have bleeding and infection, I had to have a D & C. This same abortionist, a well known and prominent doctor in our city, did the D & C. In the course of this procedure, he cut off my cervix and left the surgical packing inside me. Three weeks later, yards of black rotted packing were expelled by my body. I was extremely ill and full of infection.

Seven months after the D & C I had to undergo a total hysterectomy. At the age of 22, I was sterile. I felt that everything had been taken from me. For the next four and one-half years I lived in a hell that I could tell no one about.



Abortion is destroying the women of this country. It is not giving us "free choice"; instead abortion binds a woman physically, emotionally, mentally, and spiritually.

As founder and first President of WEBA, I received mail from all over the world. I have appeared on national and international television and radio, and in newspapers and magazines. By mail and by telephone, many horrifying experiences were shared with me. Women are being made sterile; many cannot conceive in later years and despair over not being able to realize their hope of having a family. Women become depressed and some are never able to overcome this mental state. Many have nervous breakdowns and become suicidal. I have not met the woman who, when being truthful, does not feel an emptiness inside that remains for years.

I encourage you to seriously reflect on the future of these women; the aborted child, of course, has no future. My daughter did not have a choice and I destroyed her. These babies suffer by either being ripped apart, cut apart, poisoned, burned to death, or simply left to die.

As you have seen by my brief description earlier, even abortions in hospitals are not necessarily safe. What happens when legal means lethal? Because my abortion was done in a hospital, my case is documented. Clinics, however, are not required to keep records. Serious problems may arise when a woman is taken to the nearest hospital at some point after her abortion and the local clinic that performed the surgery does not have records of her case? The abortionist is rarely, if ever, the doctor who follows up on any complications.

In the next few years, I believe our nation will see an epidemic of nervous breakdowns among our women. We do not learn the truth until it is too late. Women are not counseled in depth, and I ask, "Why not?" At least 80-90% of my mail is from women who are hurting, and the line that I see written over and over again is, "If one person had just told me," or "If I had only known then...."

These women cannot let go of such powerfully wrong decisions in their lives. If the option of abortion had not been so easily and quickly available, they say they would not have gone through with it. I believe women are capable of making intelligent decisions, but how can a person make a truly intelligent decision when she is not informed of all the facts?

WEBA is now 10 years old, with representation all over the world. The women of WEBA range in age from 15 through 68, and are from all walks of life, from a variety of socio-economic and racial backgrounds. Please note the physical and psychological effects from abortion on the attached. It is a denial of reality for anyone to say there are no repercussions from abortion. It is time the A.M.A. and other groups address the very truth and heart of the matter - abortion does harm women physically, psychologically, and emotionally.

I pray that you will examine the real health hazards that could, and probably will, arise. One of these women could be your daughter, your sister, or your wife.

Consider the outcome for the future of the women of our country. We must take time to contemplate and do all we can to avert the tragedy of damaged and lost lives.

Thank you.

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THE EFFECTS OF ABORTION

In practically every case documented by WEBA, the woman was never really given **ALL** of the facts. Many times, abortion is explained as a clinically "safe" surgical procedure. But the aspects of the so called "safe" procedure can leave permanent physical impairment, not to mention the potential of severe psychological problems.

WEBA, Women Exploited By Abortion, is the voice of experience. WEBA members know the facts because they live with them. Our goal is to educate all women about the effects of abortion with the hope they would seek an alternative. WEBA offers compassion and support to all the victims of abortion.

PHYSICAL EFFECTS

- Perforated Uterus
- Weakened Cervix
- Premature Birth in Later Children
- Miscarriages
- Sterility—due to scar tissue
- Tubal Pregnancies—due to scar tissue
- Stillbirths
- Menstrual Disturbances
- Bleeding

- Infections
- Shock
- Coma
- Passing Blood Clots
- Passing Fetal Parts
- Intense Pain
- Loss of Other Organs

"I knew I had lost someone very special. Nightmares began that night. I don't remember for how long. I talk to my baby even now."

— VICTIMIZED AT MENDRAH MEDICAL CENTER

- Weeping
- Sleep Disorders
- Loss of Appetite
- Weight Loss
- Exhaustion
- Decreased Work Capacity
- Nausea
- Gastro-Intestinal Disturbances
- Frigidity
- Nightmares

PSYCHOLOGICAL EFFECTS

- Nervousness
- Guilt
- Suicidal Impulses

- Sense of Loss
- Unfulfillment
- Mourning
- Regret and Remorse
- Withdrawal
- Loss of Confidence in Decision Making
- Loss of Self Esteem
- Preoccupation with Death
- Hostility Towards Others
- Self Destructive Behavior
- Anger/Rage
- Despair/Helplessness
- Severe Depression
- Preoccupation with Baby's Death Date
- Preoccupation with "Would Be" Due Date or Birth Month
- Distraught
- Desire for a Replacement Baby
- Intent Interest in Babies
- Thwarted Maternal Instinct
- Hatred for Anyone Connected with the Abortion
- Desire to End Relationship with Partner
- Loss of Interest in Sex
- Inability to Forgive Oneself
- Grief
- Nightmares
- Frustration
- Feeling of Being Exploited/Used
- Child Abuse
- Anorexia—Self Starvation
- Constant Fear of Others Finding Out About the Abortion

Kansans for Life

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

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

- 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
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- 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

March 10, 1992

Testimony to the Senate Federal and State Affairs Committee, Topeka, Kansas
Regarding J.R. 2778, an abortion on demand bill.

My name is Mary Kay Culp, executive director of Missouri Right to Life-Western Region. I've been involved in media relations in the pro-life movement since 1977, and I occasionally write for the National Right to Life News, a bi-monthly pro-life publication of the National Right to Life Committee, Inc. I am speaking here today for the Kansas affiliate of NRLC, Kansans for Life.

H.R. 2778 was designed to deceive the citizens of Kansas into thinking it prohibits some abortions, but it does not. It was designed and delivered by the abortion industry for the abortion industry. It is pro-abortion through and through. Kansans for Life opposes any amendments that might be offered to attempt to make this bill appear more respectable. To accept this bill as a compromise or a prohibition of any abortion is to be taken in by the lie. When the bill says in its introductory statement that it is an act "prohibiting certain acts with regard to abortion" every Kansan should feel total outrage to discover that among those acts prohibited with regard to abortion under this act is NOT abortion itself! Why? Because leaving it available after viability for the "health" of the mother renders it meaningless because health under Roe in this context includes mental health, and if Roe is overturned



Kansas affiliate to the National Right to Life Committee

HR 2778's "health" definition will still mean mental health because it is not defined as being limited to physical health, much less permanent or long-lasting physical health damage to the mother. Without Roe, courts looking for an interpretation would look to legislative history where the 1969 Kansas law expressly allowed abortion for mental health in any and all trimesters. In fact prior to Roe in Kansas in 1972 11,075 of the 12,248 abortions that year were for "mental health."

In reality a woman's mental health is much better served by not having an abortion. The Planned Parenthood Federation of America recently admitted that pro-life initiated surveys showing the incidence of post-procedureal trauma, i.e. emotional or mental trauma after an abortion, as high as 91% of all cases, "may have been accurately tabulated."

While you heard yesterday the tears of a woman told to abort by a doctor, consider that the doctor might have his own legal liability more in mind than his patient's well-being when he proposed abortion. We have also heard the tears of women who have had abortions at the request or suggestion of doctors for fetal abnormality. Karen Roderick, former president of Women Exploited By Abortion in Kansas City has had two Kansas women come for abortion aftermath counseling after fetal abnormality abortions. One because she had "felt the baby die" while on the table and could not get over it, and another, a school teacher who had aborted at the urging of her husband and who now "missed her baby."

We look forward to the day when abortion is not seen as a woman's right, but as the last vestiges of female oppression that told her to count

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herself liberated for having been granted a Main Street address for the killing of her children, and silicone breasts, both with no real consumer protection, or informed consent, but with the "trust me honey" assurances of those in the business of reproductive rights and sexual happiness--for men that is.

We ask you to recognize the dawn of a new day in this debate. We ask you to look at the 50% repeat rate among aborting women and see not progress but women in need of our concern and care. We ask you to see corner clinic abortion and abortion as birth control as the family-wrecker that it is. We ask you to look at the reality of abortion--something our opponents will never discuss with you.

The reality of abortion does come up when we are in public debates with our opponents which is why they avoid them. When it comes up in talks with reporters they can usually successfully turn the talk to the latest abortion protestors at their clinic. When it comes up in front of us in front of a live audience they see the look of horror on the audiences faces and they back peddle fast to a position of only wanting abortion to be accessible for hard cases. However, they then go to the state capitol with an abortion on demand bill such as this and purposely deceive the public with assurances that a bill like H.R. 2778 prohibits some abortions. IT DOES NOT. REPEAT. IT DOES NOT. H.R. 2778 prohibits protestors. It prohibits city ordinances against abortions. But abortion, even abortion in the third trimester, it does not prohibit, period. We ask you to vote no on H.R. 2778. It is a completely pro-abortion bill.

Att. 8
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MARCH 10, 1992

prepared by Mary Kay Culp for Kansans for Life Contact: 1-800-288-0733
or 913-492-5655

ATTACHED REFERENCE ARTICLES REGARDING H.R. 2778 AND

ABORTION IN KANSAS

CONTENT:

1. Letter from C. Everett Koop, M.D. when Surgeon General saying "less than five percent" of third trimester abortions are for a known defect in the fetus.
2. Kansas City Star article of 7/17/91 documenting that George Tiller's Wichita clinic does 2,500 abortions a year, and that "fewer than half" were "late term."
3. Transcript of Sept. 1991 speech by Peggy Jarman, Tiller's paid spokesperson and lobbyist to Lawrence, Kansas KU campus NOW meeting in which questioner gets her to admit that up to 40% of 2,500 abortions were "late-term" and three-quarters of them were on teenagers who waited late to admit to themselves and parents that they were pregnant. Tiller says if HR 2778 is passed it will not affect his practice. This means any of these abortions after third trimester would have to fit under "health" exception which would have to be interpreted as mental health as it always has been under Roe. He must plan on it being interpreted that way after Roe is overturned too, which it would be if legislative history is looked at, as per 1969 law.
- 4., 5., & 6. Village Voice, National Catholic Reporter and USA Today from Summer, 1991 all repeating the lie about Tiller only doing 10-12 annual late abortions and then only for fetal abnormality.
7. Five page letter from Tiller's former employee M. Luhra Tivis. Details many serious charges-Read in full. See sonogram BPD measurement. Says 500-1,000 late-terms a year, most on healthy babies.
8. June 20, 1989 Wichita Eagle Beacon article based on facts provided by Ms. Tivis though her name is not mentioned. Article she refers to in her five page letter. Acknowledgement of crematorium on site and babies born at motel--dead)
9. 4 page. Two are a letter from George Tiller, M.D. to university OB/GYN advertising and soliciting business for the late term abortions for fetal indication, also detailing his program for the mothers and sometimes fathers to say "goodbye" after the baby is dead, while they look at it. Also says they can have fetal ashes. Second page details program. Note abnormalities they have had experience with does not rule out any others, nor set a standard of disability, just documentation that it exists.
10. A preliminary check on some of the syndromes described in previous document (see #9) Medical terms are used. Trisomy 21 instead of Down Syndrome.
11. Two page, brochure when folded of Tiller's "Second Trimester Outpatient Abortions." After 1986.

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12. A step by step guide to Dr. Tiller's late term abortions intercepted by counselors at ABATE ABORTION, Crisis Pregnancy Clinic in Wichita. Speak with Eileen O'Hara or Dr. Ruth Taylor. 7 pages. Bad copy. Better copies available. Several years old. See page 6. Documents that induction process does not always work and a dismembering D & E is offered. Most probably take it because baby, if born alive becomes financial responsibility of "parent", the abortion patient, for any neonatal intensive care. Full of information. Note laminaria put in before counseling other than "risk forms."
13. Article for National Right to Life News (Circ. 220,000 bi-monthly) by Mary Kay Culp based on these documents.
14. New York Times, January, 1991 Late term abortionists. Does acknowledge dismemberment if induction method fails. Has statistic Dr. Koop's letter seems to rule out. Says one-tenth of one percent of abortions (one tenth of 1,500,000 is 150,000. one percent then is 15,000, leaving 1,500 after 24 weeks. Dr. Tiller does about 1,000 himself "late term" but since no one has to travel to Wichita to get an abortion before 22-24 weeks, then Dr. Koop's 4,000 figure seems more realistic. Dr. Tiller admits in Wichita Eagle article of 9/91 that third trimester abortions for fetal indication have tripled (from 12 to 36) in the past year, so these are rising, at for him--he is soliciting them. To explain my previous comments further: Most large cities offer abortions through 22-24 weeks, so Tiller's 1,000 "late terms" from women out of town probably constitute many after 24 weeks.
15. Senate Sub-Committee on Separation of Powers Majority Report on When Does Human Life Begin. 1981 after hearings with 55 expert witnesses. Full report best pro-life "apology" available anywhere and wonderful references included. Here page 81 and 85 showing Roe's "health" exception that must be included if state prohibits third trimester abortion, must include "emotional" health as well.
16. Wichita Eagle Beacon article of 9/8/91. Interview with George Tiller, M.D. detailing his legislative wishes (which are included almost word for word in H.R. 2778, 1992. Fascinating. Read in full. Admits practice would remain the same even with bill. Why then is he for bill. Present law new bill and 1969 bill all allow a Kansas doctor to abort anyone he chooses too. Woman can get any abortion under all three for "mental health." HR 2778 says "health" but does not rule out mental health, and both Roe and Doe and previous Ks. legislative history mean "health" is interpreted as mental health. It has to be under Roe. After overturn of Roe it could be allowed to be amended to mean real physical, permanent health effect, but depends on 1969 bill and other things.
17. Kansas City Star article of August 26, 1991 by Alan Bavelly, medical writer. Repeats lie of 10-12 annual late terms for Tiller. Peggy Jarman says 3/4's of late terms are teen who wait to admit to themselves or family they are pregnant. See number 3 above. Copy is light--sorry.
18. Abortion and the Constitution. Pro-life lawyers cite why Roe equals abortion on demand. Deals with health exception, too.
19. Letter from Dr. Tiller prior to 1989. Note prices lower than later intercepted letters. Note acknowledgement of "digoxin as a fetal agent."

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February 24, 1984

The Honorable Christopher H. Smith
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Smith:

Following your inquiry by telephone and our subsequent discussion, I am pleased to put some of my thoughts on paper concerning late abortion in the United States. Of course, this is not a complete consideration of the moral, ethical, legal, and social implications of late abortion, but rather some facts that just highlight some of these concerns.

Late abortions are legal in the United States and the Supreme Court made that especially clear last June when they struck down most of the content of the Missouri and Akron laws which sought to limit abortion by regulation. It is of interest that abortion after thirteen weeks or so is usually not performed in countries behind the Iron Curtain.

Abortion after twenty weeks according to CDC figures, probably occurs 30,000 times per year in the United States (by extrapolation). Probably (CDC estimate) 4,000 of these are in the third trimester. Less than five percent of that number have induced abortion because of a known defect in the fetus.

The tragic part of late abortions is that the fetuses are viable. In a sense the woman's right to abortion has become the right to a dead fetus. The unpleasant part of abortion of viable fetuses is that in keeping with the desire not to have the embarrassment of a live "abortion," the methods of abortion are usually those designed to kill the fetus as well as to remove it from the uterus (fragmentation or saline). Even those who argue (incorrectly) that younger fetuses feel no pain, cannot deny that viable fetuses certainly do.

When is a fetus viable? Viability grows closer to conception all the time. In the last decade it has slipped earlier by about two weeks to the region of approximately twenty weeks of gestation.

Obviously I haven't touched upon ethical and legal issues that are raised by late abortion as well as maternal medical concerns in regard to the health of the mother.

I trust that this has been helpful for your purposes.

Sincerely yours,

C. Everett Koop

C. Everett Koop, M.D., Sc.D.
Surgeon General

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FRONT PAGE K.C. STAR 7/17/91 KC ST
Abortion protests stir no conflicts

Police in Wichita prepared for the worst.

By MATTHEW SCHOFIELD
Wichita Correspondent

WICHITA — Demonstrators fought sweltering temperatures Tuesday, but that was the most heated conflict that took place during the beginning of a planned weeklong protest by a national anti-abortion group.

Anticipated confrontations at Wichita

ta abortion clinics did not materialize.

"For two months we prepared for a worst-case scenario, for how to handle violence with the minimum number of injuries," said Wichita Police Capt. Norman Williams, as he stood about 20 feet from a steadily marching circle of about 200 protesters. "After seeing how calm things are going today, to be honest, I wouldn't be surprised if we don't make a single arrest."

"The big concern right now might be the heat. People can lose their patience

in this type of heat."

The protest this week is the first time that Atlanta-based Operation Rescue-National has taken its anti-abortion crusade to a Midwestern city. The group's tactics include using members' bodies to block the entrances to abortion clinics, forcing police to make mass arrests.

Organizers said Wichita was picked as the first large-scale "rescue" effort this summer because it is home to Dr. See **ABORTION, A-8, Col. 1**

Abortion protesters create no

Continued from A-1

George Tiller, one of the nation's more prominent doctors who perform late-term abortions. In addition, they said they wanted to gather somewhere in the Midwest because they believe their cause appeals to Midwestern family values.

Of the 800 protesters who began their Wichita stay with a Monday rally, about 600 are from outside the Wichita area. About 200 showed up to march outside Tiller's eastern Wichita clinic Tuesday morning, police estimated. About 160 marched outside a second clinic, they said, and about 400 showed up to protest at the third clinic.

While rhetoric from both abortion rights advocates and abortion opponents was strong, there were no known confrontations Tuesday.

Police wore riot gear and rode horses but spent most of their time strolling or chatting.

Protesters had planned sit-in blockades to keep pregnant women from entering three abortion clinics Tuesday, but the clinics apparently were closed, or at least not seeing patients. So protesters marched and issued occasional "Amens" to fire and brimstone street preaching as the temperature soared to 100 degrees.

Joe Slovenec, a pastor from the Church of the King in Cleveland, said protesters intended to remain peaceful during the week but also planned to stop anyone from entering the clinics.

"The reason we're in Wichita is that Dr. Tiller is the most notorious child killer in the world," he said. "We believe that

"For two months we prepared for a worst-case scenario, for how to handle violence with the minimum number of injuries. After seeing how calm things are going today, to be honest, I wouldn't be surprised if we don't make a single arrest."

— Wichita Police Capt. Norman Williams

by our presence, we can stop any abortions from taking place here this week. If we can, that would be a victory for our cause."

Slovenec said protesters would march peaceably around the clock through Saturday. He said they will sit in doorways and lock arms if anyone attempts to enter the clinics. He said similar tactics in other cities during the last three years have resulted in more than 60,000 arrests, some leading to jail sentences of up to two years for protesters.

"We will not touch someone," he said. "They may try to force themselves past us, but we will not grab or in any way touch them."

Peggy Jarman, a spokeswoman for Tiller, said she supported the rights of protesters to march on the sidewalk in front of Tiller's clinic. But if they decide to block the entrance, she expects police to make arrests. She would not say how long the clinic would remain closed or whether it closed Tuesday to avoid confrontation, but she said she was concerned that the peaceful attitude might not last all week.

"These people have a history of extreme activities all across the

country," she said. "I think the majority of anti-choice people are non-violent, but I don't think that precludes the terrorist tactics of this group in here this week."

Jarman said Tiller has been the target of abortion protests for years because he is one of few doctors known in the United States who will perform late-term abortions, those performed in the second and third trimesters. As such, he has become known nationally as a banner carrier for women's rights and is despised by abortion opponents, Jarman said.

She said Tiller performed 2,000 to 2,500 abortions last year and fewer than half were late-term. She added that he rarely performed abortions during the last three months of pregnancy, and only under extreme circumstances.

"They are tragic situations," she said. "A woman who is about to have a baby but discovers that it will be born without a brain, or a severe chromosomal defect that makes it incompatible with life. And these people want us to ignore those women."

She added that since his clinic has been bombed, he has been personally threatened on numerous occasions and has learned that his family had been threatened, Tiller would not cease abortions because of the protests.

Bob Jewitt, a spokesman for Operation Rescue, said protesters believed they could make a difference in Tiller's practice. He said they believed that one of every five women who canceled an appointment because of a

Buy, sell, trade, morning and Sundays with Star Classified Ads. To place your ads dial 234-4000. — Adv.

conflicts

blockade would not reschedule the abortion but instead would give birth.

He added that so far the Wichita rally has been a pleasant change.

"This has been totally different than on the coasts, where there's a more harsh pro-abortion stance," he said. "We're real happy there

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Transcript of taped speech by Peggy Jarman at Kansas University at Lawrence,
September 9, 1991:

Student: "You say about 30 abortions a year are done for fetal abnormality and you do about 2,000 to 2,500 abortions per year...to the number that involve a fetal abnormality is about 2%?"

Jarman: "I don't have my calculator, but I...whatever that figure would be...if that's, uh, if that would be correct

Student: "30 of 2,500. OK, that was one question I have. I have an article here from the 26th of August. I want you to clarify what you said here. You said: 'About three-fourths of Tiller's late term patient's Jarman said, are teenagers who have denied to themselves or their families that they are pregnant, until it was too late to hide it. What sort of...Do you mean, just like second term, like second trimester?"

Jarman: "Yes."

Student: "What is the number of patients that are involved in that...in this category...out of the 2,500?"

Jarman: "I don't have an absolute number, but my guess would be that it would be 35 to 40% of the total number (AUTHOR'S NOTE: 40% of 2,500 = 1,000 a year) and the rest of the patients are first trimester"

Student: "And that would include anywhere between the 14th and the 26th weeks, that 35 40%?"

Jarman: "Yes."

Note that before this conversation took place we already had Luhra Tivis's

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OPPRESSION THEOLOGY

Att. 8

KF
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In Wichita, Operation Rescue Walks the Anti-Woman Line

By Alisa Solomon

WICHITA—As Day 29 of Operation Rescue's "Summer of Mercy" draws to a close, Keith Tucci paces across the long, narrow stage in the Plaza Hotel conference room, juicing up the crowd for tomorrow's events—prayer protests, court appearances. No more blockading of abortion clinics just yet, but Tucci, OR's director, is priming the audience of about 1000 men and women, some half of them from the Wichita area, for the "rescues" that will resume "very soon." He wants them ready, unhesitating, when the signal from On High comes along. "Get your homes in order today," he admonishes, staring down spectators one by one, his blue eyes darting through the front rows; toward those in the back, he jabs an accusing finger. "Are you afraid to go to jail for 20, 40, 80, 120, 180 days? Someday my children are gonna find out about Wichita and say, 'What did you do?'" His voice drops an octave and goes dopey when he offers the unacceptable response: "'I backed off and went with the political process.' And they say, 'Is that why we're only allowed to have one baby now? Get your house in order. It's time, Wichita, it's time.'"

As has been widely reported, every day

since mid-July anti-abortion activists have been demonstrating outside any or all of the three Wichita clinics that provide abortions, sometimes violating a federal injunction forbidding the blocking of doorways, sometimes just congregating behind orange and white police barricades to sing hymns, murmur the Lord's prayer, and be exhorted, in the name of Jesus, by one of OR's high-profile male leaders.

And every single night (except on Sundays, when they meet outdoors in the afternoon) they pack into the Plaza's conference room for rallies that keep them fully indoctrinated, fully preoccupied—or, as they like to put it, "prayered up." The rallies go on for hours, starting with a long medley of religious songs, their lyrics projected on the walls alongside the stage. "He is our Father," exclaims the fresh-faced blond leading the crowd in "Glory, Glory, Glory to the Lamb." "He is our Daddy!"

People cram the aisles and line up three-deep along the back wall. One woman, very pregnant, stands through the entire three-and-a-half-hour program. It doesn't occur to anyone to offer her a chair.

Tucci spins homilies—often by stretching the truth—from the day's events. Dur-

ing contempt hearings in Judge Patrick Kelly's courtroom that afternoon, a defending attorney had asked a federal marshal whether a particular day's protest had been violent. "No," he'd answered. "It was peaceful." By evening, Tucci is reporting, "Marshals said we were the most peaceful, nonviolent group they ever dealt with." The sentencing of a man accused of gesturing behind his head to signal children to run out in front of moving cars was put off until the next morning; that doesn't stop Tucci from telling the crowd, "A guy who went like this behind his head got a year." (The next day, it turned out, he did.) With Judge Kelly's idea of incriminating gestures, Tucci continues, "a deaf person could get life. It's like an auction. You move and are afraid you bought something." The audience laughs itself right into the palm of Tucci's hand, and then he hits 'em with the stinger: "Kelly is after us. Next week it's going to be people who hold picket signs. And the next week, people who hold prolife thoughts."

By evening's end, Tucci's making a "prayer list," collecting the names of those who'd raised their hands when he asked who'd already been arrested and would

consider, for the sake of "the babies being executed every day," to defy Judge Kelly's explicit warning to second-time offenders. "Folks, come on!" says Tucci. "They're killing people. How many of you who have been arrested are willing to pray on that?" Dozens of hands jut toward the ceiling; Tucci tells them to keep their hands up while everyone prays for them—and he collects their phone numbers. A woman in a Mickey Mouse T-shirt weeps, her arm throbbing against the air in time to her sobs. Her husband, his hand up too, consoles her: "It's what Jesus wants."

According to OR leaders, the group descended on Wichita to draw attention to Women's Health Care Services, the clinic run by Dr. George Tiller, one of the few doctors in the country to offer third-trimester abortions. But while OR activists rail that "every day babies are murdered in there up to the point of birth," Dr. Tiller says that only 10 or 12 late abortions are performed at the clinic each year, and then only in cases where the fetus is so deformed—by missing organs, for instance—that it will not survive. "These are terrible cases where the women really don't have

VOICE August 27, 1991

Village Voice

are not needed to save a mother's life.

Clinic officials say that they perform only a handful of late-term abortions each year and only in extreme situations — either, for example, to save a mother's life or in the case of a severely deformed fetus. A clinic spokesperson used the example of a fetus without a brain.

Some observers also say that Wichita Mayor Bob Knight's strong pro-life stance is another reason that Operation Rescue chose the city, although Knight denies that the demonstrators have received any special treatment.

Operation Rescue national leader Pat Mahoney says his dictum is comforting the afflicted and afflicting the comfortable. Whether the first part of his dictum has been fulfilled remains unclear, but there is little doubt about the second part. Along with a bitter and biting dispute between the superintendent of schools and the school board, Operation Rescue has been *the* news in Wichita this summer. There are probably few fence sitters left.

Meanwhile, Operation Rescue will end up costing the city an estimated \$500,000 or more, and citizen resentment against that expense runs deep. With that expense, combined with a widespread condemnation of Operation Rescue tactics, especially the use of children for civil disobedience, it appears that the operation's overall impact upon the city has not been positive.

Concerned about the city's image, several observers pointed to Judge Kelly's performance as a plus, but an Aug. 6 *Eagle* editorial appears closer to the local grain:

Operation Rescue professionals, the editorial stated, "will have used up this city's reservoir of tolerance and understanding, undermined and fiscally wounded its law enforcement, divided its people into single-issue warring camps and badly damaged its national reputation." It concluded that Wichitans are abandoning their usual tolerance and common sense and that the out-of-towners should leave. ■

during a recent interview. "Coherence with their intent," he said. "And I make it clear that neither the church nor I are identified or associated with Operation Rescue. I reserve the right to disassociate myself from the tactics."

His ambiguity about OR — echoed by many priests and laypeople — is absent when he speaks of abortion, which he considers a "preeminent evil."

Tears welled in Gerber's eyes as he asked, "How can we legalize attacking the innocent, voiceless members of our family just because we can't see them with our eye, with our naked eye?"

Gerber has stopped short of civil disobedience but said he supports the dozen or so priests who have decided to put their bodies behind the convictions

priests rarely became involved in pro-life activities until OR arrived. OR, he said, has "ignited the consciences of a lot of people who were just nominally pro-life."

Some priests, however, criticized OR. Father Dennis Huse, pastor of the all-black Holy Savior Church, said it bothers him that "the folks who stand for issues of the unborn do not stand for other life issues," such as capital punishment.

His parishioners, he said, take issue with comparisons of OR to the civil-rights movement, noting that few "stood with them" in the 1960s. Many see abortion as largely a white, middle- to upper-class issue, he said.

It is hard to measure the feelings of

The woman, a lifelong Wichitan, said she has received threats and criticism for her views. She wondered aloud what happened to the "peaceful, loving church where there was room for saints and sinners alike."

Regarding the bishop's statement that civil disobedience is a matter of individual conscience, she questioned why that right is not afforded to all when it comes to the abortion debate.

Gerber, asked whether a person could, in good conscience, take a pro-choice position, responded that such a conscience would be "erroneous."

"I understand someone could reach that conclusion and be sincere about it," he said. "But that does not make it right."
—PAT WINDSOR



An abortion protester prays at a rally at the Wichita Plaza Hotel.

—Jeff Scott

N. CATHOLIC REPORTER

8-30-91

KFL 5



— Jeff Scott photos

Bishop Donald Pelotte

Founded as a missionary support group in 1939, the conference is now made up primarily of Native American, lay Catholics.

Responding to suggestions from the floor, Pelotte and other Native American church leaders brainstormed about ways to educate the U.S. public about Indian culture, especially in view of upcoming events. It was a topic panelists said they fear will be lost in the commemoration of

The letter, approved by the bishops in 1990, was originally called "Sounding the Jubilee Horn." Like the title, the draft's contents were often "insensitive to blacks and Indians," said Pelotte.

Frustrated, Pelotte left the quincentenary committee for two years. He later lobbied, with other bishops, for changes in the letter. By the time it was approved, it included an apology to Indians for ways in which the church disregarded their culture. The title was changed to "Heritage and Hope: Evangelism in the United States."

"Whether we like it or not, the commemoration is going to take place," he said. "You can be childish like I was, or jump in and make sure (the quincentenary observances are) done in a proper way."

Pelotte said he is helping write a document called "1992: A Time for Remembrance, Reconciliation and Recommitting Ourselves as a People." The document's



A statue of Kateri Tekakwitha is blessed with cornmeal.

point of departure is a 1977 statement on American Indians issued by the National Conference of Catholic Bishops. Among other things, the statement called for greater solidarity with Indians' struggles for justice and for greater sensitivity to Indian ways of life.

Franciscan Sister Jose Hobday, who was on the panel with Pelotte, urged Indians to become "students of history." "How do we be true to history if we don't know it?" said Hobday, a Seneca Indian

and professional storyteller based in Oakland, Calif. She added that North America was known to many Indians as "Great Turtle Island" before Europeans named the continent "America."

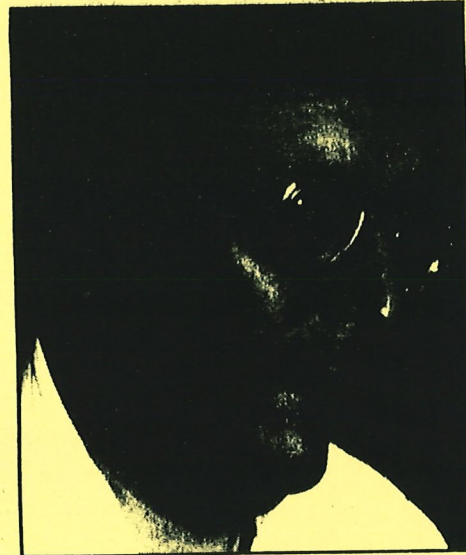
Members of the audience who shared their thoughts with panelists included an Italian priest, Father Larry Lorenzoni. A fourth-degree Knight of Columbus, Lorenzoni said: "We were born with this burden of history — we must shake it off." ■

Increasingly, lay Tekakwitha feels growing pains

NORMAN, Okla. — An estimated 500,000 Native American Catholics are represented by the Tekakwitha Conference, says Executive Director Fred Buckles, an Assiniboine-Sioux Indian who lives in Great Falls, Mont., where the conference is headquartered.

Although the conference only opened up to laypeople in 1977, it has become a hotbed of activity, ranging from workshops on Indian spirituality and culture to almost 60 "Kateri Circles" (including one in Barcelona, Spain) of Indians who meet to pray and otherwise forge a Native American Catholic spirituality.

Members of more than 200 tribes attend the annual gathering, Buckles said, adding that next year's meeting will be in Maine. The conference is named after Kateri Tekakwitha, a



— Jeff Scott

Fred Buckles

17th-century Algonquin-Mohawk woman who was beatified in 1980 and who is expected to be canonized soon.

The shift from a support group for missionaries to a mostly lay conference has not been without its "growing pains," said Buckles, the first lay executive director. Buckles said he has inherited an organization in which clergy still exercise more control than the laity is comfortable with. Citing examples, Buckles said clergy — some of whom have permanent seats — still make up most of the board of directors, and clergy ex-officio members have the right to vote.

Clergy board members were appointed, a practice Buckles said will end with elections in the near future. Laypeople are not anticlerical — they just want greater parity, he said.

"We are the church — not just those

with Roman collars," said Joe Savilla, whose appeal on behalf of the laity was greeted with frequent applause during a portion of the Norman gathering, which was open to comments from the floor. A former board member from Isleta Pueblo in New Mexico, Savilla for years has advocated for greater clergy accountability to lay conference members.

Savilla and others reiterated their commitment to the principle of inculturation — a Catholic spirituality rooted in Indian customs and languages. Several people, citing examples of clergy who criticized their practices, called for greater sensitivity by non-Indians.

A Mohawk woman who took the microphone questioned the judgment of a priest who objected to tribal music at Mass. "Who had the authority to say that Indians' prayers are probably love songs? Damn it, all our songs are love songs" to Kateri, she said. — DM

KFL 6

*Operation Rescue
Wichita the lead!*

COVER STORY

Kansas town 'tied up' by fierce debate

Residents may be 'sick of them,' but protesters just turn the other cheek

By Mimi Hall and Steve Wieberg
USA TODAY

WICHITA, Kan. — Federal marshals patrol the city. Police arrest more than 1,900. A federal judge gets into a shoving match in his front yard. Once-quiet streets are avenues of TV trucks, protesters, placards and barricades.

Beneath the searing August

sun, Wichita is a city under siege.

It has been three weeks since Operation Rescue chose this proud prairie community for its largest-ever protest against an abortion clinic. Many of the people here are angry — and asking, "Why us?"

"Our community's been invaded," says Michael Cutchall, president of KNSS radio. "It's frustrating that all of a sudden Wichita seems to be ... carrying the brunt of this."

Tuesday, Wichita was drawn deeper into the national debate over abortion rights when the U.S. attorney for Kansas, siding with Operation Rescue, asked a federal appeals court to overturn a lower court order to stop protests that attempt-

Please see COVER STORY next page ▶

Continued from 1A

ed to block access to the clinic.

"I am disgusted by this move by the United States," says U.S. District Judge Patrick Kelly, appointed in 1980 by ex-president Carter.

Kelly issued the order.

He recommends Attorney General Dick Thornburgh review videotapes of Operation Rescue's Wichita activities to understand the "mayhem and distress" he says has been unleashed on the city.

For an organization that said it was broke less than a year ago, many observers were surprised by the ferocity of the protests.

Beginning in mid-July, members of Operation Rescue — its activities are controversial even among abortion foes — flocked to Wichita behind its leader, Randall Terry. He chose this city in the nation's Bible Belt for two reasons.

First, he expected Wichita's mostly conservative, often religious residents to be sympathetic.

Second is the presence of George Tiller, one of a handful of doctors nationwide who perform abortions into the third-trimester of pregnancy.

Tiller, Operation Rescue calls him "Tiller the Killer," performs 10-12 late-term abortions a year for women carrying badly deformed fetuses. Operation Rescue protester Tim Savage, 23, of Goshen, Ind., says he has a right to be in Wichita.

"Tiller is killing Indiana babies," he says. "They're children that could be my neighbors, and I have every reason and right to intercede."

But residents — now facing a \$500,000-plus bill for police overtime and court costs associated with the protest — say the out-of-towners have no business in Wichita.

"It's got traffic tied up," says Emil Pospisil, a retired farmer who lives five houses down the street from Tiller's clinic. "You call the cops, and they say they ain't got time. And they're making a racket over there. ... You can't get out. They park almost over your drive(way), and you can't get your car out."

"I looked out this morning and there was one parked here (in) my driveway," he says. "With Nebraska tags. That got me going."

He called 911 and complained.

But not everyone's complaining.

"It hasn't bothered me a bit," says Terry Knapp, a waitress who works up the street from Tiller's clinic.

"We're getting business from them." And some Kansans have joined.

Mark Jamison, a painter who lives outside Wichita, has taken more than a week off work to protest. So far, he's been arrested twice.

"I'm willing to give up luxuries to get something done here," he says.

"You can see what kind of reaction we're getting," he says as he

marched the protest line Tuesday. "Everybody's waving."

Not quite everybody.

There are regular shouts of "go home" from passing cars and an occasional obscene gesture. As Jamison talks, a Cadillac pulls up, stops in the middle of traffic and a driver rolls down the window. He raises his middle finger in Jamison's face.

"God loves you," Jamison replies as the car speeds off. "We're supposed to turn our cheek. That's part of our Christianity."

Despite the nearly 2,000 arrests for loitering and trespassing, group members are undaunted. They say they're not accountable to man's law, but to God's — and that law abhors the killing of children.

But man's law is clamping down.

Gov. Joan Finney, an abortion foe who told the group she supports their cause, asked members not to break the law by blocking the clinic.

Kelly was more direct. He called in U.S. marshals and said those who violate his order to stop blocking the clinic should "say farewell to their family and bring their toothbrush, and I mean it, because they are going to jail. It's that simple."

Kelly's pronouncement followed a confrontation at his home, when he shoved a protester off his lawn shouting, "Get the hell out of my yard."

Tuesday, the protesters were back, but the demonstrations were peaceful. U.S. marshals looked on.

Peaceful or not, Tom Brown wants Operation Rescue to leave town. "We're sick of them," says Brown, who owns a tavern downtown. "All my clientele are in total agreement that enough is enough."

Brown is upset because protesters parade up and down the street near his bar with pictures of bloody fetuses, driving away customers.

And, he says, the bright light of the national press focused on the town "makes us look kind of stupid."

The people of Wichita, he says, not a group of out-of-towners, should decide the fate of its abortion clinics.

The National Right to Life Committee — the nation's largest group of abortion foes — long has opposed law-breaking and violence, and refuses to comment on Operation Rescue and its tactics.

And many abortion foes say privately they fear the group will turn people away from their cause — a view that is shared by some abortion-rights activists.

Kate Michelman, head of the National Abortion Rights Action League, says Operation Rescue damages the credibility of those trying to fight abortion by changing the laws.

"These are people who take the law into their own hands and say they are not accountable to man-made laws," Michelman says. "That's a very scary concept. They are domestic terrorists ... driven by religious zealotry."

So goes the debate thousands of miles away. But here in Wichita, many residents' concerns aren't about the morality of abortion as much as the financial and emotional toll of the protest.

"This city is paying several hundred thousand dollars to police these people," says Jan McGovern, an 11-year Wichita resident. "Everybody's upset. It just can't go on. They're raising havoc with the city."

Att. 8
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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.

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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.

Att. 8
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Frank Ojile, Grey Ferris, Rip Gooch
July 9, 1991
Page 3

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.

Att. 8
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Frank Ojile, Greg Ferris, Rip Gouch
July 9, 1991
Page 4

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.

see Wichita → 6/20/89 article

Frank Ojile, Greg Ferris, Rip Gooch
July 9, 1991
Page 5

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, lamenaria 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

Att. 8
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with lot
TIVIS
letter
(to
Council)

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.

ARKANSAS GAZETTE 7-8-91

KFL 8
A77-8
19

Business/Farm
Inventors ask state for money
\$75,000 a year is sought/5B

Sports
Switzer steps down at Oklahoma
College coaching 'no fun anymore'/1B



Lifestyle
Toys still a matter of gender
Children follow stereotypes/1C

Local/State
Juneteenth festivities wind down
Slain brother remembered/1D

THE WEATHER: Sunny and hot. High, 96. Low, 70. Details 2D. Weatherline: 838-2222

Final Edition

The Wichita
Eagle-Beacon

6-20-89

states must allow abortion for "health" broadly defined ever in 3rd Tri

TUESDAY JUNE 20, 1989 35 CENTS

Wichita physician at center of debate on state laws

By Lori Linenberger and Judy Lundstrom Thomas
Staff Writers

KANSAS ABORTION

Editor's note: This is the third of a three-part report on abortion in Kansas.

2,000 abortions a year.

But the gratitude and warmth that exude from those letters contrasts sharply with the revulsion felt for Tiller by the anti-abortion community, expressed almost daily with picketing at his clinic, hate mail and even death threats.

What has earned Tiller their wrath is the

national reputation he has built — even promoted — for terminating pregnancies later in term than any other physician in the country. Although protesters are common at other clinics, Tiller's clinic is the focus of most anti-abortion activity.

Tiller will perform abortions through the 26th week of gestation, about 6½ months into a pregnancy. He will do them even later if the fetus has a severe abnormality. That's well past what some physicians consider the point at which a fetus is capable of surviving outside the womb if cared for in a neonatal unit.

This month, the U.S. Supreme Court is expected to rule in a Missouri case that seeks to prohibit abortions past the 19th

week if tests show the fetus would be viable, either with or without artificial support. If the law is upheld, it could be the impetus for the Kansas Legislature to act on a similar bill already pending.

Currently, Kansas law places no restrictions on when abortions can be performed. Most other states prohibit abortions past a certain stage, usually 20 to 24 weeks, except to save the life of the mother.

Neither Tiller nor Peggy Jarman, his recently hired public relations director, shies away from the fact that Tiller does late-term abortions. On the contrary, part of Jarman's job is to make sure that doctors, genetic counselors and other abortion clinics across the country know where they can

send a woman who wants to terminate a pregnancy in its sixth month, or even later.

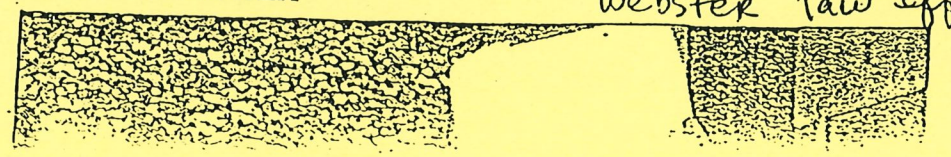
"He's the most aggressive in the state at soliciting business from all over the country," said Richard Peckham, a member of Family Life Services. "He's a businessman. You do a procedure you're good at, and you get a lot of money for it. It's very offensive."

Tiller would not be interviewed. Jarman, who spoke in his behalf, said Tiller was busy with patients and was concerned that any publicity about him would fuel threats against him and his clinic.

• ABORTION, 5A, Col. 1

U.S. may shift pact

STATUE SHOWER



incurred about webster law effect

Court OKs

divo

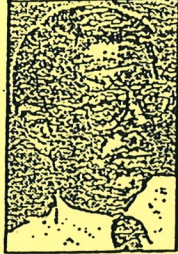
Kansans for Life propose bill to limit late abortions

*Kellogg
June
now*

Wichita

● ABORTION, from 1A

In 1986, Tiller's clinic — Women's Health Care Services — was bombed. No one was hurt, and no one was ever arrested. While the clinic was being remodeled, Tiller displayed a sign outside that said, "Hell no, we won't go."



Tiller ... Has gained a national reputation for performing late-term abortions.

In the years that followed, anti-abortion leaders routinely accused Tiller of performing even later abortions — in the seventh, eighth and ninth months of pregnancy — on healthy fetuses. They have offered no evidence to prove their allegations.

Jarman said Tiller did not perform third-trimester abortions except in the case of documented, severe fetal abnormality. In 1988, he performed six such abortions, she said.

valhood. After that, you do."

In Kansas and in other states that do not restrict late-term abortions, many doctors will not perform them for a variety of reasons, including ethical and liability considerations.

"We'll do it up to 21 weeks here, and a lot of times we won't do it that high," said Lizette Coleman with Manhattan Women's Medical Office in New York City. "The law is 24 weeks in New York, but we don't even do it that high. The doctor just doesn't want to when they're that far along."

A spokeswoman for the Women's Center in Cincinnati said the clinic would provide abortions up to 24 weeks.

"If a woman comes in who is further along, we refer them to Tiller. He's the only one I'm aware of that we refer women to," she said.

The medical community in Kansas has neither embraced nor re-

nounced Tiller's abortion practice. Kermit Krantz, chairman of obstetrics and gynecology at the University of Kansas School of Medicine, Kansas City, said the abortion decision should be a private one between a woman and her doctor. But Krantz said physicians made an ethical decision when they performed abortions on healthy fetuses past the point of viability, which he set at 24 weeks.

Tiller's reputation as a late-term abortion provider draws patients from across the country and abroad. On any given week, cars with out-of-state license tags can be seen at his clinic on East Kellogg, and patients arrive from the airport in taxis and rented cars.

Depending on the gestation of their pregnancy, the women require a two-day or four-day procedure, with the longer one costing \$1,850 to \$2,500. Late-term abortions with complications can cost even more.

Because Tiller's is an outpatient clinic, patients stay at a motel during the abortion process. Currently, Tiller has reserved a block of rooms at the Days Inn motel on East Kellogg, where a full-time nurse also stays to monitor the women and respond in case of emergency.

On rare instances, women have aborted in their hotel room, Jarman acknowledged, but the vast majority do so in Tiller's care at the clinic.

All fetuses are disposed of in a crematorium at the clinic, Jarman said.

Tiller's practice could be limited under a bill currently before the Legislature.

Proposed by Kansans for Life, an anti-abortion group, the bill would make it illegal to perform an abortion on a viable fetus 20 weeks or older except to preserve the life or health of the mother. The 1989 Legislature did not act on the bill, which will carry over to the 1990 session.

Jarman says that despite strong opposition to Tiller's clinic by the anti-abortion community, it will continue to serve women who turn to it.

"These are terrible situations, and almost all have to be done as late as they are done because somebody somewhere down the line in the medical community has messed up. I mean, lab results have been lost, misinterpreted, things like that," Jarman said.

"It's not fair to these women, if we are going to allow prenatal testing to say, 'Your baby has no brain, but you have to carry it to term anyway.'"

Jarman said that Tiller's decision to perform abortions late into the second term stemmed from a dedication to bettering women's lives and a deep-seated belief that women should control their reproductive lives.

According to the National Abortion Federation, Tiller's clinic is one of only three in the nation that will perform abortion on demand past the 24-week mark and through 26 weeks, about when the third and last trimester begins. The others are in Colorado and Texas.

Nationally, about 92 percent of abortions are performed in the first trimester, or up to 13.3 weeks, according to Planned Parenthood Federation of America. About 8 percent are performed in the second trimester, up to 23.6 weeks, and about 0.01 percent in the third and last trimester.

In Wichita, two other clinics offer abortions through the first trimester and early into the second trimester. None of the city's four hospitals will perform abortions on demand.

"Because Kansas has no restrictions even on third-trimester abortions, Tiller or any other physician could perform one on a normal fetus and still remain within the letter of the law. But to do so would be unthinkable," Jarman said.

"People don't understand that those of us working here, we have morals, too," she said. "Our philosophy basically is that, prior to 26 weeks, without massive neonatal intensive care, you do not have survi-

*80
Att 8*

In demand

max 24 weeks

*50,000
2nd + 3rd Trimester*

5,000 (Bud)

*150,000
X 20*

3,000,000

2nd + 3rd Trimester over 20 yrs

*15,000
20 yrs legal abortion
0000 3rd Trimester 20 yrs*

11/14/91



Women's Health
Care Services PA

George R. Tiller M.D. DABFP Medical Director
Cathy Reavis R.N., N.P. Director of Nursing
Marilyn J. King Administrative Director
Elana Fritchenman Patient Services
Peggy Jarman Public Relations

5107 East Kellogg • Wichita, Kansas 67218 • (316) 684-5108

April 19, 1991

~~Department of OB/GYN~~
Department of OB/GYN
~~University~~
University
~~Wichita, Kansas~~
Wichita, Kansas

Dear Dr. Pastorek,

Over the past five years we have received an increasing number of consultations for termination of pregnancy because of fetal abnormality. Most of these patients have been from 22 to approximately 30 weeks gestation. All patients had undergone chromosome analysis and/or in-depth ultrasound investigation. Often, these evaluations had been compromised by "extenuating" circumstances. As a result, we have developed our Fetal Indications Termination of Pregnancy (FITOP) program, which may assist you and your patients in some of these difficult situations.

Our Fetal Indications Termination of Pregnancy program addresses both the emotional well-being as well as the technicalities of an induction termination. Prior to arriving in Wichita, patients may discuss the FITOP program with me, as well as others throughout the United States, Canada and South American who have completed this course of therapy. Each patient has a confirmatory ultrasound study as well as a private consultation. The patient and her husband/spousal alternative are invited to participate in a Fetal Indications Support and Healing Group with the other FITOP patients. All possible efforts are made to allow the patient's husband/spousal alternative to accompany the patient through the labor and miscarriage process. They are encouraged to be involved in our Fetal Indications Identification and Separation Encounter. In this encounter they are introduced to the normal features of their baby as well as the anomalies. Patients are encouraged to speak directly to their baby if they wish, and finally, to say "good-bye." (Not all patients choose to be involved in this process but we feel that this encounter facilitates the natural process of releasing, letting-go and saying "good-bye.")

W.H.C.S.
Team Care

Att. 8
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As far as the fetus is concerned, if genetic evaluation for education has not been done, consultation can be arranged with a board-certified geneticist. Fetal blood sampling for chromosome analysis, x-ray investigation and full or limited autopsy is available on request. The patient may elect to receive fetal ashes. Fetal photographs and a report are mailed to the referring physicians.

Fetal Indications Termination of Pregnancy patients usually arrive on Monday afternoon and leave for home on Friday afternoon or Saturday morning. Special arrangements can be made for urgent situations. Please feel free to call me either at the physician's consultation number during the day or at my home phone after office hours. Our Patient Information number for consultation, appointments and information is also listed below:

Daytime Physician Consultation: (316) 684-4631

Nighttime Physician Consultation: (316) 733-2828 (home)

Patient Consultation, Appointments and Information:
(800) 382-0483 (Toll-Free)

Thank you for reviewing this information. If we may be of any service to you or your organization at any time in the future, please do not hesitate to call on us.

Sincerely and cordially,

George R. Tiller, M.D.

George R. Tiller, M.D., DABFP
Medical Director, FITOP Program
Women's Health Care Services

KF

FETAL INDICATIONS TERMINATION OF PREGNANCY

When diagnostic fetal evaluations reveal substantial abnormality late in the second or early third trimester, we can offer Fetal Indications Termination of Pregnancy (FITOP) consultation/services. In the past ten years we have had experience with pregnancy termination in such situations as anencephaly; chromosome 13, 18 and 21 abnormalities; polycystic renal disease; spina bifida with hydrocephalus; hydrocephalus; Dandy Walker Syndrome; lethal dwarfism; holoprosencephaly; anterior and posterior encephalocele; non-immune hydrops, and a variety of other significant abnormalities. The pregnancy must have documented evidence of developmental or genetic abnormalities and the patient should have been evaluated by chromosome studies or in-depth ultrasound investigations. Ideally, the patient will have had Perinatal as well as Genetic consultation. Self-referred patients without the appropriate studies will not be accepted for our FITOP program.

PROCEDURE

At Women's Health Care Services our FITOP program involves outpatient premature miscarriage. Repeated applications of multiple laminaria over 2 or 3 days are used for cervical modification/dilatation. Since we are an outpatient organization, overnight accommodations are available near the office during the laminaria process. The actual miscarriage is conducted in the 10-bed unit located in our free-standing clinic. All patients receive antibiotics, Ergotrate and a sonographically directed D&C afterwards. Usually, patients are ready to travel the morning following their miscarriage and D&C.

EMOTIONAL SUPPORT

The individuals in each of these distressingly difficult situations receive a private consultation with our Medical Director. All patients and their escorts are encouraged to participate in our Fetal Indications "Support and Healing" group to facilitate emotional recovery. Afterwards, the patients are offered the opportunity for a Fetal Indications "Identification and Separation Encounter." Private counseling is available with our Master's level counselor.

INSTITUTIONAL SUPPORT

Our organization has hospital back-up at a 500-bed tertiary care medical center complete with surgical, obstetrical and medical intensive care units. Personal admitting privileges are maintained by our staff physicians, consulting gynecologists and surgeons. Consultation with a board certified Geneticist is available on request through a level-three Perinatal Center. Autopsy and fetal chromosome studies may be arranged in advance.

CONSULTATIONS AND APPOINTMENTS

Please Call

(315) 884-5103

George R. Tiller, M.D., DABFP
Medical Director, Women's Health Care Services

Att 8
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Women's Health

5107 E. KELLOGG

1-800-882-0486

Wichita, Kansas

KF 9

PHILOSOPHY

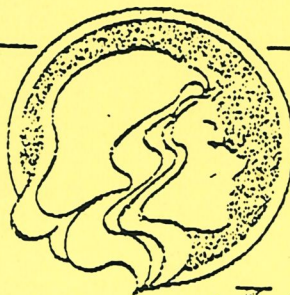
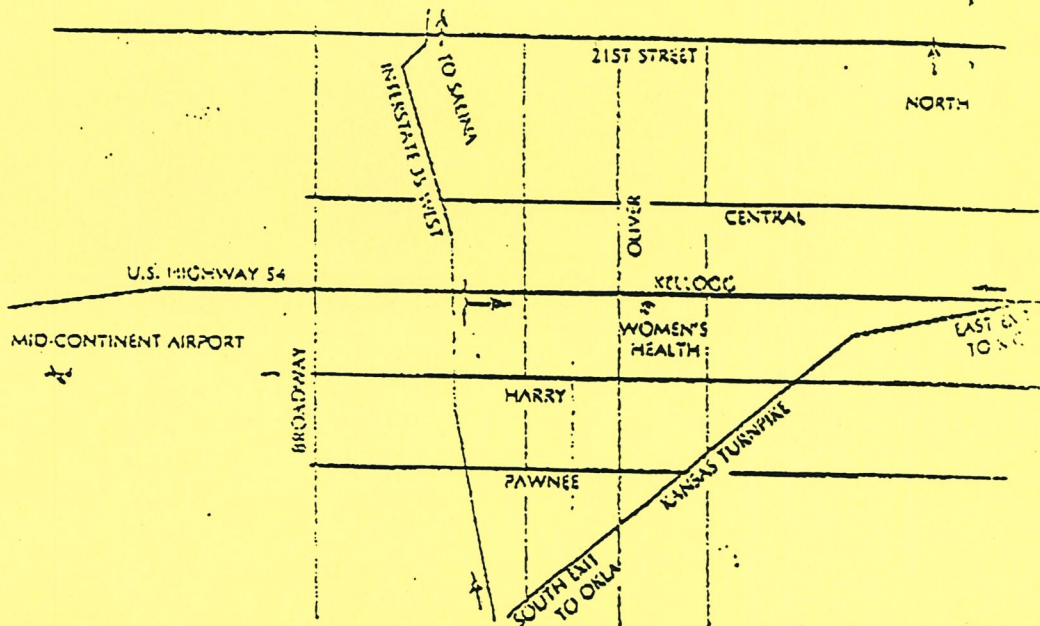
Women's Health Care Services is a health care organization founded on a concept of Team Care and dedicated to the proposition that women and families are emotionally, mentally and spiritually competent to struggle with complex issues and reach appropriate decisions for themselves. Having provided elective reproductive health care for patients and families with developmentally and/or genetically defective pregnancies, we have come to understand and respect the magnitude of this life crisis. When severe developmental/genetic defects exist in a pregnancy, the woman retains the right of self-determination through the end of the second trimester and into the early third trimester.



Women's Health

Care Services P.A.

5107 E. Kellogg
Wichita, Kansas, 67215
1-800-882-0486



Women's Health

Care Services P.A.

Att. 8
24

Ray Kay:

Chromosomes 13, 18, and 21:

Down's Syndrome is Trisomy 21.

Trisomy 13 is characterized by such things as severe central nervous system defects, cleft palate, harelip, congenital heart disease, abnormal numbers of fingers or toes.

Trisomy 18 is characterized by severe mental retardation, low-set malformed ears, tightly clenched fists, and congenital heart disease.

I couldn't read my own writing in some places, but all the diseases I could find beginning with the letters "tyro" were related to malfunction of the amino acid tyrosine, and most resulted in mental disorders and mental retardation. Thus, "tyro" with "cephaly" at the end of it (I couldn't make out the whole word) was likely to be similar to other tyrosine-related conditions with mental defects.)

Dandy-Walker Syndrome is a condition in which atresia (closure or blockage) of an opening leading to the cerebellum results in hydrocephaly. Even as far back as the 1960's it was surgically treatable.

Lethal dwarfism: I couldn't find a specific reference, but some cases of dwarfism have severe heart defects which are usually fatal. It might refer to this.

I couldn't find anything concerning the disease beginning with the letters "holotoros" and ending with "encephaly," but that part would seem to refer to some form of brain disorder.

Nonimmune Hydrops. The full name should probably be nonimmune hydrops fetalis, and it refers to a form of eurythroblastosis, which is the Rh factor blood disease. There are two kinds, one with hydrops (an accumulation of fluid, or edema) and one without. The nonimmune reference is to the failure of the mother to be immunized (with a gamma globulin product) against the Rh factor. Both forms of eurythroblastosis are treatable by complete exchanges of blood before or as soon as possible after birth. The form which includes hydrops has a 50% mortality rate with the blood transfer; the other type has a death rate of 25%. (This is from Conn's Current Therapy, 1985 edition, so the figures are quite recent.)

-Frances Frech

You won our bet on the name of the new VIEW Magazine. It is, as you said, The NEW TIMES.

Att. 8
25

see Tiller letter
KFL 10

Dr. George Miller
Women's Health
5107 E. KELLOGG

FKLII
COPY

1-800-882-0488 **Wichita, Kansas**

BACKGROUND/PHILOSOPHY

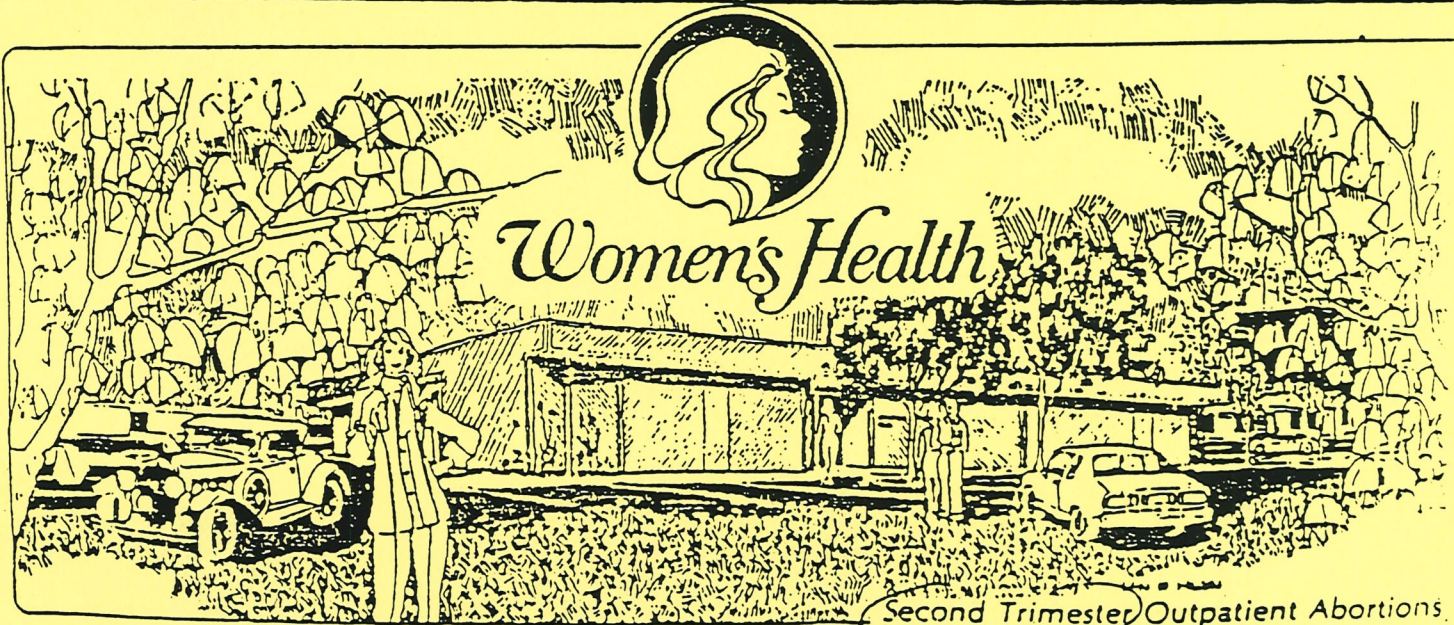
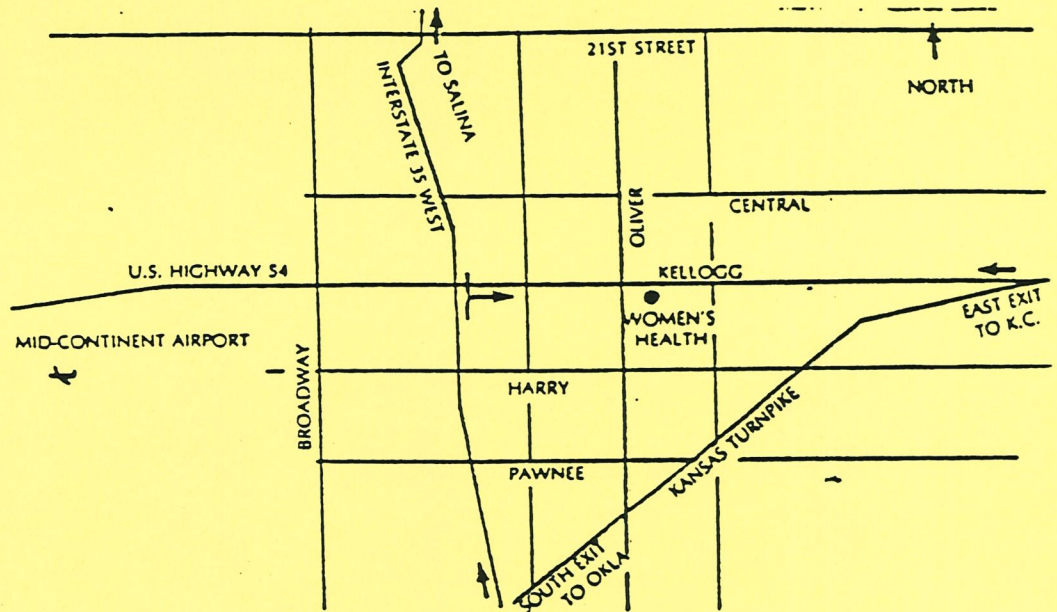
Women's Health Care Services is a reproductive health organization founded on a Team Care concept and dedicated to the safety and comfort of the patient. Our conviction is that women and families have the right to responsibly decide for themselves their own child spacing and family composition. Having provided elective abortion care for patients with/without developmentally or genetically defective pregnancies, we have come to understand and respect the magnitude of this life crisis. When severe developmental/genetic defects exist in a pregnancy, the woman retains the right of self-determination through the end of the second trimester.



Women's Health

Care Services P.A.

5107 E. Kellogg
Wichita, Kansas 67218
(316) 684-5108



Women's Health

Second Trimester Outpatient Abortions.

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ADMISSION CRITERIA: FETAL INDICATIONS PROGRAM

To qualify for our Fetal Indications Program, the pregnancy must be dated by sonography and have measurements within published guidelines, i.e., BPD 72mm or femur length of 53mm. The patient must be referred by another physician and have documented evidence of developmental or genetic abnormalities. Routinely, these women will have been evaluated by amniocentesis, chromosome studies or in depth ultrasound investigation. Ideally, they will have been counseled and advised of their options in a Genetics Department or in a Perinatal Center. Self referred patients with undocumented pregnancies beyond 26 weeks (our usual upper limits for elective terminations) will not be accepted.

ADMISSION CRITERIA: ELECTIVE SECOND TRIMESTER ABORTION PROGRAM

Because of our concern for the integrity of the woman's reproductive system, all late second trimester terminations beyond 20 weeks are by the Induction process. 6.7 cm fetal BPD or 26 weeks is our upper elective limit.

1. Seeds, J.W., Cefalo RC: Practical Obstetrical Ultrasound (Aspen Publishers Inc., 1986) pp 52

PROCEDURE

At Women's Health Care Services, our Fetal Indications/Elective Termination process involves out-patient induction abortion. Repeated applications of multiple laminaria are used for cervical modification and dilatation. Since we are an out-patient organization, patients remain overnight in a motel near the office during the laminaria process. The actual termination is undertaken on the second or third day at the ten-bed induction unit located in our free-standing clinic. All patients receive antibiotics, ergotrate and a sonographically directed D&C afterwards. Usually, patients are ready to travel the morning following their abortion and D&C.

EMOTIONAL SUPPORT

The individuals in each of these distressingly difficult situations receive private and/or group counsel and evaluation. All patients and escorts are encouraged to participate in our "Support and Help" or our "Significant Others" group to facilitate emotional recovery. In each situation we attempt to address the patient's/escort's fear and guilt while helping her/him to work into the process of emotional and spiritual recovery.

INSTITUTIONAL SUPPORT

Our organization has hospital back up at a 760 bed tertiary-care medical center complete with surgical, obstetrical and medical intensive care units. Personal admitting privileges are maintained by our staff physicians, consulting gynecologists and surgeons. Consultation with a board certified Geneticist is available on request through a level three Perinatal Center. Autopsy and fetal chromosome studies maybe arranged in advance. For consultations, and appointments, please call Women's Health Care Services at 316-684-5108.

Fee Schedule for Induction Termination

Elective:

- | | | |
|----------------------------|---|------------------------|
| 1. Routine Induction | | \$1850.00 to \$2500.00 |
| 2. Matertnal Complications | X | \$2250.00 |
| 3. Fetal Indications | | \$3000.00 |

Prices subject to change

COLBY

BACK OF TILKER BROCHURE

~~STAY AT WOMEN'S HEALTH CARE SERVICES~~
YOUR

(see last page)

~~Wichita Clinic~~
STEP-BY-STEP WHAT TO EXPECT

INTRAUTERINE INDUCTION ABORTION

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

10/16/77
of ESTHER TAYLOR
(313)

SCHEDULE OF ACTIVITY

(Getting Started)

(PHASE I) DAY ONE

Verify by calling
Eileen O'Hara
"ABATE ABORTION" PRO-LIFE
PREG. CLINIC - WICHITA

- :30 a.m. - 9:00 a.m. Sonogram and financial arrangements.
- :00 a.m. Orientation to Women's Health Care Services.
- :30 a.m. - 11:00 a.m. (P) 1. Lab work & medical history
- (B) 2. Video explanations/consent and risk forms
- (P) 3. Physical assessment
- (P) 4. Laminaria insert no counseling first!
- (P) 5. Medications and injection
- (S) Significant others help and communications group with Dr./Associate.
- uesday: :00 p.m. - 3:00 p.m. (B) Free activities of choice
- uesday: :00 p.m. - 4:00 p.m. (B) Free activities of choice
- uesday: :00 p.m. (P) Patients Support and Help Group after ab begins!
- uesday: :00 p.m. (P) Patients Support and Help Group
- :00 p.m. - 9:00 p.m. (B) Free activities of choice
- :00 p.m. (P) Rounds at motel (Please be in your room)
Doctor/Associate

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

CONTINUING THE PROCESS

(PHASE II) DAY TWO

- (B) Return to office for 2nd insert of laminaria
- (S) Significant Other group with Dr./Associate
- (B) Free activities of choice
- (P) Rounds at motel (please be in your room) by Dr./Associate

THE REAL THING

(PHASE III) DAY THREE

- (P) Return to clinic for the start of miscarriage process - patient observation area.
- (S) Waiting and more waiting. If you leave the clinic please give a number where we may reach you in case of an emergency.

Progress report from patient observation area office manager/associate.

- (P) Discharge interval for most patients.
- (S) Visiting period (5-10 min.) for those who may not be ready for dismissal.

Progress report from patient observation area.

Progress report/discharge from patient observation area.

Restricted activities (nothing vigorous) until the next morning.

CHECK-UP - CHECK-OUT - AND GOOD BY

(PHASE IV) DAY FOUR

- (B) Return to office for post-op exam and after care instructions.

10:00 a.m./Friday
7:00 a.m./Saturday

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

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

3. CASHIER You will be called to the cashier's window and be asked for the entire amount of the fee for the procedure in the form of cash, travelers checks, cashiers checks, Mastercard, or Visa. Under NO circumstances will we accept personal checks. YOU MUST HAVE THE ENTIRE AMOUNT OF YOUR FEE IN ORDER TO PROCEED. Otherwise, we may have to admit you as a pre-exam or sonogram patient, and will be unable to guarantee your admittance to the clinic today. Please keep your receipt, and if a refund is indicated later, you will receive the full amount less the sonogram fee (\$75.00).

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

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

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

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

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

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

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

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

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

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

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

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

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

↑ cuts up baby

COMMON QUESTIONS AND ANSWERS

← what about answers to questions concerning "feelings thoughts" as per P. 1 ?

Why can't I be put to sleep? You must be awake for the instillation procedure so that the doctor can tell if you are having any reactions to the medications. If you are put to sleep or receive too much pain medication, this may interfere with, slow down, or stop the abortion process.

Does it help to walk, push down? Pacing the floor will not help. Walking around to relax will. The nurse will tell you when to push down. This can be done only at the very end.

Will I abort faster because I've had children? Not necessarily, but it seems that such women are likely to finish faster.

Will I be shaved? No. No enema either.

Can I smoke in my room? No.

Will I need stitches? Usually not, because this is a medically-induced miscarriage, not a surgical operation, but occasionally, stitches are necessary.

Can my family and friends stay with me? The clinic does not allow visitors to be with you except during visiting hours at 1:00PM and 5:00PM.

Will this affect my ability to have children later? No one can say for sure. Some studies show that several abortions increase the chance of premature birth or miscarriage. Other studies show that there are no increased risks to future pregnancies. Therefore, we cannot guarantee anything.

Will I need a D&C Do many patients require transfusions? A D&C is performed on all patients as a safety precaution. Very rarely do patients need a transfusion. Whatever is medically indicated will be done for you.

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George Tiller Specializes In Late-Term Abortions

By Mary Kay Culp

Even after the societal desensitization that accompanies 26 million abortions, all but a handful of people would, if asked, admit that they draw the line somewhere.

While some will condone abortion into the second trimester, only a few percent can stomach killing obviously viable babies. According to the National Abortion Federation, only three abortionists will perform abortion on demand past 24 weeks.

The most infamous is Dr. George Tiller, whose Women's Health Care Services does 2,000 to 2,500 abortions annually. Spokeswoman Peggy Jarman insists fewer than half of these are "late term," as if somehow that is a badge of honor. Numbers provided by a former employee suggest the number of late-term abortions is between 500 and 1,000 annually, a huge number by any standard.

As the *Wichita Eagle-Beacon* has reported, Tiller and Jarman are anything but shy about what they do. "On the contrary, part of Jarman's job is to make sure that doctors, genetic counselors and other abortion clinics across the country know where they can send a woman who wants to terminate a pregnancy in its sixth month, or ever later," the paper said in a 1989 story.

And the aggressiveness has payed off. In a highly sympathetic *Associated Press* story which ran in the *Eagle-Beacon* August 3, 1991, reporter Michael Bates described a map of the U.S. which Tiller has in the lobby, with pins in every state in the union, except Hawaii, representing the areas from which women have traveled to Tiller's gruesome abortion chamber. "About 40 pins are scattered across Canada," Bates wrote.

In a letter he authored promoting his "service" to doctors and clinics, Tiller explained how he performs late-term abortions. "Our technique involves repeated insertions of multiple laminaria, digoxin as a fetocidal agent, and prostaglandin and oxytocin augmentation of uterine contractions." Translation: We open the woman's cervix, inject poison into her baby's heart, give her strong artificial steroids to make her go into labor and (most of the time) she'll deliver a dead baby.

Most of the time? One of Tiller's

step-by-step brochures admits there is no guarantee that this chemically-induced abortion will produce a dead baby. If it doesn't, a woman will be offered a Dilation and Evacuation (D & E) under anesthesia. (The baby is literally dismembered.)

Should the original abortion technique produce a live baby, Tiller reminds women that "the patient will be responsible as parent for medical care... etc." In other words, if a baby survives the initial assault and you don't opt for the D & E, it could cost you a lot of money.

Understandably, most of the attention is devoted to Tiller's willingness to abort third-trimester babies. He says he does so for only the most extreme reasons, but he also conceded to the *Eagle-Beacon* that the number has increased from fewer than a dozen each year, to more than three dozen. And even that number is increasing. "We're doing more than that now, because we get referrals from physicians," he said.

To give you some idea of how gingerly the national media treat Tiller, in August, *USA Today* reported that Tiller does "10-12 late-term abortions a year," not even specifying third trimester. But Tiller's explanation of how his operation works was recently challenged by a former employee.

M. Luhra Tivis is a former NOW officer in Kansas, who worked for Dr. Tiller for 7 months, about four years ago. Though still holding to her belief in first-trimester abortion, she wrote a July 9, 1991 letter to three Wichita City councilmen relating that while working for Tiller, she came to regard late term abortions (which she numbered at 10-20 a week) as "wrong... nauseating." She thinks late-term abortions should be outlawed.

In her five-page letter, Tivis said that while Tiller told her at her hiring that most late-term abortions were for "reasons of a defective fetus," she saw from the medical records that a very high percentage of the late-term abortions were done on healthy fetuses. He told her that the lungs of such babies were "too immature for them to survive anyway."

She must have felt especially betrayed by that because attached to her letter was a small newspaper

article about the use of surfactant, and its success in helping premature babies breathe. Babies like those to whose mothers she "coax(ed)" and sold abortions to as part of the Tiller "sales" team, as she herself described it.

Unfortunately, the attention on third trimester abortions has tended to make people forget that Tiller has performed thousands of second-trimester abortions. Moreover, Richard Glasow, Ph.D., NRLC's education director, believes that many of them may have been done on babies who are very near the end of the second trimester.

"Enough abortion clinics offer abortions through 22 weeks, that women would not have to travel all the way to Wichita, Kansas to abort unless their babies were older," he said.

Recently, Tiller came out with a statement that is intended to show he has drawn a line of his own: He claims to want a law that would outlaw third-trimester abortion on demand (that is, he would still do such abortions when the health of the mother is in jeopardy or in cases

of "fetal abnormality."). Never mind that babies are viable in the last four weeks of the second trimester, when he would continue to perform elective abortions.

Tiller has told reporters that when women come in who don't want an abortion or who want an "elective" "third-trimester" abortion (abortions other than when the health of the mother is in jeopardy or the baby has "fetal abnormality"), he offers them adoptions. They had four or five such adoptions last year. Two so far this year. "We have morals too," Peggy Jarman told the *Eagle* in 1989.

In the same article, she admitted that "All fetuses are disposed of in a crematorium at the clinic." Don't you feel better knowing that supposedly no 'normal' third trimester (otherwise known as preemie) babies will end up there? No, rest assured, only the remains of babies with anomalies they supposedly deserve to die for, like Spina Bifida, end up in the oven in the third trimester. The 'normal' babies only end up there in the first and second trimester.

Comforting, isn't it?

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Catherine Stern found out from a sonogram when she was seven months pregnant that she was carrying a fetus with stumps for arms and legs and possible brain damage. "I was in shock," she said. "I was catatonic."

Ms. Stern, a lawyer who lives in Turnbridge, Vt., said she and her husband agonized over whether to have an abortion. "I felt as if I was being given a choice," she said, "and if I can find any way I was going to make it a choice." She decided to terminate the pregnancy.

Ms. Stern said that when she informed her obstetrician of her decision, he was taken aback and told her the pregnancy was so far advanced that no one in the country would do the abortion. But he was wrong. Ms. Stern eventually found Dr. Warren Hern, director of the Boulder Abortion Clinic in Colorado, one of three doctors in the country who regularly abort severely deformed fetuses for women in the last three months of pregnancy — the point at which a fetus can be expected to survive outside the womb. She flew to Boulder and had the abortion.

Legal in Half the States

"The point is, the technology has gotten to the point where you can find out about your fetus," Ms. Stern said. "But the doctors say, 'Sorry, we'll tell you what's going to happen but that's it.' To me, it's almost unconscionable."

The three doctors say that they are doing more and more abortions in the third trimester as word spreads that they can do them and as sonograms, which doctors can suggest at any stage in a pregnancy, become so precise that they can detect even the subtlest defects in fetuses. Each of the three has done more than 100 of them. These abortions are legal in about half the states, although most doctors simply refuse to do them.

To some people, Dr. Hern and the other two doctors, Dr. George Tiller, director of Women's Health Care Services in Wichita, Kan., and Dr. James McMahon, a clinic director in California, are heroes and their patients worthy of the deepest compassion. Others, including even some who support abortion rights, find what they do abhorrent and equate late abortions with murdering a child.

Third-trimester abortions remain highly unusual, representing just a 10th of a percent of all the abortions in the United States. But because these abortions push the limits of what many people are prepared to accept, they bring into sharp focus questions of who should decide, and how they should decide, whether an abortion is morally permissible.

The Supreme Court ruled in *Roe v. Wade* that states could not restrict abortions in the first trimester but could restrict or prohibit abortions done after a fetus was viable, roughly the 24th week of pregnancy, except when the woman's life or health was endangered.

Since abortions in the third trimester involve fetuses that are potentially viable, the question then becomes at what point, if any, do doctors, ethicists and pregnant women believe that the rights of a fetus to live supercede those of a woman to decide if she wants to have a baby?

The National Right to Life Committee says that the fetus's rights have precedence from the time of conception. All abortions, except to save the life of the mother, are morally reprehensible, the group says.

The doctors who do third-trimester abortions take another view. All three say they are uncomfortable doing late abortions unless the fetus is abnormal or the woman's physical or mental health is endangered. But they make their decisions case by case and come down firmly on the side of the woman's right to decide whether she wants to continue her pregnancy. They say they do not have specific guidelines on what circumstances justify an abortion or when it is too late to perform one. The woman, not the fetus, is their patient, they say.

Dr. Hern is adamant that it is up to the woman to decide whether she wants to give birth to a child with medical problems. "The idea that we have to salvage every individual no matter how impaired is really crazy," he said. "Some people feel that taking care of an impaired child is ennobling, and that's fine for them. But it's not for everybody. It's oppressive to say that everyone has to do this."

Target of Protesters

Dr. Tiller, whose clinic was a target of anti-abortion protesters last summer, sees it as "a patients' rights issue." He said: "When you give women information that they have badly damaged babies late in the second trimester or early in the third, they have the right to decide to manage the pregnancy by early delivery of a stillborn."

The doctors who do late abortions say the choices are not easy and that they themselves struggle with decisions about whose request to grant.

"This issue is very complicated for me," said Dr. McMahon. He added that he is not sure what he would do if his wife were faced with the decisions his patients must make. And the women, he added, face choices that are agonizing, no matter how their pregnancy ends up. "I deal with tragedy, that's all I do," Dr. McMahon said.

Dr. Hern said: "This is a very difficult area of medicine. You have to make a decision that's part ethical, part moral." He added that he would do abortions for birth defects that are

say that it is only through great effort that they even learned that they had that choice.

A 29-year-old woman who lives in the New York area and asked not to be identified, said that she discovered that she was carrying a fetus with a huge tumor on its tailbone when she had a sonogram at the end of her sixth month of pregnancy. If the tumor was benign, it would have to be removed and the baby would have no legs or buttocks. If it was malignant, the baby would die.

"The doctors were all very nice," she said. "They all said I should have an abortion, but no one wanted to do it."

Her husband, himself a doctor, started desperately calling every medical expert he knew. "He was saying to them, 'Doctor to doctor, if it was your wife, what would you do?' They would say that they would find a way to have an abortion. But they wouldn't help us," the woman recalled.

After three weeks of telephone calls to as many as 25 doctors, the New York couple finally got a reply. A doctor called at 2 A.M. and gave them the name of Dr. Hern. The woman went to Dr. Hern and had the abortion. She told most people that she had had a miscarriage, she said.

Anne Elfant, a 36-year-old New York woman, learned when she was seven months pregnant that her fetus had severe problems. The fetus had 4 holes in the heart, was missing a kidney, had a defective esophagus, a cleft lip and palate, and was extremely small. Her doctors said it was unclear whether the fetus would live, but they told her, they would do their best to "patch him up."

Mrs. Elfant said her doctor told her that he felt very sorry for her, but added that there was no guarantee that the fetus would die after he was born. He added that maybe she would be lucky and the fetus would die inside of her. "He told me, 'If the baby stops kicking, don't call me for a week and then come in and I'll do a delivery,'" Mrs. Elfant recalled.

Concern for Family

Concerned about the sort of life the baby would have and about the effects on her, her husband and their 4-year-old son, Mrs. Elfant tried first to see if she could guarantee that the baby would have a "do-not-resuscitate order" after he was born. She learned that that was impossible and, in addition, says she was told that she would have to have the baby at a hospital with the most sophisticated newborn intensive care unit to assure his survival.

"A very big part of me just wanted to have the baby and hold him until he died," Mrs. Elfant said. But she envisioned instead a long lingering hospital death or a long and rocky medical course that would impoverish her family and leave them with a child with severe handicaps. "The medical profession leaves everyone high and dry," she said. "As parents, you have no rights."

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Mrs. Elfant spent weeks trying to induce a miscarriage, jogging and smoking cigarettes. She tried to get an abortion from a clinic by misrepresenting the date of her pregnancy, but she was turned away when the clinic did a sonogram and discovered her ruse. She hid in her house during the day, trying not to reveal her pregnancy to outsiders so that if she did somehow obtain an abortion, no one would know and judge her. And she frantically called doctors and lawyers, asking whether anyone, anywhere, could do an abortion for her. Finally, she learned about Dr. Hern, flew to Colorado and, at 8 months, terminated the pregnancy.

To do the abortions, Dr. Hern and Dr. Tiller use essentially the same technique; Dr. McMahon uses a different one.

Dr. Hern and Dr. Tiller inject digoxin into the fetus's chest to stop its heart from beating and so kill it. Then, over a period of days, they gradually enlarge the woman's cervix, the opening to the womb, with sterilized seaweed suppositories called laminaria. Several days later, they induce labor. If the induction of labor fails, they pull the fetus from the womb, a process that can involve dismemberment.

Dr. McMahon said he developed a different method to be sure he delivered an intact fetus that could be autopsied and the extent and cause of its anomalies ascertained. This could be valuable information for the women when they contemplate future pregnancies, he said. He dilates the woman's cervix and then, he said, "I grab the fetus with a forceps to rotate it. The head gets trapped in the lower uterus." At that point, he said, he pushes a small steel tube into the head and removes the spinal fluid. "The head gets very small," he said, and he delivers the fetus.

Dr. McMahon said that embryologists claim that fetuses cannot feel pain until about 32 weeks of pregnancy, and even if they could, they are sedated by the medications he gives the mother.

But still, the women said, the abortions are emotionally devastating and the darkest moments of their lives. Ms. Knight said that when she was in the labor room giving birth to her dead fetus, there were anti-abortion demonstrators outside Dr. Hern's clinic. "Another woman was in there with me," Ms. Kelly said. "Her fetus didn't have any kidneys. I said to her, 'Those demonstrators must think we're in here having a party. They can't possibly have any idea how sad it is. If they did, they'd get out of here and leave us alone.'"



Eric Laro Sakke for The New York Times

Dr. Warren Hern, director of the Boulder Abortion Clinic in Colorado, is one of three doctors in the country who regularly abort severely deformed fetuses for women in the last three months of pregnancy.



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U.S.
Senate

THE HUMAN LIFE REVIEW

Calendar No.

97TH CONGRESS }
1st Session }

SENATE

{ REPORT
No. 97-

THE HUMAN LIFE BILL—S. 158

DECEMBER ---

Mr. EAST, from the Subcommittee on Separation of Powers,
submitted the following

REPORT

together with

ADDITIONAL AND MINORITY VIEWS

[To accompany S. 158]

The Subcommittee on Separation of Powers of the Senate Committee on the Judiciary, to which was referred the bill, S. 158, to recognize that the life of each human being begins at conception and to enforce the fourteenth amendment by extending its protection to the life of every human being, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill as amended do pass.

I. AMENDMENT IN THE NATURE OF A SUBSTITUTE

Strike out the enacting clause and all after the enacting clause and substitute in lieu thereof the following:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That title 42 of the United States Code shall be amended at the end thereof by adding the following new chapter:

CHAPTER 101

SECTION 1. (a) The Congress finds that the life of each human being begins at conception.

(b) The Congress further finds that the fourteenth amendment to the Constitution of the United States protects all human beings.

SEC. 2. Upon the basis of these findings, and in the exercise of the powers of Congress, including its power under section 5 of the fourteenth amendment to the

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ruling on personhood of the unborn—must be read in light of this failure to resolve the two fundamental questions concerning the existence and value of unborn human life.

That a judicial decision addressing neither of these fundamental questions has led to a national policy of abortion on demand throughout the term of pregnancy is a great anomaly in our constitutional system. It is important to examine the judicial reasoning that led to this result. The Court held that "the right of personal privacy includes the abortion decision," but added that "this right is not unqualified and must be considered against important state interests in regulation." 410 U.S. at 154. Because it did not resolve whether unborn children are human beings, the Court could not make an informed decision on whether abortions implicate the interest and duty of the states to protect living human beings. Still, without purporting to know whether unborn children are living human beings, the Court stated by fiat that they are not protected as persons under the fourteenth amendment.⁵

Then the Court created judge-made rules governing abortions. 410 U.S. at 163-65. During the first three months of an unborn child's life, the states may do nothing to regulate or prohibit the aborting of the child. In the next three months of the unborn child's life, the states may regulate only the manner in which the child is aborted; but abortion remains available on demand. In the final three months before the child is born, the states may prohibit abortions except when necessary to preserve the "life or health of the mother." *Id.* at 165.

The apparently restrictive standard for the third trimester has in fact proved no different from the standard of abortion on demand expressly allowed during the first six months of the unborn child's life. The exception for maternal health has been so broad in practice as to swallow the rule. The Supreme Court has defined "health" in this context to include "all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient." *Doe v. Bolton*, 410 U.S. 179, 192 (1973). Since there is nothing to stop an abortionist from certifying that a third-trimester abortion is beneficial to the health of the mother—in this broad sense—the Supreme Court's decision has in fact made abortion available on demand throughout the pre-natal life of the child, from conception to birth.

⁵ The Court devoted very little analysis to its holding that the word "person" in the fourteenth amendment does not include the unborn. Justice Blackmun noted first that of the other uses of the word "person" in the Constitution—such as the qualifications for the office of President and the clause requiring the extradition of fugitives from justice—"nearly all" seem to apply only postnatally, and "[n]one indicates, with any assurance, that it has any possible pre-natal application." 410 U.S. at 157. As Professor John Hart Ely has pointed out, the Court might have added that most of these provisions were "plainly drafted with adults in mind, but I suppose that wouldn't have helped." Ely, *The Wages of Crying Wolf: A Comment on Roe v. Wade*, 82 YALE L. J. 920, 925-26. (1973). Justice Blackmun also noted that "throughout the major portion of the nineteenth century prevailing legal abortion practices were far freer than they are today. . . ." 410 U.S. at 158. This statement seems not to reflect an awareness that the relatively permissive attitude toward abortion prior to quickening that prevailed in the early nineteenth century was overwhelmingly rejected by the very legislatures that ratified the fourteenth amendment. It was these same legislatures which adopted strict anti-abortion laws. These laws in turn resulted from the consensus in the medical profession, based on recent scientific discoveries, that the unborn child was a human being from the moment of conception. See pp. 10, 24-25, *infra*. Although Justice Blackmun mentioned these political and scientific developments in an earlier portion of his opinion, 410 U.S. at 138-142, he did not discuss their relevance to an understanding of the consensus at the time of the adoption of the fourteenth amendment on whether the word "person" includes the unborn.

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"I don't do everybody that comes through the door, and we don't do people who don't want an abortion."

George Tiller

Tiller: tired but determined

By Judy Lundstrom Thomas
The Wichita Eagle

George Tiller, the physician who is the main target of abortion protesters in Wichita this summer, says he opposes most third-trimester abortions and has asked the Legislature to restrict them.

Tiller, in a rare interview, said that for the past several years he has supported banning third-trimester abortions except when the health of the woman is in jeopardy or in cases of fetal abnormalities.

"These are the recommendations that I made to (former) Governor Mike Hayden and to state legislators," Tiller said. "I've made them to the Kansas Medical Society, I've made them to the Sedgwick

Protest: Women's clinic employees say police conspired with protest leaders Saturday. 10A

County Medical Society ... and I was ignored.

"It is not my fault that the Kansas Legislature or Governor Hayden or the Sedgwick County Medical Society or the Kansas Medical Society has ignored my recommendations for legislation."

Abortion opponents argue that the two exceptions for late-term abortions create loopholes that would make it easy for women to circumvent the law.

See TILLER, Page 10A



Tiller says his recommendations on restricting abortions have been ignored.

Tiller still determined to keep his women's clinic

TILLER

From Page 1A

"The definition of protecting a woman's health is so broad that it would include any abortion," said Pat Goodson, lobbyist for Right to Life of Kansas. "Those exceptions would make the restrictions meaningless."

Tiller, 50, said his clinic, Women's Health Care Services at 5107 E. Kellogg, is one of seven in the country where third-trimester abortions are performed.

The clinic was the main target of Operation Rescue protesters in their 46-day "Summer of Mercy" campaign. The protests resulted in 2,657 arrests.

going

Seated in his small office, which is decorated with plants and with pictures of his wife and four children, and sporting a pin reading, "Attitude is Everything," Tiller said he was tired of the rumors circulating about his performing late-term abortions, and that's why he granted the interview.

Throughout the summer, Operation Rescue protesters have contended that Tiller performs elective abortions up to the point of birth.

"I don't do everybody that comes through the door, and we don't do people who don't want an abortion," he said. "We have done lots of adoptions. Everybody who comes in who looks like they don't want to have a termination of pregnancy or is too far along — is in the third trimester and is here for an elective termination — we offer adoption. We have done probably two this year. Last year we did four or five."

It is not uncommon for him to turn down women seeking elective late-term abortions, Tiller said.

"We have actually had people come, their bag of water break here, and we have had to send them to the hospital for a 36-week delivery," he said. A normal pregnancy is 40 weeks.

Tiller said his patients come from all 50 states, Canada and South America. A large map in the clinic lobby testifies to that. The map is covered with colored pins representing cities where his patients live. Every state contains at least one pin, and some Midwestern states on the map are nearly obliterated by them.

Throughout the lobby, letters from former patients cover the walls.

"Thank you so very much for giving me a new life," said one. "I am so grateful to you for giving me a second chance at life."

Tiller had little to say about Oper-

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"I'm here for the long haul," he said. "The vast majority of men and women that I have seen support what we do. I have people call me all the time that want me to be medical directors, but I love Wichita, Kansas. I have had an absolutely marvelous opportunity to provide continuing health care, and continue to do that, for some people for up to 10 years. I have had the distinct pleasure of delivering grandchildren and great-grandchildren for some of the first people that were in the

practice. I have grown up with some of the children of my father's patients.

"You know, nobody ever wants to have an abortion, but they do have sex, and accidents happen and birth control methods fail. And babies and families are to be blessings and gifts, not condemnation and punishment."

No compromises

Tiller also criticized Thursday's attempt by U.S. District Judge Patrick Kelly to forge a compromise between his clinic and Operation Rescue.

Kelly's proposals — rejected by Tiller — would have allowed abortion opponents to demonstrate at the

clinic but would have limited the number of protesters and the length of time they could detain patients trying to enter the clinic.

"The compromise I didn't feel was in the best interests of my patients' rights," Tiller said. "I am in no position to bargain away the rights of my patients. I can't give it away; it's not mine to give away, and I am not going to give it away."

Tiller said Kelly's proposal to allow sidewalk counselors 15 seconds to talk to patients was unreasonable.

"Fifteen seconds doesn't sound like a long time, but you take your thumb out of the dike, and a little trickle turns into five hours of obstruction," he said. "Right now, these people have an unrestricted right to freedom of speech on the sidewalk. They do not have a right to impede access to my clinic for one second, one minute or five hours."

Restrictions ahead?

Tiller said he thinks that if the Supreme Court overturns Roe vs. Wade, the landmark 1973 decision that legalized abortion, the Legislature will place some restrictions on late-term abortions.

"I believe that ultimately we will have elective terminations through the end of the second trimester," he said. "Third-trimester abortions will

be restricted to health of the woman and fetal abnormality."

That would not affect his practice, he said.

"Those are my self-imposed guidelines," he said. "I do elective terminations of pregnancy to 26 weeks and three or four days, which is the end of the second trimester. They (protesters) say we do (elective) third-trimester abortions to eight to nine months. That is absolutely and unequivocally not true."

Tiller said that although some babies could survive if born before the end of the second trimester, that survival is dependent upon neonatal intensive care.

"There is no natural viability," he said. "I firmly believe without question that technology and the existence of a neonatal intensive care unit should not in any way infringe on a woman's right to decide what

she is to do with a pregnancy in an era of artificial survivalhood.

"And as far as third-trimester abortions are concerned, these are the most devastating life crises that my patients ever have to deal with. If we are going to have prenatal testing, then women and families must be given options."

He said the number of third-trimester abortions he performs each year has increased from fewer than a dozen to more than three dozen.

"We're doing more than that now, because we get referrals from physicians," he said. "I got a call yesterday from a physician who is pregnant. At 28 weeks, her baby does not have any brain tissue left. She was referred by physicians at Mount Sinai (Hospital in New York), by physicians at Yale and physicians at Harvard.

"We have had referrals from the University of California, San Francisco, and we have had Minnesota, Indiana, Illinois, Baylor."

He said he has not talked to Gov. Joan Finney about his proposals. Finney opposes abortion.

"She's a pleasant lady," he said. "When I was invited to the governor's club for a reception, she actually helped my wife on with her coat. Then she sent our money back."

"The fundamental question that society has to ask itself is, who is the patient? Is the woman the patient, or is the fetus the patient, or is the fertilized zygote the patient? I believe that the woman is the patient, not the fetus, until natural survivalhood develops."

George Tiller

ation Rescue founder Randall Terry, who calls Tiller a "human hybrid" and "Tiller the Killer." Thursday, Terry stood on the federal courthouse steps and referred to Tiller as an "abominable human being."

"Dr. Tiller is a murderer, and when abortion is made illegal again, that man is going to be looking at some hard time," Terry said.

Tiller's response: "If Randall Terry is no better at changing public opinion than he was at selling cars, no wonder he's not selling cars any more." Terry is a former used-car dealer.

Tiller said Terry and other abortion protesters are trying to create a male-dominated society.

"These people are against birth

Horror stories

When asked whether it bothers him to see protesters waving color posters of mangled and bloody fetuses at him, Tiller grows quiet and reaches into his desk drawer and pulls out a three-ring notebook. He has horror stories of his own to tell.

"These are the things we do," he said, pointing to color snapshots of aborted fetuses. "Hydrocephalus, spina bifida, fused legs, open spine, lethal chromosome abnormality. Nature makes mistakes."

He turned the page. "This is the brain coming out of the back of the head. This is a baby that's allergic to itself. Look at this. There's all water; no brain whatsoever. The skull's just completely collapsed. This is a foot coming off the hip. You tell me that if you had one of these, you wouldn't be devastated."

"These people (Operation Rescue) are against birth control, and they are against abortion. If you can deny women birth control ahead of time, and abortion services afterwards, then you have a male-dominated society forever. That is their unspoken conquest and their unspoken holy crusade: to control women's lives for male domination."

George Tiller

control, and they are against abortion," he said. "If you can deny women birth control ahead of time, and abortion services afterwards, then you have a male-dominated society forever.

"That is their unspoken conquest and their unspoken holy crusade: to control women's lives for male domination."

Tiller said he refused to appear at Friday's taping of the "Donahue" program in Wichita because "that's sensationalism."

"I want to be educational, I want to be informative, and I want to treat this with the respect that this particular health care situation demands," he said. "Sensationalism and a circus atmosphere demean women and demean this particular health care event. And I will not treat this in a sensational, or in a frivolous or in a public or in a comic fashion."

... who has taken to wear-
... he sel-

"I have tried to maintain the low-est profile and the most professional

approach as a health care provider," he said. "I'm not very knowledgeable about that sort of thing (media relations) and get to feel very overwhelmed. I really felt overwhelmed yesterday (Thursday) when I walked out of the courtroom. My heart was going bam, bam, bam, bam, bam, bam."

His father's footsteps

Tiller's said that, in his younger days, he never intended to spend his life in Wichita. But in 1970, a plane crash killed his father — Wichita physician Dean Jack Tiller — his mother, his sister and his brother-in-law. Tiller's father was flying the family to a convention in Vancouver, British Columbia, and the turbo-prop slammed into a creek bed on a rugged mountain slope east of Yellowstone Park.

Tiller returned to Wichita to care for his ailing grandmother and his dead sister's 1-year-old son. He established a family practice, taking in some of his father's patients.

Tiller said he found out after his father's death that his father had performed abortions as well.

"Dad had suggested that he had done some terminations of pregnan-

cy back in the '50s and '60s," he said. "But he never said that he did it. Then when I got the practice... I began asking these women if my dad had done an abortion for them. And I find that he did more than one or two or a few.

"And these women began to trust me. They loved him. He saved their lives. And what these women collectively taught me is that abortion is not about babies and it's not about families. Abortion is about women's hopes, dreams."

He said the youngest patient he can recall performing an abortion on was 10 years old.

The face of adversity

Though Tiller does not like to talk about his personal life, he said the protests this summer have affected him.

"I have learned a lot about myself," he said. "And what I have learned is that adversity certainly knocks off some of the rough edges. This has certainly accelerated my growth toward the type of person that I want to be. I've certainly come to appreciate my friends to a much greater extent. I have learned that love and support from people that I don't even know is really very important to me."

He paused for a moment, took off his glasses and began cleaning them with a tissue.

"I am not a victim," he said emphatically. "I am a willing participant in this conflict. I choose to be here because I feel that it is the moral, it is the ethical thing to do.

"The fundamental question that society has to ask itself is, who is the patient? Is the woman the patient, or is the fetus the patient, or is the fertilized zygote the patient?"

"I believe that the woman is the patient, not the fetus, until natural survivalhood develops."

Tiller said he has never considered folding his business. In fact, he added, the protests have made him more determined than ever.

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The dilemma over late abortions

KC Star

Public, doctors struggle with moral questions.

By ALAN BAVLEY
Medical Writer

At Children's Mercy Hospital in Kansas City, premature babies are rushed to intensive care where doctors struggle to keep them alive.

At Dr. George Tiller's Wichita Women's Health Care Services clinic, fetuses that are weeks older are aborted.

How can one person's premature baby be another's aborted fetus?

That's the moral question that has become lost in the legal questions surrounding vocal anti-

abortion protests at Tiller's clinic. Operation Rescue demonstrators descended on Wichita because Tiller's clinic is among just a handful in the country that perform abortions late in pregnancy as late as the 26th week.

When premature babies are delivered at that point in pregnancy, the medical staff at the neonatal intensive care unit, experts say, there are cases on record of premature babies surviving at 22 weeks.

"It presents to me a very schizophrenic societal approach," said a Children's Mercy Hospital physician who cares for premature

infants. "In some cases we spend tens of thousands of dollars to save a baby while your next-door neighbor is aborting it."

The question has been difficult for the abortion-advocacy movement to address head on.

"As much as I would prefer to avert my moral gaze, a late abortion forces me to confront the reality of abortion and my own incompletely suppressed doubts," writes medical ethicist Daniel Callahan, director of the Hastings Center in New York and an abortion advocate.

"The matter of late abortions cannot help triggering distress. It stretches our commitment to the

See **MORAL, B-3**, Col. 5

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Moral dilemma confronts public over late abortions

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breaking point."

Most of the 1.5 million abortions performed annually in the United States are done early in pregnancy, within the first eight weeks. ~~For a full-term pregnancy lasts about 40 weeks.~~

By attacking Tiller's practice, Operation Rescue demonstrators have tried to press an issue in which they think the abortion advocates are vulnerable to public opinion.

"Any abortion is a tragedy whether the baby is 1 day old or 1 month old. But the way society has become calloused, their sympathies are raised by older children," said Operation Rescue spokesman Wendy Wright.

The anti-abortion movement tends to characterize all late-term abortions in the same negative way. Many doctors, however, make a strong distinction between the late-term elective abortions done for personal reasons and the procedures done for medical reasons.

"Most hospitals, most physicians will have some end point where they won't do an elective procedure," said Dr. John Calkins of the University of Kansas Medical Center, where elective abortions are performed up to the 20th week.

Kansas has no laws restricting abortions late in pregnancy. In Missouri, physicians cannot perform abortions on fetuses able to survive outside the womb, unless the mother's life or health is threatened.

~~Some doctors say that~~

Usually, no efforts are made to save deformed fetuses for which there is no hope of survival. When a pregnancy is terminated for the

health of the mother, healthy fetuses are treated as premature babies.

~~Doctors don't call them abortions. They call them premature labor for the mother. Dr. Alan Danforth, a professor at the University of California, San Diego, said that a doctor has to be made to save the life of the mother.~~

Doctors say these cases are rare. For example, Tiller's clinic estimates that about ~~one in 100,000 pregnancies~~

~~are late-term abortions.~~

~~Doctors say that the health of the mother is the primary concern.~~

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ABORTION **AND THE** **CONSTITUTION**

**Reversing *Roe v. Wade*
Through the Courts**



**Dennis J. Horan
Edward R. Grant
Paige C. Cunningham**
EDITORS

**Foreword by
the Honorable Rex E. Lee**



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Richard S. Myers

Marshall stated: "It is natural that evolving standards of equality come to be embodied in legislation. When that occurs, courts should look to the fact of such change as a source of guidance on evolving principles of equality." *Id.* at 169.

113. Justice White's dissent in *Thornburgh* appears to adopt a states' right approach; his opinion simply advocated "return[ing] the issue to the people...." 106 S. Ct. at 2197 (White, J., dissenting).

DENNIS J. HORAN AND
THOMAS J. BALCH

Roe v. Wade: No Justification in History, Law, or Logic

I. *Roe* and Its Critics

IN THE HISTORY of American constitutional jurisprudence, few Supreme Court decisions have come to be recognized as so faulty, and with such damaging social consequences that history has branded them not only as controversial or erroneous but also as watersheds of ignominy.

Dred Scott v. Sanford ruled that blacks were not citizens, *Plessy v. Ferguson* upheld racial segregation, and *Lochner v. New York* said that legislatures could not enact maximum hour laws to protect workers from the superior bargaining power of employers. *Roe v. Wade* is in this unenviable tradition.¹ It is difficult to find a contemporary decision whose reasoning is more universally questioned by the community of legal scholars. It is attacked by thinkers who, like John Hart Ely, support legal abortion as a matter of legislative policy, and criticized by those who support its result as a matter of constitutional law.²

After surveying the decision, editors of the *Michigan Law Review*, introducing a Symposium on the Law and Politics of Abortion, wrote that "the consensus among legal academics seems to be that, whatever one thinks of the holding, the opinion is unsatisfying."³ Richard Morgan notes:

Rarely does the Supreme Court invite critical outrage as it did in *Roe* by offering so little explanation for a decision that requires so much. The stark inadequacy of the Court's attempt to justify its conclusions... suggests to some scholars that the Court, finding no justification at all in the Constitution, unabashedly usurped the legislative function.... Even

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some who approve of *Roe's* form of judicial review concede that the opinion itself is inscrutable.⁴

Joseph Dellapenna has asserted that the opinion is so poorly written that even its defenders begin by apologizing for the difficulties in following the reasoning of the Court.⁵ Heymann and Barzelay, although they defend *Roe's* consistency with "principles that are justified in both reason and precedent," regret that "these principles were never adequately articulated by the opinion of the Court." "This failure," they write, "leaves the impression that the abortion decisions rest in part on unexplained precedents, in part on an extremely tenuous relation to provisions of the Bill of Rights, and in part on a raw exercise of judicial fiat."⁶

The Court's articulation of its position is so embarrassing that the invariable approach of legal scholars writing in support of *Roe's* holdings is to "rewrite" the opinion, suggesting some constitutional rationale not proffered by the Court which attempts to justify its conclusions.⁷ Archibald Cox speaks for many: "The failure to confront the issue in principled terms leaves the opinion to read like a set of hospital rules and regulations, whose validity is good enough this week but will be destroyed with new statistics upon the medical risks of child-birth and abortion or new advances in providing for the separate existence of a foetus."⁸

Virtually every aspect of the historical, sociological, medical, and legal arguments Justice Harry Blackmun used to support the *Roe* holdings has been subjected to intense scholarly criticism. The unprecedented extremity of the Court's opinion is well known. After Justice Blackmun announced the Court's opinion on January 22, 1973, not a single abortion statute in any state of the Union still stood. Even the law of New York, the "abortion capital of the country," which allowed abortion on demand through the twenty-fourth week of pregnancy, was too protective of the unborn for the majority of the United States Supreme Court.⁹ For under *Roe*, it is constitutionally impossible for any state to prohibit abortions at any time during pregnancy.

The Court held:

(a) For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician.

(b) For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother,

may, if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health.

(c) For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment for the preservation of the life or health of the mother.¹⁰

On the same day that the Court decided *Roe*, it also decided the companion case *Doe v. Bolton*. The Court emphasized, in *Roe*, "That opinion and this one, of course, are to be read together." In *Doe*, the Court, making reference to its earlier decision in *United States v. Vuitch*, construed the meaning of "mother's life or health."

That ... has been construed to bear upon psychological as well as physical well-being. ... [T]he medical judgment may be exercised in the light of all factors— physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment. And it is room that operates for the benefit, not the disadvantage, of the pregnant woman.¹¹

In *Roe* the Court expanded on the factors the physician might consider.

Maternity, or additional offspring, may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress, for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it. In other cases ... the additional difficulties and continuing stigma of unwed motherhood may be involved. All these are factors the woman and her responsible physician necessarily will consider in consultation.¹²

Thus it is clear that, under the Supreme Court's abortion decisions, no state may constitutionally prohibit abortion at any time during pregnancy. After the end of the first trimester (first three months), it may make some regulations to protect maternal health, but not to impede abortion. After viability, the state may "proscribe" abortion only when the woman considering abortion can find no physician willing to say that her mental health would, for example, be "taxed child care" or suffer "distress ... associated with the unwanted child. In effect, "[t]he statutes of most states must be unconstitutional even as

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applied to the final trimester. . . . [E]ven after viability the mother's life or health (which presumably is to be defined very broadly indeed, so as to include what many might regard as the mother's convenience. . .) must, as a matter of constitutional law, take precedence over . . . the fetus's life. . . ."14

The lower courts have followed this analysis. In *American College of Obstetricians and Gynecologists v. Thornburgh*, a federal court of appeals was quite explicit:

[A] physician may perform an abortion even after viability when necessary "to preserve maternal life or health." It is clear from the Supreme Court cases that "health" is to be broadly defined. As the Court stated in *Doe v. Bolton*, the factors relating to health include those that are: "physical, emotional, psychological, familial, [as well as] the woman's age." 410 U.S. at 192.



... [I]t is apparent that the Pennsylvania legislature was hostile to this definition. Section 3210(b) [of the state's abortion law] contains the statement, "The potential psychological or emotional impact on the mother of the unborn child's survival shall not be deemed a medical risk to the mother." Had the legislature imposed this qualification on the language "maternal . . . health." . . . we would have no hesitation in declaring that provision unconstitutional.15

Similarly, in *Schulte v. Douglas*, a federal district court declared unconstitutional a Nebraska statute that attempted to prohibit abortion after viability unless it was necessary to protect the woman from imminent peril substantially endangering her life or health. This, Judge Warren Urbom held, prevents postviability abortions "even when in the physician's judgment a different course should be undertaken to preserve the mother . . . from a non-imminent peril that endangers her life or health less than substantially . . . This the state has no authority to do."16

In effect, as long as a woman can find a physician willing to perform the abortion, she has a constitutional right to obtain an abortion at any time during pregnancy. When the Court asserts that such an extreme position is required by the Constitution, one expects an especially compelling rationale. Few have found *Roe* convincing.

II. Historical Critiques of *Roe*

AFTER JUSTICE BLACKMUN recited the case history and disposed of the procedural questions of justiciability, standing, and abstention, he did not launch directly into analysis of the substantive issues at stake.

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Instead, he began with a lengthy discussion of the history of legal and societal attitudes toward abortion. Why? Justice Blackmun maintained that, until the mid-nineteenth century, abortion was generally and freely available and not forbidden by the law and should be recognized as an aspect of the liberty the framers of the Fourteenth Amendment intended to protect.17 Thus, a historical discussion must be seen as a predicate for the Court's holding that the right of privacy incorporated by the Fourteenth Amendment into the U.S. Constitution should be deemed to encompass abortion as a time-treasured right.18

Before considering Justice Blackmun's version of the history of abortion, it is worth putting that history in perspective. Today, virtually all who oppose abortion do so because abortion kills unborn human life. Therefore, in examining the history of abortion it is natural to focus our understanding on the attitudes of previous historical eras toward the child in the womb. To what extent, and at what point in gestation, did each epoch recognize the child as a human person? Did they, on that ground, condemn abortion as a form of homicide?

Regarding these important questions, scholarly research reveals that recognition of the unborn as "persons in the whole sense" was largely determined by the biological and medical knowledge of each historical era. The ovum and the actual nature of fertilization were discovered in the nineteenth century. Prior to this, scientists and contemporaneous jurists supposed that human life commenced at "formation," "animation," or "quickening." Abortion was seen as unquestionably homicidal only after the gestational point at which, in light of the science of the time, human life was finally understood to be present.

Justice Blackmun's conclusion that in prior eras abortion in early pregnancy was not seen as homicidal is irrelevant. Indeed, an approach coinciding with historical continuity, *pace* Blackmun, would be to protect the unborn from the time of fertilization because that is when modern science teaches us that the life of an individual human organism comes into being.19

Another aspect important to an historical analysis of abortion is that there was widespread disapproval and prohibition of abortion during early pregnancy before, in the view of the science of the time, human life had been infused. The motives for this repudiation of early abortion may not be the same as those that would appeal to today's society as justifying legal interdiction.20

Our ancestors' biologically incorrect notions of when human life begins led Blackmun to assert that, historically, "abortion was viewed with less disfavor than under most American statutes currently in

Constitutional Law—Abortion—Right of Privacy—State Statutes Permitting Abortion Only for Life Saving Procedure on Behalf of Mother Without Regard for Other Interests Violate Due Process Clause of the Fourteenth Amendment, 3 Memphis State U.L. Rev. 359 (Spring 1973).

3. *Editors Preface, Symposium on the Law and Politics of Abortion*, 77 Mich. L. Rev. unpaginated preceding 1569 (1979).

4. *Morgan, Roe v. Wade and the Lesson of the Pre-Roe Case Law*, 77 Mich. L. Rev. 1724, 1724 (1979) (footnotes omitted).

5. *Dellapenna, The History of Abortion: Technology, Morality, and Law*, 40 U. Pitt. L. Rev. 359, 361 n. 11 (1979).

6. *Heyman and Barzelay, supra note 2*, at 784. *See also Perry, supra note 2*, at 690 (“[I]t is difficult to find a case that raises methodological problems as severe as those left in the wake of *Roe*”); *Regan, supra note 2*, at 1569; *Silverstein, From Comstockery Through Population Control: The Inevitability of Balancing*, 6 N.C. Cent. L.J. 8, 36 (1974); *Tribe, supra note 2*, at 7 (“One of the most curious things about *Roe* is that behind its own verbal smokescreen, the substantive judgment on which it rests is nowhere to be found.”); and *Wheeler & Kovar, Roe v. Wade: The Right of Privacy Revisited*, 21 U. Kan. L. Rev. 527, 527 (1973) (“Unfortunately, the decisions themselves fail to yield a reasonable justification of the constitutional basis for protection of the woman’s interest in terminating her pregnancy.”).

7. *See Chemerinsky, Rationalizing the Abortion Debate: Legal Rhetoric and the Abortion Controversy*, 31 Buffalo L. Rev. 107 (1982); *Heymann & Barzelay, supra note 2*; *Perry, supra note 2*; *Regan, supra note 2*; *Tribe, supra note 2*; *Wheeler and Kovar, supra note 6*. Analysis and criticism of these “rewritings” of *Roe* is beyond the scope of this article. For brief critical analyses of *Heymann & Barzelay, Tribe, and Perry*, see *J. Noonan, A Private Choice* 20-32 (1979).

8. *Cox, The Role of the Supreme Court in American Government* 113-114 (1976); *see also Epstein, Substantive Due Process by Any Other Name*, 1973 Sup. Ct. Rev. 159, 184; *Ely, supra note 2*, at 947.

9. N.Y. Penal Law §125.05 (3) (1977). Commentators emphasizing how extreme the Court was, include *Chering, Abortion Decision—A Qualified Constitutional Right in the United States—Whither Canada*, 51 Can. B. Rev. 643, 646 (1973); *Moore, Moral Sentiments in Judicial Opinions on Abortion*, 15 Santa Clara L. Rev. 591, 627, 633 (1975); *Note, Haunting Shadows From the Rubble of Roe’s Right to Privacy*, 9 Suffolk U.L. Rev. 145, 152-53 (1974); *Comment, Roe v. Wade and the Traditional Legal Standards Concerning Pregnancy*, 47 Temple L.Q. 715, 726 (1974).

10. *Roe*, 410 U.S. at 164-65 (emphasis added).

11. *Doe v. Bolton*, 410 U.S. 179, 191-192 (1973), *citing, United States v. Vuitch*, 402 U.S. 62, 71-72 (1971).

12. *Roe*, 410 U.S. at 153.

13. *Doe*, 410 U.S. at 191-92; *In Colautti v. Franklin*, 439 U.S. 379, 388 (1979), the Court held, “Viability is reached when, in the judgment of the attending physician on the particular facts of the case before him, there is a reasonable likelihood of the fetus’ sustained survival outside the womb, with or without artificial support.”

14. *Ely, supra note 2*, at 921 n. 19 (emphasis in original).

15. *American College of Obstetricians and Gynecologists v. Thornburgh*, 737 F.2d 283, 299 (3rd Cir. 1984), *aff’d*, 106 S. Ct. 2169 (1986).

16. 567 F. Supp. 522, 526 (D. Neb. 1981) (emphasis in original). *See also Margaret S. v. Edwards*, 488 F. Supp. 181, 196 (E.D. La. 1980) (holding unconstitutional a Louisiana statute permitting postviability abortions only if necessary to prevent “permanent impairment” of maternal health).

17. *Tribe* offers this interpretation of the Court’s intent. *Tribe, supra*, note 2, at 3 n. 13. Some scholars have deemed the historical excursus quite irrelevant. “The Court does not seem entirely clear,” writes *Ely*, “as to what this discussion has to do with the legal argument . . . and the reader is left in much the same quandary. It surely does not seem to support the Court’s position. . . .” *Ely, supra note 6*, at 925 n. 42. According to *Professor Epstein*, “It is difficult to see what comfort [Justice Blackmun] could draw from his researches, for at no point do they lend support for the ultimate decision to divide pregnancy into three parts, each subject to its own constitutional rules. All that the study accomplished was to prove what we already knew, that legal rules and social attitudes on the question of abortion vary much by place and time.” *Epstein, Substantive Due Process by Any Other Name: The Abortion Cases*, 1973 Sup. Ct. Rev. 159, 167. *Accord, Riga, Bryn and Roe: The Threshold Question and Juridical Review*, 23 Cath. Law 309, 311 (1978). *See also Dellapenna, supra note 11*, at 424 (“The Court’s discussion of history is . . . unrelated to its later conclusions.”); *Note, Roe and Paris: Does Privacy Have a Principle*, 26 Stan. L. Rev. 1161, 1181 & n.110 (1974) (“[T]he Court’s labored historical sketch . . . is most remarkable for its failure to relate the discussion to the Court’s analysis.”).

Elizabeth Moore goes so far as to suggest that the Court’s “gratuitous historical references” were primarily a “public relations technique” to “calm the predictable excited reaction to the result [*Roe*] reached” by demonstrating “that abortion was not the universally condemned act which many opponents had believed”—that “certain Christians seem to be the only deviates in the whole history of abortion.” *Moore, supra note 9*, at 626-27.

18. Some have found even the Court’s version of abortion history to point in the opposite direction from that holding. “The Court . . . seemed to ignore ‘the “traditions and [collective] conscience of our people,”’” wrote one commentator. “[T]he Court’s holding was decidedly more lenient than the American attitudes indicated by the legislative trends and professional opinions discussed in the course of its opinion.” *Comment, Roe v. Wade and In Re Quinlan: Individual Decision and the Scope of Privacy’s Constitutional Guarantee*, 12 U.S.F.L. Rev. 111, 142 (1977) (quoting *Griswold v. Connecticut*, 381 U.S. 479, 493 [1965], quoting *Powell v. Alabama*, 287 U.S. 45, 67 [1932]). *See also Regan, supra note 2*, at 1621 (“[T]he Court has rarely overturned as much history all at once as it did in *Roe v. Wade*. That surely ought to give us pause.”).

19. *See Lewis, Homo Sapienism: Critique of Roe v. Wade and Abortion*, 39 Alb. L. Rev. 856, 865 n. 5 (1975). For the discovery of the ovum see, *L. Arey, Developmental Anatomy* 3-6 (Rev. 7th ed. 1974); *Sauer, Attitudes to Abortion in America, 1800-1973*, 28 Population Stud. 53, 58-59 (1974).

20. *Soranos, Gynecology*, in 4 *Corpus Medicorum Graecorum* 1.19.60 (J. Ilberg ed. 1927), *cited in Noonan, An Almost Absolute Value in History, in The Morality of Abortion* 5 n.5 (J. Noonan ed. 1970).

Att. 8
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George R. Tiller M.D. DABFP Medical Director
Cathy Reavis R.N., N.P. Director of Nursing
Elana Fritchman Administrative Director



Women's Health
Care Services P.A.

5107 East Kellogg • Wichita, Kansas 67218 • (316) 684-5108

Dear Director:

This letter is to introduce you to Women's Health Care Services, P.A. in Wichita, Kansas, and to offer our services to patients of yours that may exceed your gestational limits. Women's Health Care Services is a free-standing clinic, which offers termination of pregnancy through 26 weeks or 6.5 BPD. Our technique involves repeated insertions of multiple laminaria, digoxin as a feticidal agent, and prostaglandin and oxytocin augmentation of uterine contractions. The patient stays overnight in a motel, close to the office, after the second application of laminaria. One of my R.N. staff stays in that motel overnight should any of the patients require assistance. On the following morning, the patient returns to our clinic and receives the digoxin, prostaglandin, and oxytocin. She is observed in our 12-bed observation area until the procedure is completed. Patients are requested to remain overnight in the same motel for an examination the following morning. Should overnight care in the clinic be necessary, we have staff and medical personnel available for that contingency.

We feel after care is extremely important, and our policy is to personally call the referral source after each patient has completed her termination with a status report. This telephone call is followed by a written report within four working days of the completion of the surgery. When patients fail to keep their appointments, our referral sources are also notified by telephone that the patient did not arrive in Wichita.

Thank-you again for your attention to this introduction, and if you have further questions concerning our services, procedures, or results, please do not hesitate to call. We want our services to reflect favorably on our referral sources with each and every patient. Our fee schedule is listed below:

5.0-5.9 BPD	\$1000.00
6.0-6.5 BPD	\$1500.00
High Risk	\$1800.00 (Placenta previa, previous C-section, over 35, etc.)
Special arrangements	\$1800.00 (performing and staffing procedures on non-routine days)

Sincerely and Cordially,

George R. Tiller, M.D., DABFP
Medical Director, Women's Health Care Services, P.A.
W.H.C.S.
Team Care

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Table 3. Percent of Respondents Approving of Legal Abortion in Various Circumstances (NORC)

Question: Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion

	1972	1973	1974	1975	1976	1977	1978	1980	1982	1983	1984	1985
1. If the woman's own health is seriously endangered by the pregnancy?	88	90	90	88	89	88	88	88	89	85	87	87
2. If she became pregnant as a result of rape?	74	80	83	80	80	80	80	80	83	78	77	78
3. If there is a strong chance of serious defect in the baby?	74	82	83	80	82	83	80	80	81	75	77	76
4. If the family has a very low income and cannot afford any more children?	46	52	52	50	51	52	45	50	50	41	44	42
5. If she is not married and does not want to marry the man?	40	47	48	46	48	47	40	46	47	37	43	40
6. If she is married and does not want any more children?	38	46	45	44	44	44	39	45	46	37	41	39
7. If the woman wants it for any reason?	(not asked prior to 1977)					36	32	39	39	32	37	36

Source: James A. Davis, *General Social Surveys 1972-1985*. Chicago: National Opinion Research Center, 1985. I have varied the order in which the questions were presented to respondents to indicate

decreasing extent of approval as we go from the "hard" reasons to the "soft" reasons. See original source for percent who disapprove, "don't know," or failed to answer.

Table 4. Percent of Respondents Approving of Legal Abortions in Various Circumstances (Gallup)

Question: "Do you think abortions should be legal under any circumstances, legal under only certain circumstances, or illegal in all circumstances?"

Response	1975	1977	1979	1980	1981	1983	1985
Legal, any circumstances	21	22	22	25	23	23	21
Legal, certain circumstances	54	55	54	53	52	58	55
Illegal, all circumstances	22	19	19	18	21	16	21
No opinion	3	4	5	4	4	3	3

Source: *The Gallup Report*, Report 215, August, 1983. *Chicago Sun Times*, January 27, 1985, p. 62.

Focusing upon the middle majority who said they thought abortion should be legal under only certain circumstances, Gallup asked these questions: "Now, thinking about the first (second) (last) three months of pregnancy, under which of these circumstances do you think abortions should be

legal...when the woman's life is endangered, when the woman's mental health is endangered, where the pregnancy is a result of rape or incest, when there is a chance the baby will be born deformed, when the woman may suffer severe physical health damage, if the family cannot afford to have the child."

	Life Endangered	Rape/Incest	Health Damage	Baby Deformed	Mental Health	Can't Afford
1st trimester						
1977	77	65	54	45	42	16
1979	78	59	52	44	42	15
2nd trimester						
1977	64	38	46	39	31	9
1979	66	32	46	37	31	9
3rd trimester						
1977	60	24	34	28	24	6
1979	59	19	33	28	22	4

Sources: 1977 poll, *The Gallup Opinion Index*, Report 153, April, 1978; 1979 poll, *The Gallup Opinion Index*, Report 166, May 1979. The lines indicate the circumstances and stage of pregnancy in which a majority of respondents think abortion

should be legal. See original sources to determine the percent who thought abortion should be illegal, "don't know," or had no opinion.



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

10 March 92

Kenda Bartlett
Kansas
Area Representative

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
Senator Ed Reilly, Jr., Chairman
HB 2778

Mr. Chairman 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.

There is confusion on the part of many lawmakers that HB 2778 is some kind of pro-life compromise. However, for every seeming restriction in HB 2778, there is an obvious loophole which negates the restriction. This bill is not a "reasonable" compromise. It is not even an unreasonable compromise. How can it be called a compromise when there is not one aspect of this bill that is acceptable to the pro-life community. Not one pro-life organization in this state supports this bill; not one pro-life legislator supports this bill. How then can it be called a compromise?

This bill is not a late-trimester restriction bill. The phrase "health of the woman" by its interpretation in the courts removes all restrictions that this section would seem to impose. The courts have said that the "health of the woman" is any aspect of her health: mental, physical, emotional or even financial. . . In the years before Roe vs. Wade when the state of Kansas required reporting of abortions, it was found that less than 5% of abortions were done because of rape, incest, life of the mother or physical health of the mother. The other 95% were done for the reason of "mental health". Today in the United States 4,400 abortions will be performed. Only 220 of those abortions will be "hard cases" (rape, incest, life of the mother); the other 4,180 babies will die because for whatever reason at this time they are not convenient. Because of the use of the phrase "health of the woman", this bill would allow abortions at anytime during the pregnancy.

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

"Protecting the rights of the family through prayer and action"

you counsel, you talk through all of the alternatives with your clients. 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 kind of informed choice.

Also, if you look at the last subsection of Section 4 (page 3), you will see that this subsection gives the abortionist the right to make a determination that counseling will not be done at all. We must always remember that the abortionist runs a business. His primary concern is where any good businessperson's concern lies, the bottom line. To allow alternative counseling to be fairly done at his place of business is asking him to ignore this person as a customer. We do not believe the abortionist can or will do that. The very people who have the most to gain are the ones who will be doing most of the counseling.

This is not a late trimester restriction bill; this is not a bill that provides full information to minors; it is a protection bill for the abortionists, the abortion clinics and the abortion industry in our state.

Kenda Bartlett
Kenda Bartlett
Area Representative

ATTACH 10

Kansas Nurses for Life

P.O. BOX 8716

Wichita, Kansas

67208-0716

My name is Sandy Pickert. I am a certified family nurse practitioner. I am here today representing Kansas Nurses for Life which was originated in September, 1991. In just six short months our organization has become the largest nursing association in the Wichita area.

As nurses, we are charged with protecting the public interest regarding health care delivery and with promoting quality health care standards that are available to all.

Our opposition to H.B. 2778 is based on the following points:

1. The definition of viability in this bill is unacceptable. What are "extraordinary medical measures"? Ordinary newborn care includes breast or bottle feeding, diapering, and other non-extraordinary measures. Therefore, "extraordinary" care could conceivably be non-aggressive treatment such as oxygen, incubator heat support, or tube feeding. In essence, any baby who might be born with complications up to the time of a full term delivery is included in this definition of viability. H.B. 2778 redefines viability away from an established standard, which is currently accepted to be at or around twenty-three weeks gestation. Every infant patient in a newborn intensive care unit is not a "viable" baby according to H.B. 2778. This bill clearly leaves open the parameters whereby an abortionist may operate. It is also unclear how this definition of viability may affect other areas of perinatal health care in the future.
2. The counseling provisions are unacceptable. H.B. 2778 does not provide for informed consent. Health care consumers usually rely heavily on health care providers to give them full information in order to make an informed decision. A pregnant client deserves to be fully informed about her pregnancy, including such topics as fetal age and development and detailed information about alternatives and resources for assistance should she opt to give birth. Therefore, we feel that the counselor should be someone who is independent from the situation and who will not profit financially from the abortion. Also, H.B. 2778 only requires counseling

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for those "less than 16 years of age". It must be assumed, then, that no counseling is required in the event that a young woman is sixteen or older.

3. Lastly, all of the so-called "counseling" requirements may be met by giving the pregnant client written materials. A significant percentage of our present population is considered to be functionally illiterate and unable to clearly understand written instructions. Patients are often handed forms to sign when presenting for health care services. Sometimes, unfortunately, they do not read them thoroughly before signing. The idea that a "counselor" can hand a client experiencing a crisis pregnancy a sheet of paper, and thereby satisfy his/her requirement to thoroughly and sensitively counsel that individual is alarming!

This bill appears to support the interests of the abortion provider more than the needs of women in crisis pregnancy. It is our hope that this Senate Committee will reject or responsibly ammend this dangerous piece of legislation.

Respectfully submitted on March 10, 1992,

Sandy Pickert

Sandy Pickert, R.N., C.F.N.P.

Kansas Nurses for Life President

Att. 10
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Hello, I am Patricia Ellen Trausch, President of KU Students For Life. The 1,000 acre campus is home to people from all parts of the globe. Half of KU's 30,000 students graduated in the top third of the high school classes, and in the fall of 1989, KU enrolled more than twice as many National Merit Scholars as any other Kansas institution.

As I mentioned before, I represent Students for Life from the University of Kansas, the state's largest Regents institution. Members of Students for Life hail from all parts of the world, all parts of the United States, and all areas of our own beloved Kansas. Our members are dedicated to our written purpose, which is: the education and promotion, within the university and the community, of the rights of unborn children.

I'll try to remain brief in our rationale in opposing this bill. Your definition of the word "viable" is very vague, using such terms as "reasonable likelihood of sustained survival of the fetus outside the uterus without the application of extraordinary medical measures." The questions are: How can we even use the phrase "reasonable likelihood of sustained survival" when we are dealing with a human life? (Which, last time I saw ultrasound pictures, is exactly what exists inside a woman's uterus.) If it were your life, would you want to be helped only if there was "REASONABLE likelihood" of YOUR "sustained survival?" As to extraordinary medical measures, is an incubator an extraordinary medical measure? Do you realize how many infants need to be incubated after they are born? Is a blood transfusion, a common practice, considered extraordinary?

The bill states that "no person shall perform an abortion when the fetus is viable unless such person is a physician and such person determines that (1) The abortion is necessary to preserve the life or health of the pregnant woman; or (2) the fetus is affected by serious deformity or abnormality. Now to begin with, a woman's "health" is not defined in the bill. In other words, a woman could feasibly tell her doctor that carrying this baby is making her feel mentally unhealthy, and the doctor could legally kill the baby according to this bill. The clause referring to serious deformities or abnormalities is a blatant handicappist statement, and is remarkably similar to Hitler's philosophy of achieving a "superhuman" race, one without flaws or defects. I have some good friends who are severely handicapped, and I am offended that anyone would think that they shouldn't have been born just because they are not "perfect" like the rest of us. To discover if there were any "abnormalities," a test would have to be performed on the unborn baby. Amneocintesis, a test that is often used for this purpose, is not accurate, and can cause the same "abnormalities" it tests for.

The word "counselor" is also defined in this bill. However, the definition leaves out any members of the clergy, who are experienced counselors. The definition does, however, provide for "a professional pregnancy counselor;(Planned Parenthood, perhaps?) or (I) an employee or agent of any of the foregoing persons in their professional capacity and under their supervision. Briefly put, the bill allows for any employee (without the benefit of any training) of an organization such as Planned Parenthood to counsel a minor, while totally ignoring the members of the clergy, who are taught how to help people in need, not to mention all the caring, but unlicensed

individuals who sacrifice time and energy to help unwed mothers.

The information which the bill would require to be given to the minor I dismiss as ridiculous. Everyone knows that, given a sheet of paper with the lawful information and room for a signature on it, 99 % of the people will sign their name without bothering to read it, particularly if they are in distress. And then the "counselor" will have a signed document saying that he provided the necessary information (which he did) and is free to sway the distressed mother any way he so chooses.

The bulk of the bill discusses what is unlawful for pro-life advocates to do and what will happen to them if they persist in these actions. Anyone who has read the documents from which this country was founded (I assume that that includes all of us here) can tell you that we have every right to stand on a public sidewalk and protest what is wrong. Our constitution even gives us the right to protest against what is good and right, because to take away that right would be to take away our freedom, like stripping the bald eagle of his talons. Yet after providing outrageous punishments for pro-lifers acting within their constitutional rights (and, in case you hadn't noticed, there is no punishment dictated for someone who could, in some way, shape, or form violate the section about a woman's "right" to an abortion) after providing outrageous punishments for acting within their constitutional rights, the bill continues to say that "nothing in this section shall be construed to: (1) Impair the right of any individual or group to engage in speech protected by the constitution of the United States or the constitution of the state of Kansas, including but not limited to peaceful and lawful picketing." I therefore dismiss this part of the bill as being ridiculous, also.

The bill is concerned with pregnancies that "endanger" the life of the mother. I myself cannot seriously count that as a major issue. After all, how many people do you know personally who died in childbirth, or whose parents died in childbirth? "High risk" pregnancies are not a major issue to me either, because my mother was 41 when she had me, and 45 when she had my brother. On top of being a "high risk" pregnancy, I could also have been aborted legally. My birthday is August 14, 1973, the year that begun the death industry. I am very thankful that my mother did not kill me, because if she had, I would never have graduated Valedictorian of my class, been named a National Merit Commended, Governor's, Board of Regents Recommended, Watkins-Berger Scholar, or been named on the current KU honor Roll. I would never have been named Outstanding Student in Band, Chorus, English, and Music Department my senior year in high school, served as president of National Honor Society and as secretary and service committee member of Student Council. (In light of the recent study claiming that children from families with less than four members do better in school, it's amazing how someone from a family of 9 children could manage to do so well, isn't it??) The list of things I would have been cheated of doing if I'd been killed goes on endlessly, but in the interests of time I will stop.

I'm sure that even though most of us have been victims of public schooling, we can figure out that from 1973 until 1991 is 18 years. Yes, that's right, I, and other survivors of the American Holocaust begun January 22, 1973, am now of age to vote. And the fact that the pro-death politicians didn't care whether I lived or became a tiny

corpse rotting in the dump somewhere, does not endear their "oh-so-noble" concern about the "right" of my mother to kill me, or they themselves to me at all.

In closing, I would like to tell you to vote to kill this bill, not to kill more innocent children. Please vote to "give me a home, where the buffalo roam--where the deer and the antelope play. Where seldom is heard, a discouraging word, and the skies are not cloudy all day." Because if you vote for this bill, you will never see the Stars and Stripes reflected in a newborn's eyes as his mother comes to vote for you, you won't see children watching "the buffalo roam," and "the deer and the antelope play." If you vote for this bill, a "discouraging word" will be often, not "seldom heard," and the skies WILL be "cloudy all day" for the children who were killed before they had a chance to live, laugh, and love.

Attach. 13

Senate Hearing
Federal and State Affairs Committee
State Capital Building
Topeka, Kansas
March 10, 1992

Regis F. Hickey, O.S.B.
St. Benedict's Abbey
Atchison, Kansas

(Expression of thanks to Sen. Reilly and committee)

Honorable senators, If human life is sacred - and many persons are quick to say it is - it is sacred in the womb as well as out of it. The humanity of the living, growing fetus is a biological fact. It is not a matter of opinion or of personal conscience that the developing fetus is human and therefore a person. It is surely not a matter of opinion or conscience that the earth revolves around the sun. That is a scientific fact. The humanity of the unborn child is a fact. The statement, "We don't know when life begins" is mindless; it displays ignorance of biology.

Those who perform abortions are embarrassed now and then by the live birth of the child they were trying to terminate. Once delivered alive, the child must be assisted, not drowned in a pail. Who will believe that this helpless infant attained status as a human, and therefore personhood, only at the moment it emerged from the woman's body?

My understanding of the history of American law is that until recent years, abortion was legal only to save the life of the mother, and possibly for some other narrow circumstances. Permissive abortion did not exist.

You legislators are uncomfortable in the presence of a growing range of life-and-death issues. The Roe v. Wade decision gave away the rights of innocent, helpless human beings. Given away once, the rights presently are further threatened by what is knocking on the doors of legislatures: euthanasia and assisted suicide.

Some doctors made the choice to do abortions; others believed they ought not to, and they have not done them. Senators, can you ask yourselves the question, "What do people at the grass roots of this nation think about more restrictive abortion laws?" In several states they have been passing those laws.

In Michigan Dr. Jack Kevorkian is urging that he and other doctors be allowed to assist in the suicide of patients they have been treating. What kind of doctor are we going to get for ourselves in the years ahead? Permissive abortion, euthanasia, assisted suicide. These are doctors for a death culture. House Bill 2778 is excessive in scope. Please vote it down.

Att. 13-end-
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FROM RICHARD A FAHERTY
 BOX 298,702 E 8
 TONGANOXIE KANSAS
 REPRESENTING MYSELF AND THE LORD GOD

HONORABLE SENATORS AND STAFF:

I IMPLORE YOU TO OPPOSE HB 2778 WITH ALL YOUR STRENGTH.

 IT SEEMS THAT THE MAIN INTENTS OF THE BILL ARE NOT TO LIMIT THIRD TERM ABORTIONS BUT RATHER TO ENSURE THAT KANSAS MAY CONTINUE TO ALLOW THE KILLING OF THE UNBORN CHILD UNABATED IF ROE VS. WADE WERE TO BE REVERSED. THE PROOF OF THIS ANALYSIS IS TO BE FOUND IN SECTION 7, PAGE 5, WHERE IT STATES THAT THE PRESENT KANSAS STATUTE KSA 21-3407 IS HERE BY REPEALED..AND IN OTHER LOCATIONS THAT THE RIGHT OF COMMUNITIES TO RESTRICT ABORTIONS WOULD BE REMOVED.

THERE ARE THREE MAIN REASONS TO ALLOW ABORTIONS.

- (1) FOR CONVIENCE.
- (2) FOR MONEY
- (3) TO HIDE SIN OR SHAME

THERE ARE FIVE MAIN REASONS NOT TO ALLOW ABORTION ON DEMAND OR ANY

LAW THAT CONTRIBUTES TO THE KILLING OF THE UNBORN CHILD.

- (1) GODS LAW (HIGHER MORAL LAW...THAOU SHALT NOT KILL!
- (2) BECAUSE THERE ARE EXCELLENT ALTERNATIVES
- (3) TO PROTECT THE WOMAN FROM A LIFE OF GUILT
- (4) TO SAVE OUR NATION FROM GODS JUDGEMENT FOR THIS SIN
- (5) TO SAVE YOURSELF FROM GODS JUDGEMENT FOR YOUR ACTION

IN CONNECTION WITH THIS BILL AND THE RESULTANT DESTRUCTION

OF THE OF THESE INOCENT LITTLE CHILDREN.

BUT YOU SAY...HOW ABOUT THE RESULTS OF RAPE AND INCEST? do two wrongs now make a right?

MY WIFE AND I HAVE RAISED A ADOPTED DAUGHTER OF A KANSAS WOMAN WHO FOR WHTEVER REASON DID NOT FEEL CAPABLE OF RAISING THIS CHILD BUT WAS UNWILLING TO HAVE THE CHILD KILLED. SHE IS NOW IN TRAINING AT STERLING COLLEGE TO BE A FRUITFUL KANSAS SECONDERY MUSIC ED TEACHER PERHAPSE TEACHING YOUR CHILDRED OR GRANDCHILDREN. WAS SHE THE RESULT OF RAPE? INCEST? WHY DOES IT MATTER. THE CHILD LIVES HAPPILY. THE MOTHER CARRIES NO GUILT.

REMEMBER.. PONTIOUS PILOT WASHED HIS HANDS OF THE BLOOD OF JESUS AND OTHERS TOOK HIS LIFE... BUT HE WENT INSANE AND WAS JUCGED FOREVER. DO NOT FOLLOW IN HIS FOOTSTEPS IN THE TAKING OF INOCENT LIFE.

IN LOVE AND CONCERN
 RICHARD A FAHERTY.

Richard A. Faherty

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 Mosher
Route # 1 Box 223
Meriden, Ks. 66512

To the Members of this Committee regarding HB 2778:

In my position as Executive Director of the Pregnancy Crisis Center, I am keenly aware of the personal and family pain that comes with an unplanned pregnancy. I know there are many issues that need addressing and many needs to be taken care of.

My years of experience in this area have taught me that although abortion puts an end to pregnancy, it does not address the underlying problems, indeed it serves to add one more heartache, one more problem to already complicated relationships.

Sidewalk counselors, as well as Pregnancy Crisis Center counselors reap no financial benefit from the time they give to befriending a young woman in a crisis pregnancy. Their reward comes in holding a baby whose life was rescued from the tools of an abortionist and in sharing the joy a woman feels when she's birthed a child.

I have never met a woman who was happy that she had an abortion. And I've never met a woman who regretted carrying her baby to term and giving birth, including those who have relinquished for adoption. It is simply not in the heart of a mother to kill her child.

There's a child in this room who was scheduled to die in an abortion because she "might" have been born with certain physical problems. The initial intervention of a sidewalk counselor, and the follow up counselling of the Pregnancy Crisis Center helped a young mother understand how valuable her child's life is. Counselling also helped her with the resources available to help her carry to term and successfully parent her little one. Counselling also educated her about the loving option of adoption.

Abortion is not a final solution to a problem pregnancy - it's the beginning of brokenness; physically, emotionally and spiritually. The aftermath of abortion effects not only women, but also men and sometimes whole families.

Abortion does not benefit the baby who is killed, it does not benefit the woman who's exploited and it doesn't benefit the society robbed of its newest members. Abortionists and their staff are the only people benefitted from abortion. They fight steadfastly for legalized abortion because there's big money to be made in child killing. If abortionists believed there was integrity in what they do, if they really believed they provide a good service to women, why don't they offer their services free?

Because we believe that human life is precious and worthy of protection, and because we believe that women who are completely educated on fetal development and all the options available to them will make a choice for life, groups like Pregnancy Crisis Center, Abate Abortion, Birthright, HopeNet, Physicians for Life, Nurses for Life, etc. offer all of their services at no charge.

The battle over abortion is a battle over human life and its value. The battle is one of life and death, good and evil.

Thank you for the opportunity to speak to you today.

Mrs Linda Hale
Executive Director
Pregnancy Crisis Center
Wichita, Kansas

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To the members of the committee regarding HB 2778:

I was finally to the point that I couldn't make my own decisions, with my parents pushing me to have an abortion and the absence of my boyfriend, it seemed like the right thing to do. My parents were telling me I needed to go to college, and that since I was only nineteen, I could always have children later. Besides they said there was no way that I could raise a baby on my own.

Then on another level was the abortion clinic telling me it was a safe and legal procedure and that a lot of other women have abortions. So with the information I had it seemed like the right thing to do. But what the clinics failed to tell me about were the women who have been injured or died. That made me start thinking, if it was so safe why were women dying, why was it legal, and the biggest question in my mind was if I was just carrying a blob of tissue, why were there people outside of the clinics protesting?

So on August 3, 1991, instead of going to my scheduled appointment, I called a pregnancy crisis center for help. Unlike the abortion clinics, the truth was told to me and they didn't want money from me. They wanted to save my baby and help me in every way possible.

I am proud to say, because of that help, I have a beautiful two month old baby girl, and all of my goals that I had before are still coming into reality. So please consider how many lives could be saved if the house bill is not passed.

Thank you,
Tina McLaughlin



RIGHT TO LIFE



OF KANSAS, INC.

Crosby Place Mall
717 S. Kansas Ave.

Topeka, Ks. 66603

(913) 233-8601

FOR IMMEDIATE RELEASE
March 6, 1992

CONTACT: Pat Goodson
(913) 437-3772

PROPOSED ABORTION BILL TRASHES INDIVIDUAL RIGHTS,
LOCAL RIGHTS AND PUTS ABORTION CLINICS ABOVE THE LAW

"This proposal trashes not only the Constitutional protections of the Bill of Rights, but stomps on the rights of local jurisdictions to monitor and regulate medical facilities within their borders," asserted Pat Goodson, Legislative Director for Right to Life of Kansas.

Goodson added that House Bill 2778, passed by the Kansas House of Representatives, does not protect women's rights at all.

"This bill is nothing more than an abortion clinic protection act. In great fear of the eventual dismantling of Roe v. Wade, the abortion profiteers are seeking to destroy Kansas' pre-Roe law which required abortions be performed in hospitals and to protect themselves from any and all local regulation.

"The bill further restricts the rights of free speech and free assembly, elevating abortion facilities to an immunity status not granted to any other category of commercial or government buildings," noted Goodson.

"Any citizen of Kansas concerned with the preservation of individual rights and/or the jurisdictional rights of local governments should be outraged that the state legislature could even contemplate such complete disregard for its citizens."

The people of Kansas should inundate the State Senate with calls and telegrams demanding that this dangerous legislation be stopped at once."

Proaborts take the offensive

by Pat Goodson

In recent years rumors always circulate that proabortion legislation will be introduced in the Kansas Legislature. It seldom happens, but this year in a desperation move, proabortion legislators, led by Rep. Kathleen Sebelius, have come up with a doozy. Some legislators have been persuaded into believing that parts of the bill are "prolife" - i.e. it prohibits late term abortions and requires counseling of teens. Read on, then call your Senator - or your Representative - if this dangerous legislation has not passed the House by the time you read this.

HOUSE BILL 2778

H.B. 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 the 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 term 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 to 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 H.B. 2778 would maintain that status in the event that Roe is overturned, and enhance it in the meantime.

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 prolife protestors 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. Once Roe is overturned, this law, as 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.

(Continued on page 8)

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LIFE PRINCIPLES

These Life Principles express the ideals motivating pro-life Americans and indicate the purpose of Right To Life of Kansas, Inc.

We hold these truths to be self-evident: That all human beings are created equal and are endowed by their Creator with certain inalienable rights among which is the right to life, and

THEREFORE,

The right to life of each human being shall be preserved and protected by every human being in the society and by the society as a whole, and

The life of each human being shall be preserved and protected from that human being's biological beginning when the Father's sperm fertilizes the Mother's ovum, and

The life of each human being shall be preserved and protected from the biological beginning throughout the natural continuum of that human being's life by all available ordinary means and reasonable efforts, and

The life of each human being shall be preserved and protected at each stage of the life continuum to the same extent as at each and every other stage regardless of state of health or condition of dependency, and

WHEREFORE, PURSUANT TO THESE PRINCIPLES, we recommend and urge the adoption of a Mandatory HUMAN LIFE AMENDMENT to the Constitution of the United States of America.

The life of each human being shall be preserved and protected to the same extent as the life of each and every other human being regardless of state of health or condition of dependency, and

When there is any doubt that there exists a human being's life to preserve and protect, such doubt shall be resolved in favor of the existence of a human being, and

When two or more human beings are in a situation in which their lives are mutually endangered, all available ordinary means and reasonable efforts shall be used to preserve and protect the life of each and every human being so endangered.

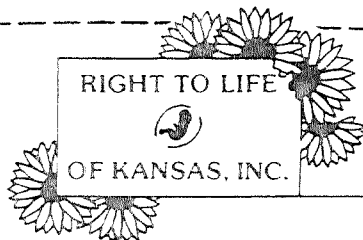
Proaborts (continued from page 3)

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.

Thank you all very much!

Mere words cannot express our gratitude for the outpouring of donations and support from our recent appeal. It was, and still is, incredible. We thank you from the bottom of our hearts. It is a very warm feeling to know so many of you really care about what we are doing. We apologize for the duplication of letters to some of you. The original letter apparently was lost for a while at the mailer's and we had to do something.

Because of your generosity we are able to send out a newsletter and purchase some literature. Again, we thank you! May the good Lord bless you in all you do!



RIGHT TO LIFE
OF KANSAS, INC.

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