

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 P.M. on March 6, 2007 in Room 526-S of the Capitol.

All members were present except:

Don Hill- excused  
Peggy Mast- excused

Committee staff present:

Jason Thompson, Revisor's Office  
Renaë Jefferies, Revisor's Office  
Melissa Calderwood, Legislative Research  
Mary Galligan, Legislative Research  
Tatiana Lin, Legislative Research  
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Ron Hein, KS Society of Radiologic Technologists  
Representative Dick Kelsey  
Carol LaFreniere  
Linda Renken  
Kay Lyn Carlson  
Jean Gawdun representing Jodi Estep  
Beatrice Swoops, KS Catholic Foundation  
Kathy Ostrowski, Kansas For Life  
Brandon Bell, Attorney  
Shannon Jones, Executive Director Statewide Independent Living

Others Attending:

See Attached List.

Chair Landwehr opened hearings on **SB 284 - Radiologic technologists licensure requirements.**

Testifying as a proponent and representing the Society of Radiologic Technologists, (K.S.R.T.) **Ron Hein** stated that this bill repeals the grandfather clause enacted when radiation technologists were first licensed. The bill also makes technical changes to existing statute. The impact of this bill has been reviewed with both the Board of Healing Arts and the Kansas Hospital Association. A compromise has been reached which would involve an amendment delaying the effective date until July 1, 2008, and he requested that the committee consider adding this amendment. (Attachment 1)

Written testimony was provided in support of **SB 284** by the KS Board of Healing Arts. (Attachment 2)

Chair Landwehr asked Mr. Hein to provide the amendment information to the revisor so it will be available when we work this bill. She then closed the hearings on **SB 284** and Opened Hearings on **HB 2292 - Abortion; performance on a minor; certain restrictions.**

Proponent, **Representative Dick Kelsey** said that this bill is a common sense approach. It requires that a person applying for an abortion have valid ID. The person who accompanies her must declare their relationship to the applicant and also provide valid ID. This bill passed the house last year but did not pass the senate.

**Carol LaFreniere** related her experiences as a young girl. She stated that asking for ID and having a relative accompanying her would have been a positive thing, since she was too young to make major life decisions on her own. (Attachment 3)

**Linda Renken**, a proponent, recounted her experience at a college student at age 19. Today she is a teacher and emphasized that parental consent is required for many school activities and feels strongly that parental

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on March 6, 2007 in Room 526-S of the Capitol.

involvement should be part of the abortion process. (Attachment 4)

**Kay Lyn Carlson**, Proponent shared experiences at age 17. She said that at 17 she was still a vulnerable and impressionable child., and wishes today that she had not shut out her parents. She added that this bill is also in the best interest of children who are abused. (Attachment 5)

**Jean Gawdrun** read testimony provided by **Jodie Estep** who was unable to be there in person. Jodie's story involved experiences when she was 16 and was the victim of physical abuse and intimidation. (Attachment 6)

**Kathy Ostrowski**, Legislative Director for Kansans for Life, voiced her support for **HB 2292**, saying that 30 states have parental involvement laws and require consent or notification of at least one parent before an abortion can be performed on a minor. This bill will yield statistics, guarded for privacy. (Attachment 7)

**Beatrice Swoopes**, of the KS Catholic conference, spoke in support of **HB 2292**. She provided statistical information on the numbers of abortions performed nationally and the age groups of women receiving abortions. The need to protect minors is compelling based on these statistics. Section 1 of the bill would strengthen Kansas law to protect parental rights. If a minor chooses not to involve her parents there is an option under existing law for her to petition the district court for a waiver. This bill also provides for data on these waivers to be accessible, to aid in the future in determining the extent or pervasiveness of abuse or incest. (Attachment 8)

Written testimony in support of HB 2292 was provided by the Concerned Women of America of Kansas. (Attachment 9)

Opponent, **Branden Bell** said he opposes the amendments to the judicial bypass statute contained in **HB 2292**. He said that the amendments are an apparent effort to intimidate young women, the judges, and other adults who take a role in helping them through this difficult time. The new statute would also be vulnerable to a strong legal challenge. Forcing reports would erode the independence of the judiciary, and there is no purpose in the collection of this information, since abortion procedures, by age, are already reported to Kansas Department of health and Environment. (Attachment 10)

**Shannon Jones**, an opponent, spoke representing the Statewide Independent Living Council of Kansas (S.I.L.C.K.). Ms. Jones said that the primary purpose of S.I.L.C.K. is to advocate and promote the civil and human rights of people with disabilities in all aspects of life. This bill, with the language on lines 32-33 on page four, has a strong potential to install an attitudinal barrier that women/minors with disabilities do not have the capability to make informed decisions about their pregnancies. If this legislation were to pass it means a backward step in the recognition of the rights of persons with disabilities. (Attachment 11)

Chair Landwehr closed hearings on HB 2392.

Representative Morrison motioned to approve committee minutes for February 6, 7, 8, 12, and 13. Motion seconded by Representative Neighbor. Motion carried.

Meeting was adjourned at 3:20. Next meeting will be March 7 at 1:30 P.M.

**HOUSE HEALTH AND HUMAN SERVICES  
COMMITTEE GUEST LIST**

**DATE: March 6, 2007**

NAME	REPRESENTING
Kaylyn Carlson	
Linda Benken	
Carole LaFreniere	
Jeanne Gaudin	
Kathy Smith	
Willie DeCato	Am Adoptions
DEBORAH STERN	KHA
Sharon Jones	SICK
A.M. [unclear]	SKIL
Shirley Allen	Planned Parenthood

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Ronald R. Hein

Attorney-at-Law

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**Testimony re: SB 284**  
**House Health and Human Services Committee**  
**Presented by Ronald R. Hein**  
**on behalf of**  
**Kansas Society of Radiologic Technologists**  
**March 6, 2007**

Madam Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Society of Radiologic Technologists. The KSRT is the professional association for radiologic technologists in Kansas.

KSRT supports the passage of SB 284. This bill repeals the grandfather clause which was necessary when rad techs were first licensed, and is, again, simply a technical clean-up to the statute. This amendment necessitates a change in K.S.A. 65-7305 to incorporate language which is currently in K.S.A. 65-7306, which will be repealed. The language which is inserted into K.S.A. 65-7305(d), includes language that basically continues the grandfathering of persons who have AART certification who may come to Kansas from other states.

Originally, the bill would have amended the scope of practice for radiologic technologists to permit rad techs to administer medications, which are within their scope of training and competence, and which have been approved by the Board of Healing Arts (BOHA). It was determined by the BOHA that this amendment was not necessary as rad techs are administering medication pursuant to the order of a licensed practitioner. (See the attached letter from BOHA to the Senate Committee.)

We have reviewed the impact of this legislation with BOHA and the Kansas Hospital Association, and there are just a trickle of applicants utilizing the "experience" section of the grandfather clause. This provision in the original act allowed persons providing services within the scope of practice of radiologic technologists to be grandfathered in as licensed radiologic technologists if they had practiced two of the three years prior to the effective date of the act. As we move further away from that effective date, it is not only less likely that applicants will fall into that situation, the applicants for such grandfather clause would be less likely to have current experience that would warrant their being grandfathered into licensure.

Therefore, we have arrived at a compromise with the Kansas Hospital Association to approve the legislation, but to delay the effective date one year. Therefore, I would ask for an amendment to change the effective date to provide for it to be effective on July 1, 2008.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

*House Health and Human Services*

DATE: 3-6-07

Attachment 1 -1

February 15, 2007

Jim Barnett, M.D., State Senator  
Chair, Senate Public Health and Welfare Committee  
Room 120-S, State Capitol  
Topeka, KS 66612

Re: S.B. No. 284

Dear Senator Barnett:

Following the hearing on S.B. No. 284, interested parties met regarding the proposed amendments to K.S.A. 2006 Supp. 65-7302(m) contained in Section 1 of the bill. It was agreed by all involved in the discussions that no amendments to K.S.A. 2006 Supp. 65-7302(m) are necessary at this time. Therefore, Section 1 of the bill can be deleted in its entirety and Section 3 amended to delete K.S.A. 65-7302 as being repealed. Ms. Folmsbee is aware of this agreement and has prepared a balloon amendment.

As stated in my written testimony, the Board has received several inquiries concerning guidelines for flushing IVs with normal saline by radiologic technologists. The Radiologic Technology Council met and indicated certain radiologic technologists intravenously administer numerous pharmacologic agents in addition to normal saline as part of their professional practice. So, the amendments in Section 1 were proposed to include administration of medications with the definition of "radiologic technology".

While the administration of medications is not specifically allowed under the Radiologic Technologists Practice Act, it does not translate that radiologic technologists are prohibited from administering drugs. All parties agree that radiologic technologists, in the course of their professional duties, only administer drugs upon the order of a licensed practitioner. Based on current and long-standing statutory and case law, radiologic technologists may administer drugs in the course of their professional practice as long as those drugs are administered under the supervision or by order of or referral from a licensed practitioner. Thus, a statutory amendment to specifically include the administration of medications as part of the professional practice of radiologic technologists is not necessary.

Very truly yours,

Lawrence T. Buening, Jr.  
Executive Director

# KANSAS BOARD OF HEALING ARTS


LAWRENCE T. BUENING, JR.  
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS  
GOVERNOR

## MEMORANDUM

**TO:** House Health and Human Services Committee

**FROM:** Lawrence T. Buening, Jr.   
Executive Director

**DATE:** March 6, 2007

**RE:** **Senate Bill No. 284**

Thank you allowing me to submit written testimony on behalf of the State Board of Healing Arts in support of S.B. No. 284 as it was passed by the Senate. The amendments to K.S.A. 2006 Supp. 65-7305 and the repeal of K.S.A. 2006 Supp. 65-7306 have been approved by the Board as a whole.

Since July 1, 2005, the Board has licensed over 2700 radiologic technologists. Originally, many of these individuals were licensed under K.S.A. 2006 Supp. 65-7306 which contains the "grandfather" provisions for individuals who had practiced radiologic technology prior to July 1, 2005 but had neither formal education nor had passed the examination required for licensure. As the Radiologic Technologists Practice Act has now been in existence since July 1, 2004, the Board is receiving very few applications from individuals based only on their work experience prior to July 1, 2005. Since August, 2006, four individuals have applied for a license based on the provisions of K.S.A. 2006 Supp. 65-7306.

It is our understanding that the sponsor of the bill will be offering an amendment to delay the effective date of the act until July 1, 2008. The Board has no objection to this amendment and believes that abolishing the ability to be licensed without any education or examination is in the public's interest.

**MEMBERS OF THE BOARD:**

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Goddard

BETTY MCBRIDE., Public Member, VICE-PRESIDENT  
Columbus

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MICHAEL J. BEEZLEY, M.D., Lenexa  
RAY N. CONLEY, D.C., Overland Park  
GARY L. COUNSELMAN, D.C., Topeka  
FRANK K. GALBRAITH, D.P.M., Wichita  
MERLE J. "BOO" HODGES, M.D., Salina

SUE ICE, Public Member, Newton  
MARK A. McCUNE, M.D., Overland Park  
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ROGER D. WARREN, M.D., Hanover  
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*House Health and Human Services*

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ATTACHMENT 2

**PROPONENT HB 2292-Teen Protection Act**

March 7, 2007

House Health & Human Services Committee, Chair Brenda Landwehr.

Dear Madame Chair and committee,

In 1973, **I was 15, pregnant and afraid.**

I was terrified of my friends and family finding out I was pregnant.

I was involved with an older man, **Allen, who was around 30** at the time. He took me for an abortion in California, since there were no clinics in Phoenix. I told my parents that I was spending the weekend with a girlfriend and her family at the lake. Instead I ran away with Allen to California.

Allen had found the Planned Parenthood clinic and set up the appointment in advance. I was obviously underage but had a fake ID that said I was 21, but nobody asked for an ID. Perhaps it was because Allen was so much older and they thought he was my father or uncle. **All I know is they didn't ask me for identification or what our relationship was. I filled out a form with the fictitious name and address.** They had already told Allen what the cost was and to bring cash.

The counseling consisted of telling me what to expect --"some cramping and discomfort as the uterine contents were removed." Then I would be as good as new. Nobody really talked to me, or asked me why I wanted an abortion. They offered no alternatives or suggestions. They were very nice and professional, but businesslike.

All I knew was that I had no way to take care of a baby, and wanted everything back the way it was. I felt trapped and wanted a way out. This seemed like the logical, adult decision to make.

But after the abortion, I didn't feel like an adult, **I felt dirty, empty and alone. I wanted my Mom. But I didn't think I could ever go back home. I had crossed a line and everything had changed. I cried and cried for the baby I had killed. I didn't like the person I saw in the mirror anymore.**

**I became depressed, started using harder drugs, taking wilder risks with my life. I believed that I deserved to suffer because I was bad. I attempted suicide twice and became addicted to heroin.**

I got involved in working as an escort and making porn movies to support myself. My life became a nightmare. I hated men and was a bitter angry young woman.

Seven months later I was pregnant again. And back for another abortion. I didn't cry this time, I didn't have any tears left to cry. Shortly after the second abortion, I was arrested as a runaway and sent home to Arizona. The courts put me into a drug treatment program.

**My parents were very worried because they loved me. They even had hired a private detective** to try and find me. They kept asking me, "why did you leave?" But I couldn't tell

*Carol LaFreniere*

*House Health and Human Services*

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them. I never told anyone. I thought they would hate me. I thought everyone who ever found out would hate me, because I hated me.

I was too young to be making life-altering decisions without the help of my parents. I needed someone who loved me to help me, not someone who wanted to make a profit off of me. I was under the age of consent, and the abortion allowed the sexual abuse to continue.

**If an ID had been required, I would have gotten help when my world started falling apart. Even if my parents, who are pro-choice, had taken me for an abortion, they could have gotten me help when I became depressed and suicidal.**

With all the things I have done in my life, I am the most ashamed and sorry for my abortions. The other things I did to myself. But abortion is something I did to my children. 33 years later, **I still struggle with issues relating to guilt and forgiveness**, I still cry for the children I killed.

**Abortion is not a decision that girls should make without the help of their parents. Asking for identification is a simple check to protect children from those who would prey on them.**

Carole LaFreniere  
1629 Terrace Drive  
El Dorado, KS 67042  
817-360-1945



IN SUPPORT of HB 2292

March 6, 2007

Dear Chairwoman Landwehr and members of this Health committee,

My name is Linda Renken, and I am here to testify in support of the Teen Protection Act.

Sept. 11, 2001 is a day burned into the memory of the American public for the bombing of New York's twin towers. But September 11 was a date already burned into my memory 21 years before that... for it was the day of my abortion at the infamous clinic in Wichita.

I had turned 19 just two weeks before my abortion. Sophomore year at college had begun and my 21 year old boyfriend said this was how it had to be. There didn't seem to be any point in trying to deal with my alcoholic father, or adding another burden on my mother. I never felt that I had a real choice.

The clinic staff also seemed adamant that I have the abortion; no one tried to talk me into thinking about it longer. I didn't see a sonogram at the time, but it was included in records that I sent for a few years ago. I do so wish I had seen the sonogram at the time.

This was my first pregnancy. I was 16 weeks along, and my boyfriend had to pay more than originally quoted. The paperwork that I signed --and supposedly had read and agreed to-- are all a blur. I read through them now and realize that I had NO idea what I was signing. The clinic wrote into my records I was seeing a doctor in Belleville that I had never gone to --before, or after-- the abortion.

The nurse tried to tell me I'd forget all about the experience. But I haven't. It was a vacuum-type of abortion. I will NEVER forget the sound of it as long as I live---nor forget the sight of my baby in a bottle beside me!!

The clinic sent me home with very little information and I remember thinking I was bleeding to death for over a week. I was living at college and didn't have anyone to talk to. After my boyfriend had brought me home from the abortion, we never spoke of it again, and that trust in our relationship was forever shattered! Although we were married soon afterwards, and I became pregnant again, the marriage only lasted for two years.

I have finally, after 26 years, found healing from the abortion experience, and have now started to help others find that same healing and forgiveness.

The clinic staff told me I'd be fine and I'd forget all about it—but I never did. No one explains to these young women that they will NEVER forget the experience, or the child. They will deal with shame and guilt forever. I talk to women who have gone through it and the majority of them were taken to the clinics by boyfriends or just friends---not a parent. And those parents, to this day--DO NOT know about the abortion.

I think that if girls, and the boys involved, HAD to be accountable to the parents with this decision, more of them would reconsider! But when they only have to produce the cash and a signature.....who are they accountable to? And then the parents cannot be there to support them and love them afterwards because they didn't even know about it.

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It took me over 20 years to tell my parents. Looking back, I truly wish that I could have told them what I was thinking about, prior to my abortion. Due to my youth, I just didn't know how to put my pregnancy "problem" into perspective. My parents were themselves married because my mother was pregnant with my sister. Now that I know that, I am relatively sure that they would have convinced me to have my baby.

I have had four kids since my abortion and would NEVER consider an abortion again!! Even if my life depended on it!!

If we are going to start rebuilding families, we have to make sure that parents are aware of what their children are doing. I am a teacher at a school, and it is amazing that we have to have a parent's signature for just about everything that deals with teaching them and taking them on field trips, etc. But when it comes to something as important as their daughters' bodies and their emotional well-being, the parents don't have a right to know what is going on in the lives of their children. That is a HUGE travesty!!

I am here to tell you that if we want the communication line between parents and their children to improve--we MUST make sure that parents are aware when their children are considering something as dangerous as an abortion!!

I have shared my story with youth groups, support groups, retreats for post-abortive women, and church groups. If we stay silent, things will never change!

You have my FULL support on any legislation that would get the parents more involved and active in the lives of their children!! If I can be of any more help, please don't hesitate to ask!

Linda Renken  
333 N. Nash  
Glen Elder, KS 67446  
785-545-8819

# House Health & Human Services Committee - March 6, 2007

Proponent HB 2292

## Testimony of Kay Lyn Carlson

Chairman Landwehr and committee members,

Good afternoon, it is an honor to be here today to testify in support of House Bill No. 2292. My name is Kay Lyn Carlson and my testimony will be divided into three parts. 1) as a post-abortion survivor, 2) as a mother, and 3) as a licensed mental health professional.

**At 17, unbeknownst to my family**, I chose to have an abortion. What was supposed to be an easy, safe, simple solution to a "problem" pregnancy turned out to be the single most destructive event of my life. Unfortunately, it was easier for me to obtain and go through an entire abortion procedure than it was to admit my sexual promiscuity and pregnancy to my parents. To cover up my actions, my boyfriend and I crossed the state line to Missouri and I forged my name at the facility to avoid anyone finding out. I never gave my parents a chance to protect me.

It wasn't easy - getting an abortion. **I was terrified and in crisis**. Time was not on my side and I tried to manage a major life decision on my own as an adolescent. Over 25 years ago, the memories of that day are forever etched in my mind.

Setting with the "second shift" of approximately 16 other girls we were waiting for our names to be called one-by-one. I was crying, body shaking and trying to settle my nerves by rocking back and forth.

During the procedure the woman at my bedside was my comfort. With nods of assurance that I was doing the right thing she told me not to worry, that it would all be over soon.

With my body trembling, I asked "How much longer?" I needed to know. "Remember dear," she replied "when you hear the vacuum noise turn on, it will only take around 20 seconds longer and you can go home and never have to think about it again " and "your parents will never have to know."

After the procedure, when they were cleaning me up, I had one question. "Was it a boy or a girl?" I asked. Quickly the mood changed and a cold stillness filled the room.

After a few seconds, one of the attendants broke the silence and callously asked, "What does it matter now?" "Yea," I thought to myself, "what does it matter?"

I was taken back to a recovery room and given more medicine to take along with a release form that we were to sign. With my hands shaking out of control I spilt my small cup of water all over myself and could not steady my hands to fill out the forms to sign.

**I left that abortion facility believing what they had told me -- it was a simple, safe, and easy procedure and that life would be back to normal.**

We have heard it said by many that there is a general sort of relief that is experienced after an abortion. I know, I did feel relief. My immediate crisis was over - which is a natural response following a turbulent time. However, it

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was a traumatic event in my life. Something inside of me died that day and **I have never felt "normal" since.** What we often times don't hear is what occurs days, months, or even years after an abortion.

Seven years of avoiding, stuffing and trying to forget that day, my denial stormed into my reality through the use of an ultrasound used when I was pregnant for a second time in my life. I saw my first born daughter Emily at 12 weeks gestation. **THIS WAS NOT A BLOB OF TISSUE! THIS WAS A BABY - IN FULL FORM!** With tiny little hands, a heartbeat, legs with precious little feet, and eyes that seemed to stare right through me into the deepest part of my soul. I saw for the first time what life in the womb actually looked like. Tears rolled down the side of my face and the nurse asked me if I was okay. I nodded my head "yes" but inwardly felt despair. **What should have been tears of joy for a baby coming into the world were tears of sorrow and shame** for what I had allowed to be taken out of this world on March 30, 1981.

Not only was my aborted baby robbed of life, I was robbed --of the truth-- and of the **ability to make an informed decision that included the most significant people in my life - my Mom and Dad.** My life began to crumble the day of the ultrasound and I had no idea of the downhill spiral that my life would soon be taking.

Immediately following the birth of my baby, Emily, I began to have nightmares where I would save myself and allow Emily to die. Two of the most intrusive nightmares were:

I was in an old mad scientist's lab looking around at all the concoctions brewing, dirty test tubes everywhere and old glass jars lining the cobwebbed shelves. I saw Emily's body parts there. They were severed and stored in several different containers - head in one, legs in another and so on.

The second dream I had involved Emily and I holding on for dear life on a bridge where if we fell we knew we would die. Emily on one post, I on the other. It was nighttime and the water raged underneath us during a turbulent storm. A man dressed in black was on top of the bridge and could save only one of us. I gave him my hand and watched Emily's body plunge into the river crying, "Mommy, mommy," ... until she was no more.

For many years following **I suffered: post-traumatic stress disorder, anxiety (including panic attacks), self-hatred, emotional numbing, anger, and depression.** At my lowest point, I wanted to die. I could not, and did not, want to live knowing I gave permission to someone to take the life of my baby. **The shame and guilt were insurmountable.** I believed that death would bring an end to my torment on earth.

When I could bear the pain no longer, I sought help through a therapist and began to heal and restore from the years of suffering that I had endured from my "simple" solution called abortion.

After therapy, I went back to school and secured an undergraduate and graduate degree in social work, from Washburn University. **Today, I am a licensed mental health professional who specializes in post-abortive therapy** and who speaks out about the psychological, psychosocial, emotional and spiritual effects that abortion causes women, men, children and families today.

To conclude:

As a post-abortion survivor - At 17, this was the worst time for me to be **alienated from my parents - who had always played a significant role in my life. I was still a vulnerable and impressionable child.** Shutting out my parents eliminated critical opportunities they had to nurture, offer insight, encouragement (to cope with the crisis), guidance (to a range of other options) and the ability to offer support in my greatest time of need. How I wish

today that my parents did know -- to save me from myself and to have the ability **to stop me from making the biggest mistake of my life.**

As a mother of three, it angers me that by law a school has to call me for permission for my child to have a Tylenol, or for a hairdresser to insist that I come in and sign a consent form so that my 15 year old daughter can get a hair perm, but, by law, my child

- can undergo a surgical procedure at an unregulated abortion facilities,
- be administered several unknown medications,
- be placed at risk to have her uterus punctured, her cervix torn, or --worse-- suffer death;
- all this without my consent!

**Not to mention the psychological, emotional, psychosocial, and spiritual damage that may occur after the procedure.** As parents, we strive to love, nurture, provide, and protect our children. I believe that we must thoughtfully and carefully reconsider what we are and are not regulating in our great state of Kansas today.

As a social worker - this bill would provide an element of protection for children who may be sexually abused and forced by their perpetrators to undergo an abortion in order to **cover up a possible rape charge. I feel that it is my obligation to this committee, as a mandated reporter myself, to inform you that passage of the bill is in the best interest** of the vulnerable, oppressed, and helpless - the child. Our children desperately need this protection

- in order to prevent abuse from occurring,
- to report abuses that are occurring,
- and to provide remedial assistance to those in need.

As a therapist, I have seen the destruction that abortion has caused my clients and their families. **New research and information is being released daily of the detrimental harm that abortion** causes. In a recent article, UCLA psychiatrist Dr. Miriam Grossman stated that more should be done to help women who suffer from mental health problems following an abortion. She went on to say that Planned Parenthood (a business that performs and profits from abortions) stated that just one percent of women suffer problematic mental health issues following an abortion—this despite other research that shows as many as forty percent of women have a negative post-abortion mental health experience.

Using the one percent figure alone still leaves tens of thousands of people suffering annually from abortion. Given my personal experience, my opinion as a mother, and as mental health provider I encourage you to pass this bill in order to better protect the citizens of Kansas.

I close with this - At the time of my abortion, I had no idea how much later I would love, cherish and grieve the baby I lost to abortion. I never knew.

I will be happy to answer any questions from the committee.

**PROPONENT HB 2292**

KANSAS HOUSE HEALTH & HUMAN SERVICES COMMITTEE,  
CHAIRWOMAN BRENDA LANDWEHR

MARCH 6, 2007

Dear Committee,

I am not able to travel to Topeka to testify, so I have asked my words be read to you because I heard about this bill, the Teen Protection Act, and I want you to pass it so other girls can avoid what I have had to suffer.

My name is Jodie Estep. **When I was 16, my abusive boyfriend forced me to get an abortion** in Phoenix, Arizona. I don't remember the exact age of my unborn child but, I do know that it was illegal to have an abortion, at that time, past a certain gestation period to which I barely met.

My boyfriend made the appointment and paid in cash—they would not accept a check. **I never got any counseling, or a personal interview.** The day of the procedure, my boyfriends' parents dropped me off at the clinic. Inside my heart I knew it wasn't the right thing to do, but I felt it was out of my control.

Inside the waiting room there were lots of women and girls. One lady said abortions were no big deal—she had gotten five of them--and we shouldn't "be chickens." The nurse came in holding a box and said this was the abortion machine and told us quickly what was going to happen.

When I asked if there was a life inside me, I was told, "No it was just a blob of tissue". **When they saw that I was nervous and I told them that I was having second thoughts they gave me a pill to take to "calm me down."** I don't even know what it was called. Being naïve, and trusting in the medical field, I took it. I began going in and out of consciousness while in the prep room.

On the abortion table, they gave me a sonogram and would not allow me to see the screen. If this was just a blob why couldn't I look at the screen? Soon I had a mask on my face and I lost consciousness again. In fact, I kept passing out even after the abortion, on my way home.

**I wish I had been counseled by the physician or nurse** concerning the real medical facts about abortion. Minors should have to have a parent's consent before an abortion and should have to have pre-counseling prior to the abortion by an un-biased source. My mother was not contacted by the abortion clinic or anyone in authority.

*House Health and Human Services*

DATE: 3-6-07

ATTACHMENT 6-1

**Had I been given options and more information** I know that I would **not have gone through with that abortion.** Now I live with the consequences of that decision everyday. I participated in the murder of my own child.

No one ever talked to me about my situation. I was being physically abused by my 18 yr. old boyfriend (even while pregnant) and feared for my life on a daily basis. He had me brainwashed and I depended on him for my housing, so I caved in to the abortion.

Because of my abortion, I have struggled with feelings of unworthiness and low self-esteem. For years I would panic in social settings. And for many years I struggled with deep depression and suicidal thoughts.

A few years ago, I found help for my depression through post-abortion recovery programs. I am continuing to get training in helping other women find healing for their abortion pain.

I hope that my story will help someone out there and help change the laws to **help prevent minors from being treated the way I was.** I support this law, HB 2292, to help keep parents involved with their naïve daughters and to help protect young girls from abuse.

Thank you for your consideration.

Jodie Estep

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## Proponent - HB 2292, Teen Protection Act

March 6, 2007  
House Health & Human Services Committee  
Chairman Brenda Landwehr

Good afternoon Madame Chair and members of this committee, I am Kathy Ostrowski, Legislative Director for Kansans for Life, state affiliate of the National Right to Life Committee. I am here to voice our support for HB 2292, the Teen Protection Act.

The state has an interest in promoting the health and safety of young girls experiencing an unplanned pregnancy, as well as the interests of the parents seeking to provide support and guidance to their minor daughters during this difficult time.

In cases where the pregnancy results from unlawful conduct by adult men, HB 2792 will provide greater assurances that unlawful acts will come to the attention of law enforcement officials so that perpetrators can be prosecuted.

Studies consistently show that infants born to high-school aged mothers are fathered by adult men, not similarly aged boys. Other studies show that a majority of girls having sex at age 15 or under were raped or coerced. (*see statutory rape, attachment A, and protecting children, attachment B*)

An adult male who has criminally impregnated a minor should not be allowed to manipulate the state abortion law to shield his crimes. This has been happening across the U.S., and it may be occurring here.

In Kansas, a teen seeking an abortion is supposed to be accompanied by an adult with her best interests, which may or may not be a family member. In abortion clinics nationwide, however, predators and their friends and relatives have masqueraded as the teen's blood relative or best friend. (*see predators, attachment C*)

The Teen Protection Act, HB 2292, would require that an appropriate ID be shown by the pregnant teen and her companion to the abortion clinic staff. It would also require the companion to declare his or her relationship to the pregnant teen, and any known connection to the presumed father of the unborn.

30 states have parental involvement laws, requiring consent or notification of at least one parent before an abortion can be performed on a minor. However, there is no law to prevent an adult from taking a child to a state in which these parental laws are weaker, or not in existence. The proposed federal Child Custody Protection Act would make it a crime to take teens out of state for this purpose, and although this bill has repeatedly been passed in the U.S. House, it has not passed in the U.S. Senate.

HB 2292 would allow parents to sue clinics that intentionally undermine parental involvement and violate the minor's legal rights.



Kansas Affiliate of the National Right to Life Committee

House Health and Human Services

DATE: 3-6-07

ATTACHMENT 7-1



Missouri has a “tougher” parental involvement law than Kansas: Missouri requires minors to obtain parental consent from one parent (or guardian) while Kansas requires only notice to one parent prior to abortion of a minor. Taking minors out of state to a state with “easier” or non-existent parental involvement laws has been a long-time serious concern for Missouri and they passed a law in 2005 to address it. The Missouri law allows parents to sue individuals and abortion facilities when they help a teenager get a secret abortion out of state without the proper informed consent, including parental consent. A state Supreme Court ruling is expected any day.

The new Missouri law is pertinent to Kansas abortionists because so many Missouri minors obtain abortions here in Kansas. (*see chart D*) In 2005, according to KDHE, 37% of Kansas abortions to minors came from Missouri (265 out of 702). It may soon be the case that a Missouri parent can sue a Kansas clinic for aborting their daughter without obeying the Missouri law to obtain their consent.

In 1992, Kansas revised its abortion law, including provisions for minors to include a judicial bypass, or waiver, of parental notice. No statistics are published on how often the court is petitioned for these waivers, or how often the waivers have been granted. Florida’ courts seem to be granting 94% of their petitions for bypass. The Kansas legislative intent of parental waiver appears to have been mischaracterized by some abortionists over the years. (*see aid for women, E*)

HB 2292 will yield statistics, guarded for privacy, on the number of bypasses granted, as well as other actions taken by the court if it has reason to believe the pregnant teen seeking a waiver is experiencing abuse.

The Teen Protection Act, HB 2292, will assist parents whose rights have been intentionally violated by abortionists and their staff by holding the clinic responsible for the costs of any abortion-caused medical treatment for a minor if the clinic violated the parental involvement provisions of Kansas abortion law.

Oklahoma passed such a law, and it survived a challenge up through its state Supreme Court for lack of standing. (*see Nova v Gandy, July 2005 416 Fed S 3<sup>rd</sup>.*) We believe that parents of minors aborted in Kansas will appreciate similar protection.

Thank you, I stand for questions.

# Statutory Rape: The Dirty Secret Behind Teen Sex Numbers

by Gracie Hu, Family Research Council (excerpted)

Contrary to the common perception that teenage sex and pregnancy typically stem from two teenagers getting caught up in the heat of the moment, new research reveals that many teenage girls are being sexually exploited and impregnated by adult men. **Adult men fathered two-thirds of the infants born to school-aged mothers in California in 1993.** On average, these men were 4.2 years older than the senior-high mothers and 6.7 years older than the junior-high mothers.[1]

Likewise, a review of California's 1990 vital statistics found that men older than high school age sired 77 percent of all births to high school-aged girls (ages 16-18) and 51 percent of births to junior high school-aged girls (15 and younger). Men over age 25 fathered twice as many teenage births as did boys under age 18, and men over age 20 fathered five times more births to junior high school-aged girls than did junior high school-aged boys.[2]

**2/3 of births to teenage girls nationwide are fathered by adult men age 20 or older**

Unfortunately, this phenomenon is not limited to the state of California. A recent study by the Population Reference Bureau found that about two-thirds of births to teenage girls nationwide are fathered by adult men age 20 or older.[3]

Additionally, the Alan Guttmacher Institute's 1994 report, "Sex and America's Teenagers," found that six of 10 girls who had sex before age 15 were coerced by males an average of six years their senior.[4] The Urban Institute cites a study showing that "three quarters of females who had sexual intercourse before age 14 reported having had sex involuntarily." [5]

At one time, the picture of teenage pregnancy did look vastly different than it does today. In 1970, seven of 10 teen births were within marriage. Today, the opposite is true -- **seven of 10 teen births are out-of-wedlock**[6] . . . and many are the results of statutory rape and victimization.

Not only is fatherlessness associated with child abuse, but abused children are also more vulnerable to further exploitation, particularly further sexual exploitation, "It shouldn't be hard to see 'why a child who's been molested since age 7 is acting out sexually at age 14.'" Indeed, research shows that teenage mothers whose babies were fathered by adult men are disproportionately the childhood victims of sexual assault by adult men.[15]

A 1992 Washington state study of 535 adolescent mothers found that 62 percent of the teenage mothers had had a history of rape or sexual molestation by men whose ages averaged 27 years.[16] This study found that, compared with non-abused mothers, abused adolescent mothers initiated sex earlier, had sex with much older partners, and engaged in riskier, more frequent, and promiscuous sex.[17]

**62 % of the teenage mothers had had a history of rape or sexual molestation by men whose ages averaged 27 years**

Fatherlessness, however, not only creates the environment for more vulnerable girls, it also helps create more predatory males. Research shows that boys who grow up without fathers are far more likely to engage in violent behavior and promiscuity than those who grow up in two-parent homes. **60 percent of America's rapists grew up in homes without fathers,**[19] fatherless boys exhibit greater aggressiveness or exaggerated masculine behavior, [20] and many predatory adult men may have originated from fatherless families in which they, too, were abused.

Laws against statutory rape were originally designed to protect adolescent girls -- typically aged 16 and under -- from sex under any circumstance, regardless of whether there was "consent." But during the sexual revolution of the 1960s and 1970s, states began to change their laws to reflect more permissive cultural attitudes

First, the age of consent for sexual activity was lowered or altered. In two states, Hawaii and Pennsylvania, 14 years is the age of consent. Many other laws were changed to say that having sex with a young teenage girl was statutory rape, but sex with a girl in her mid-teens was only considered statutory rape if the male was three or four years older than she was. In other words, a 15-year-old girl could have sex with a 15-year-old boy, but not with a 19-year-old man.[30] (See **Kansas statutes.21-3501 thru 3516.**)

Second, lax law enforcement of statutory rape crimes have added fuel to the fire. Few courts have given priority to the prosecution of adults who have sex with minors, prosecutors citing girls often recant or refuse to testify against their adult "lovers," [34] and may also decline to name the father if they fear retaliation.[35]

The most direct way to address the problem of statutory rape is through the law enforcement system. Efforts must also be made to change the rhetoric and perception under which minors are viewed as mature decision-makers. For example, **adolescent girls who have been exploited by adult men are repeatedly referred to as "sexually-experienced women."**[44]

The Alan Guttmacher Institute, Planned Parenthood, and other proponents of aggressive marketing of contraceptives and abortions to minor children have consistently refused to use language that reinforces the need for special protection for teenage girls and boys -- especially that provided by their families. The use of "women" in this context serves the purpose of fostering an egalitarian drive to repeal parental rights statutes, but masks the emotional and psychological immaturity that makes sexual activity at this stage of life especially risky.[45]

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Posted on Thu, Jun. 22, 2006

## **Girl's story puts trio on trial docket**

BY RON SYLVESTER, The Wichita Eagle <http://www.kansas.com/mld/kansas/14874243.htm>

The testimony of a 14-year-old girl on Wednesday was enough to persuade Sedgwick County District Judge Ben Burgess to set a trial date for three men charged with having sex with her. The girl told the judge she said no when the 22-year-old man first asked for sex. "I'll tell your daddy," she recalled the man said. She didn't want her parents to know she had skipped her eighth-grade classes. So, she said, she gave in. She had already testified to having sex with an 18-year-old and his 20-year-old brother.

Deandre A. Green, 18, Alfred J. Green, 20, and Marcus D. McDowel, 22, pleaded not guilty to multiple counts of aggravated indecent liberties. Deandre Green also stands accused of criminal sodomy. If convicted, they could face four to six years in prison on each count. Alfred and Deandre Green are free on \$25,000 bond.

**In the past year, more than 200 girls under age 18** came to Via Christi Regional Medical Center-St. Joseph Campus for examinations by the **hospital's Sexual Assault Response Team. Minors make up more than half those seen** by the specially trained nurses there.

Wednesday, this girl told prosecutor Marc Bennett that she'd met Deandre Green a week before they had sex. She had called him daily. She said Deandre told her he would be her boyfriend. "When are we going to see each other?" she said he asked her. "I've got school," she said. She said Deandre offered to pick her up at school March 9. On cross-examination, she told Chris O'Hara, Deandre's lawyer, "I thought it was going to be just us, not two other guys."

After her mother dropped her off at her middle school in Wichita, the girl said, she walked in the front door and out the back. She saw Deandre Green and his older brother Alfred waiting in a purple car. "It was the only time I ever skipped school," she testified. Alfred Green drove to where the men live, she said, and parked on the street. Deandre Green jumped in the back seat and they had sex.

"Will you do my brother?" she said Deandre asked. "No," she said. "He asked again," she testified. "I said no." "He asked again." "Whatever," she said. The men took turns, she told the judge, and then drove to McDowel's house. He came out to the car, she testified, and asked for sex. She said no. That's when he threatened to tell her father about her skipping school, she said, so she gave in. **In all, the men had sex with her nine times, she said.**

**Court records show McDowel impregnated another 14-year-old.** After that girl gave birth, her mother filed a paternity suit through the Kansas Department of Social and Rehabilitation Services. No charges have been filed in that case.

The girl who testified Wednesday said her parents didn't find out what happened to her until they discovered an e-mail in which she'd confided to a cousin. Her mother drove the girl to talk to Wichita police. "After I talked to the detective," the girl said, "then I talked to my mom about it."

Attachment B—Kansans for Life March 6, 2007—House Health Committee—Proponent HB 2292

## Predator's mom deceives clinic, procures secret abortion for teen

April 15, 2005 Maria Vitale Gallagher- <http://www.lifenews.com/state995.html>

Granite City, IL (LifeNews.com) – A girl was reportedly **taken to the abortion facility by the mother of the man who allegedly impregnated the 14-year-old**, the Illinois Leader reported. The woman, **posing as the girl's grandmother**, had the girl called off from school. When the girl left the abortion facility after having an abortion, employees told her, "No one will ever know you were here, we'll bury your records."

The girl's parents found out she was not at school and rushed to the abortion clinic but the mother "was told I could not prove my daughter was there so I began calling her name." Authorities were called in and the mother was arrested after she continued to call out her daughter's name and cried out, "Don't do it." While the mother sat in the police car, the father of the baby and his mother who posed as the pregnant underage girl's grandmother (and phoned the high school to cover her absence from school) were sneaked out the back door by abortion employees. -----

## Parents sue for teen's abortion; 'soccer coach' predator masqueraded as step-brother

June 29, 2005 Kimball Perry, Cincinnati Post- <http://news.cincypost.com/apps/pbcs.dll/article?AID=/20050629/NEWS01/506290398>

Hamilton County Prosecutor Joe Deters, stopped by an uncertainty over Ohio law, has decided not to seek indictments against Planned Parenthood of Southwest Ohio for performing **an abortion on a 14-year-old girl without her parents' permission or consent**. "The way the law currently is in Ohio, it's easier to get an abortion than to buy a pack of cigarettes," Deters said.

The girl was **13** when she was **impregnated by her 21-year-old soccer coach**, who has since been imprisoned. Planned Parenthood never contacted the girl's parents, Deters said. Because the man told Planned Parenthood workers he was her stepbrother, the agency didn't contact her parents - even though she gave them her father's name and address, the suit noted.

The coach pleaded guilty last year to **seven counts of sexual battery** involving the girl and was sentenced to three years in prison. The girl's parents filed a civil suit, accusing Planned Parenthood of performing an abortion on the teen without notifying them or getting their consent. The suit claims their daughter "did not want to have an abortion." -----

## Parents sue Planned Parenthood for ignoring age of teen

Sept. 21, 2005 -Shannon Prather, St. Paul Pioneer Press- <http://www.twincities.com/mld/twincities/12698501.htm>

Anne Doe was three months shy of her 18th birthday when she walked into St. Paul's Planned Parenthood clinic and — unbeknownst to her parents — aborted her pregnancy. Although state law generally requires clinics to notify parents before performing abortions on minors, Planned Parenthood didn't do so in Anne's case. The clinic considered Anne an adult under the law because **she had previously had a baby**. But Anne's parents were upset to learn about the abortion after the fact. They sued Planned Parenthood for violating Minnesota's parental-notification law, seeking damages of more than \$50,000.

Under Minnesota's notification law, first enacted in 1981 and upheld by the U.S. Supreme Court, "unemancipated" minors need to notify both parents 48 hours before receiving an abortion or get a judge's permission. According to the Does, their **daughter was financially dependent on them and still attending high school**. They say they were involved in all aspects of her life, even though the 17-year-old had moved into her own apartment three months before the abortion. "To the best of their knowledge, **this is the only medical, dental or mental health issue about which they were not informed.**" -----

## School district settles lawsuit over secret abortion

April, 2000 —Liz Townsend- <http://www.nrlc.org/news/2000/NRL04/pa.html>

Stephanie Carter's parents found out about her abortion only after finding soiled clothes and abortion pamphlets in her closet a few weeks later. "Our grandchild is gone forever, and our daughter will always live with this pain," said Howard and Marie Carter." The Carters' lawsuit alleged that their daughter Stephanie, then **17, got an abortion** at a New Jersey clinic in May 1998 at the **urging of guidance counselor** at Hatboro-Horsham High School and without parental consent.

The family also charged that the counselor used the school district's bank accounts to cash **checks from the baby's father to finance the abortion**, provided excuses so Stephanie could skip school, and drew her a map to the New Jersey clinic. The settlement obligates the school district to ban school personnel from encouraging, assisting, aiding, or abetting a student in obtaining an abortion, and from advising students to cross state lines to get around the parental consent laws. -----

Abortions in Kansas - Mother Under Age 18 - By State of Residence

	1998	1999	2000	2001	2002	2003	2004	2005	Totals
ALABAMA	4	1	2	4	2	0	1	1	15
ALASKA	0	0	1	0	0	0	0	0	1
ARIZONA	0	1	4	0	2	0	0	0	7
ARKANSAS	2	1	7	6	3	3	1	2	25
CALIFORNIA	2	1	2	0	5	4	4	0	18
COLORADO	5	3	3	2	3	3	2	2	23
CONNECTICUT	0	1	2	2	2	1	2	0	10
DELAWARE	0	1	1	0	0	0	1	0	3
DIST OF COLUMBIA	0	0	1	0	0	0	0	0	1
FLORIDA	4	4	3	2	5	2	2	3	25
GEORGIA	2	5	5	4	9	3	0	1	29
IDAHO	1	0	0	1	0	0	0	0	2
ILLINOIS	13	16	11	11	10	10	5	7	83
INDIANA	3	4	3	2	1	1	1	1	16
IOWA	5	5	6	3	2	2	5	0	28
KANSAS	611	528	474	480	444	409	330	363	3639
KENTUCKY	3	2	3	1	0	0	0	0	9
LOUISIANA	6	4	2	2	2	0	0	2	18
MAINE	0	0	1	0	0	0	0	0	1
MARYLAND	3	1	3	3	3	1	3	1	18
MASSACHUSETTS	1	0	3	2	1	2	2	2	13
MICHIGAN	6	3	8	7	3	3	1	2	33
MINNESOTA	7	5	3	7	8	3	5	3	41
MISSISSIPPI	3	0	0	2	2	0	0	0	7
MISSOURI	330	413	373	352	304	319	330	265	2686
MONTANA	1	0	0	0	0	0	0	0	1
NEBRASKA	4	6	3	3	3	0	2	0	21
NEVADA	0	0	0	0	0	1	0	0	1
NEW HAMPSHIRE	0	0	0	1	0	0	0	0	1
NEW JERSEY	1	3	4	2	2	7	4	2	25
NEW MEXICO	1	2	3	1	1	0	1	1	10
NEW YORK	6	4	4	10	4	12	4	1	45
NORTH CAROLINA	3	2	4	5	3	4	0	0	21
NORTH DAKOTA	0	1	2	1	2	1	0	0	7
OHIO	6	3	4	3	6	4	3	2	31
OKLAHOMA	42	28	25	28	28	24	34	17	226
OREGON	0	0	0	0	0	1	0	0	1
PENNSYLVANIA	5	6	4	3	7	1	2	1	29
RHODE ISLAND	2	0	0	1	0	0	0	1	4
SOUTH CAROLINA	2	4	2	2	2	1	0	1	14
SOUTH DAKOTA	0	0	0	0	1	0	0	0	1
TENNESSEE	6	2	2	2	1	0	1	0	14
TEXAS	12	9	7	6	6	5	29	10	84
UTAH	1	0	1	1	0	0	0	0	3
VERMONT	0	0	0	0	0	0	1	0	1
VIRGINIA	2	5	3	2	0	1	2	1	16
WEST VIRGINIA	0	1	0	1	1	1	0	1	5
WISCONSIN	2	9	0	4	2	2	2	1	22
WYOMING	0	1	0	1	0	0	0	0	2
PUERTO RICO	0	0	0	0	0	0	1	0	1
GUAM	0	0	1	0	0	0	0	0	1
CANADA	2	4	2	11	8	2	6	5	40
MEXICO	0	0	0	0	0	0	1	0	1
REMAINDER OF WORLD	1	1	1	3	1	0	1	3	11
<b>Totals</b>	<b>1110</b>	<b>1090</b>	<b>993</b>	<b>984</b>	<b>889</b>	<b>833</b>	<b>789</b>	<b>702</b>	<b>7390</b>

These totals include Kansas Occurrence Abortions, and Out-of-State Abortions to Kansas Residents

## IS THIS WHAT LEGISLATORS INTENDED FOR JUDICIAL BYPASS?

<http://web.archive.org/web/20030621112656/www.aidforwomen.com/afw.htm>

Copy below taken from website of **AID FOR WOMEN CLINIC Kansas City/ Wichita**

As regards legal formalities for abortions, there are forms we need to get to you at least 24 hours prior to your abortion appointment. If you do not have them when you walk in the door we will have to re-schedule you. **You can thank the 'prolifers' for that. Let them know what you think of them next time you see them protesting outside a clinic or hear their self-righteous words in a conversation.** The items you will need are the 24-hour form (as we call it) and access to ("...provide you with...") copies of "If You Are Pregnant", a lovely little 21-page booklet filled with color glossy pictures of *in utero* pregnancies at 2 week increments from start to finish, AND a 64-page directory of abortion alternatives called "If You Are Pregnant: Directory of Available Services". The **'prolifers' forced the Kansas Department of Health and Environment (KDHE) to publish and distribute these booklets** (at taxpayer expense), and we the provider were expected to absorb the cost of mailing this heavy literature (a half pound!). **You can view our scanned-in copy of "If You Are Pregnant" and still meet the legal intent of the law (in my opinion the intent is to get you to change your mind about having an abortion)** (a.k.a. "Women's Right To Know" Act of July 1st, 1997). Also, copies of the "If You Are Pregnant" and "If You Are Pregnant: Directory of Available Services" booklets are in all Kansas public libraries. Look in the 'vertical files' when you are at the libraries. The booklet and directory are also available by calling 1-888-744-4825 and **requesting copies from the KDHE (it may take up to two weeks since it is sent via U.S Postal Service as Fourth Class mail)**. We can also facsimile (fax) everything except the booklet and directory. If we faxed the 24-hour form, you are responsible for locating a library copy of "If You Are Pregnant", and "If You Are Pregnant: A Directory of Available Services". **WHEN YOU GET HERE** you will sign a State-required form ("Certificate of Informed Consent - Abortion") stating that you have received a copy of that literature. Printing a copy of "If You Are Pregnant" and "If You Are Pregnant: A Directory of Available Services" from this website constitutes overt compliance, though not necessary. ; ) And you can do a search to see **what new stupid laws the pro-Lifers are trying to get made into law**. For the current Legislative session, do a search for current legal harassment can be found with keywords 'abortion', 'fetal', 'pregnancy', 'Right-To-Life' at Kansas anti-choice bills in Legislature or do a search of all the Kansas Statutes.

**If you are a minor** (less than 17 years old, unemancipated), there are the steps needing to be taken: Unemancipated Minor. We are legally required to inform your parents. This can be one of three ways. The first, most direct and quick way is for you to tell your parent(s) or guardian about this and get them to sign a **notarized Parental Notification form** acknowledging that you might get an abortion. They obviously will know about the abortion then. This is not always the end-of-the-world; your parent's can understand. You would be surprised at how many mom's have had an abortion. Remember, your parents have had sex before you were born, and yes, they may have had sex before they met your other parent. Abortions have been legal Federally since 1973, and in some states, like Kansas, since 1970. Parent's just don't talk about such things because its taboo (fault of the ProLifers' propaganda machine). Give your parents a chance, but if not, try the other options. The second way is for us to send a certified letter addressed to your parent(s). They will receive this letter from us. Once they accept the letter, the postman sends the green certified-return-receipt form back to us and that is our proof that your parents have been notified. Your parent will not know what the letter is when they sign for it. This is the Surprise-Package variety, also-known-as **Certified Letter of Parental Notification**. When they accept the letter, whether they agree or not with abortion, they have met the legal criteria of Notification, and you can get an abortion. Your parents will obviously know about the abortion. This option is good if you don't care if your parents know, yet you know they won't sign the notarized Parental Notification form

Or, thirdly, we can do a **Judicial Bypass/Waiver** to Parental Notification. **This is an option when you do not wish to tell your parent or guardian about the abortion.** This is an option that many minors choose because of real fears of violent physical punishment, being disowned by the family, boyfriend getting physically hurt by parents, you do not live with your parents and do not wish to involve them, or other reasons. A **Judicial Bypass does not cost you any extra money. Kansas taxpayers pay for your attorney.** The abortion will still cost you. The Courts have 48 hours to get you processed once their paperwork is started. Step one consists of getting a sonogram and (statutory) minor counseling. Next we give you a copy of your counseling sheet, the court forms that pay for the attorney, phone number of your attorney, and directions to the courthouse. Your attorney will set up the appointment with the administrative judge who deals with minors and family matters for sometime in the next couple of days. **The judge will ask questions** to ascertain your level of responsibility and maturity with respect to getting an abortion. **Don't worry about it, be confident and polite. The judge is kind and benevolent. You don't need to lie to the judge. The judge will grant your Waiver as long as he does hear any frivolous silly answers.** We need to have a copy of that Waiver to do your abortion. Getting out of school to come here for the counseling, or for the court date, is your responsibility.

## TYPICAL CASE under current law

A minor (age 17 & under) enters a Kansas abortion clinic with a female companion claiming to be the teen's relative.

Abortion clinic's employee/ 'counselor' advises teen her parent or guardian will be notified unless such notice is against her best interests or she is sufficiently mature to be granted a 'waiver' (judicial bypass) of parent notice.

Teen says parent notice is unwanted – so staff makes phone call to connect teen to court for a bypass.

Teen can keep companion throughout court procedure.

Teen tells judge she has a job & good grades, but family is hostile to her peer-age boyfriend. Teen is granted abortion w/o parent notice.

Teen never returns to clinic for follow up exam or post-abortion counseling. No phone call is made to require appointment.

## CURRENT PROBLEMS under Kansas abortion law

Teen's boyfriend may not be a peer, but a 24-year old predator, whose sister poses as the teen's companion, assisting in the abortion to cover up statutory rape.

Companion's presence insures that teen sticks to the lie of a peer-aged boyfriend and her hostile family.

What happens to informed consent when a Down Syndrome teen is not accompanied by parent or guardian, and is requesting a bypass?

The teen 'counselor' at the recently closed KC clinic never saw the teen – only talked to teen over the phone. The onsite staffers were high school dropouts without medical training.

Another KC clinic website 'pushes' bypasses as being free and easy to obtain from "friendly" judges.

A judge suspecting the teen isn't telling the truth currently has no mandate to contact juvenile authorities.

Teen has common post abortion problems: heavy bleeding, infection without symptoms and suicidal thoughts that remain unaddressed, because parent unaware of abortion.

## HB 2292 –how it improves safety & prevents coercion

Teens and companions will produce appropriate identification, hindering individuals from attempting false impersonation. A formal question about the relationship of the female companion to the unborn child will also inhibit some misrepresentation, and can be useful in future parental litigation.

Teen will be told that the bypass is completely confidential but that an experienced judge who suspects sexual abuse will be required to engage appropriate authorities for her own safety. This is quite a change; the clinics currently can assess whether the girl and her companion are honest—and whether they'd better make a report.

Under 2292, parents who find out that their daughter has received a secret abortion through deception may sue all relevant parties. Such suits will have a chilling effect on both predators' and clinics' attempts to manipulate the bypass process.

## OPPONENTS rebutted

Opponents do not deny that proper identification is already taking place.

Opponents wildly assert that the teen's story (revealed to the judge for a bypass) will be processed in detail to KDHE and put onto their website. Actually, HB 2292 clearly requires only a few disaggregated stats be sent to the KDHE vital statistics department, where several staffers will ordinarily have access to it, with a standing criminal penalty for revealing private information.

The ACLU claims in the Aid for Women lawsuit that any and all legitimate state investigations into child abuse are already subject to possible discovery by parents who aggressively check into KDHE reports just to see if their child is having sex. That's really a stretch to believe there are ANY, much less significant numbers of these parents. And it's plainly unfixable—it's a matter of balancing competing rights.

Opponents claim that reporting of bypass numbers are unnecessary since the Office of Judicial Administration answered their request; actually that argument makes our case. Since the stats are already available, they should be put in the annual abortion summary—along with the percentage and reasons granted. Florida grants 94% of their bypasses.

Opponents complain reporting on whether the bypass petitioner had a disability. Age, ethnicity and special situational factors are part of the judicial assessment. A disability readily apparent, or disclosed to the judge, cannot prevent the teen's abortion but it is relevant to asking the court to remove the parent or guardian from involvement with the teen's abortion. This is no violation of any civil right.

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## Teen Abortion Risks Fact Sheet

*"Parents are faced with a shell of a person  
and have no idea where they lost their child."*

—Terri, who had a secret abortion as a teen

### Suicide attempts -- 6 times more likely

- **Teenagers are 6 times more likely to attempt suicide if they have had an abortion in the last six months** than are teens who have not had an abortion.<sup>1</sup>
- **Teens who abort are up to 4 times more likely to commit suicide than adults who abort,**<sup>2</sup> and a history of abortion is likely to be associated with adolescent suicidal thinking.<sup>3</sup>
- **Overall suicide rates are 6-7 times higher among women who abort.**<sup>4</sup>
- **Teens who abort are more likely to develop psychological problems,**<sup>5</sup> and are nearly three times more likely to be admitted to mental health hospitals than teens in general.<sup>6</sup>
- **About 40% of teen abortions take place with no parental involvement,**<sup>7</sup> leaving parents in the dark about subsequent emotional or physical problems.
- **Teens risk further injury or death because they are unlikely to inform parents of any physical complications.** Some examples of teens who died from complications or suicide after they had abortions without telling their parents:<sup>8</sup>

**Holly Patterson,** California, died at age 18

**Erica Richardson,** Maryland, died at age 16

**Dawn Ravanell,** New York, died at age 13

**Tamia Russell,** Detroit, died at age 15

**Sandra Kaiser,** St. Louis, died at age 14 of suicide

Sandra died 3 weeks after her half-sister took her for an abortion without telling Sandra's mother, who could have warned doctors about Sandra's history of psychological problems that put her at risk for more problems after abortion.<sup>9</sup>

- **Teens are 5 times more likely to seek subsequent help for psychological and emotional problems** compared to their peers who carry "unwanted pregnancies" to term.<sup>10</sup>
- **Teens are 3 times more likely to report subsequent trouble sleeping, and nine times more likely to report subsequent marijuana use after abortion.**<sup>10</sup>
- Among studies comparing abortion vs. carrying to term, worse outcomes are associated with abortion, even when the pregnancy is unplanned.<sup>10</sup>
- **65% higher risk of clinical depression among women who abort.**<sup>11</sup>
- **65% experienced multiple symptoms of Post-Traumatic Stress Disorder (PTSD) among women who abort.**<sup>12</sup>
- **64% of women who had undergone an abortion reported that they felt pressured by others to abort.**<sup>12</sup>

### Acute Pain. Infertility. Risk of Death.

- **Acute pain**  
Teens report more severe pain during the abortion procedure vs. adult women. One study of pain during 1<sup>st</sup> trimester abortions found severe acute pain comparable to childbirth or cancer. Pain scores were significantly higher for teens.<sup>13</sup>
- **Lacerations up to twice as likely**  
Teens are up to twice as likely to experience dangerous cervical lacerations during abortion compared to older women,

continued ▶

probably because they have smaller cervixes which are more difficult to dilate or grasp with instruments.<sup>14</sup>

- **Infertility and life-threatening complications**  
Teens are at higher risk for post-abortion infections such as pelvic inflammatory disease (PID) and endometritis because their bodies are more susceptible to infection and they are less likely than older women to follow instructions for medical care.<sup>15</sup> These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.<sup>16</sup>
- **Breast cancer risk 30-50% higher**  
An early full-term birth reduces breast cancer risk by as much as 1/3, while abortion of a first pregnancy carries a 30- to 50% increased risk of breast cancer.<sup>17</sup> More than 90% of those who abort at 17 or younger have not had a previous full-term pregnancy, compared to 78% of patients age 18-19 and 49% of abortion patients overall.<sup>18</sup>
- **Teens more likely to abort because of pressure from their parents or partner<sup>19</sup>**
- **Teens more likely to report being misinformed in pre-abortion counseling<sup>20</sup>**

### Teens more likely to have riskier late-term abortions

According to the CDC, approximately 30% of abortions among teens take place at 13 weeks gestation or greater, compared to only 12% among women in general.<sup>21</sup> Late-term abortions are associated with ...

- **More severe psychological complications**  
This is often because the woman wants to continue the pregnancy but ends up aborting because of pressure from others or her circumstances.<sup>22</sup> Women who have 2<sup>nd</sup>-trimester abortions are more likely to express ambivalence, regret, moral or religious objections, and to have a more favorable attitude toward the unborn child than women having 1<sup>st</sup>-trimester abortions.<sup>23</sup>
- **Higher risk of serious physical complications**  
Teens who abort in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester face a greater risk of physical complications, including endometritis, intrauterine adhesions, PID, subsequent miscarriages, ectopic pregnancies, ruptured uterus, and death.<sup>24</sup>
- **Trouble with later pregnancies for mother and baby**  
D&E abortions, frequently used in the second trimester, are associated with low birth weight in later pregnancies, which can lead to health and developmental problems for the baby, including cerebral palsy.<sup>25</sup>

### Grief, trauma and self-destructive outcomes

- **Teens who abort are twice as likely as their peers to abuse alcohol, marijuana, or cocaine.<sup>26</sup>**
- \* **Teens have greater difficulty coping** after abortion,<sup>27</sup> leading to problems such as suicide, psychological problems, substance abuse, and difficulty in relationships
- **Negative effects on relationships and parenting.** Teens who report “being particularly fond of children” do not do as well psychologically after an abortion.<sup>28</sup> Teenagers who have abortions often have problems regarding sexuality and parenting later in life.<sup>29</sup>
- **A lonely, traumatic experience.** The abortion procedure itself is considered by many teenagers to be stressful and associated with feelings of guilt, depression, and a sense of isolation.<sup>30</sup>
- **A nightmare that doesn't end.** Teens are more likely to report severe nightmares and to score higher on scales measuring antisocial traits, paranoia, drug abuse, and psychotic delusions than are older abortion patients.<sup>31</sup>
- **Four times higher risk of repeat abortion.** Teens who abort are likely to become pregnant again within the next few years.<sup>32</sup> Among pregnant teens, those who had had an abortion were at least 4 times more likely to abort.<sup>33</sup>

*For additional information on post-abortion research and links to published studies, visit [www.afterabortion.org](http://www.afterabortion.org)*

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"EVIDENCE DOESN'T MATTER"-  
-APA SPOKESPERSON SAYS OF ABORTION COMPLICATIONS

Studies Showing Emotional Problems  
Not Relevant to American Psychological Association's Pro-Choice Advocacy

**According to a spokesperson for the American Psychological Association, the APA's pro-choice position, first adopted in 1969, is based on a civil rights view, not on scientific proof of any mental health benefits arising from abortion.**

The admission that ideology, not science, governs the APA's support for abortion came in response to a request by a Washington Times columnist for the organization's reaction to a new study linking abortion to mental illness. The study tracked 25 years of worth of data on women born in Christchurch, New Zealand.

The researchers had expected that their data, drawn from one of **the largest and most comprehensive longitudinal studies in the world**, would definitively refute a recent series of studies linking abortion to higher rates of mental health problems. The Christchurch team, led by a self-professed "pro-choice atheist," Prof. David M. Fergusson, **expected to find that any mental health problems occurring after abortion would be fully explainable by prior mental health problems**, which some believe are more common among women who have abortions. Instead, the New Zealand research team found the opposite. Even after the researchers controlled for this and numerous other alternative explanations, abortion was clearly linked to elevated rates of depression, anxiety, substance abuse, and suicidal behavior.

The findings so surprised Fergusson's research team that they began reviewing the studies cited by the APA in its claims that abortion is beneficial, or at least non-harmful, to women's mental health. The researchers concluded (1) that the **APA's publications defending abortion are based on a small number of studies that had major methodological shortcomings** (a view that echoes former Surgeon General C. Everett Koop's complaint in 1987 that the research on abortion was too inadequate to draw any definitive conclusions), and (2) that the **APA appeared to be consistently ignoring a body of studies published in the last seven years that have shown negative effects from abortion.**

Dr. David Reardon of the Springfield, IL-based Elliot Institute, and author of several of the recent studies on abortion that have been ignored says ----- "confirm the complaint of critics that the APA's briefs to the Supreme Court and state legislatures are really about promoting a view about civil rights, not science. Toward this end, the APA has set up task forces and divisions that include only psychologists who share the same bias in favor of abortion."

Reardon believes the APA's task forces on abortion have actually served to stifle rather than encourage research. "When researchers like Fergusson or myself publish data showing abortion is linked to mental health problems, members of the APA's abortion policy police rush forward to tell the public to ignore our findings because they are completely out of line with their own consensus' statements

#### WHEN IS RELIEF NOT RELIEF?

Reardon is especially disturbed by what he decries as the "one note" optimism found in position papers by the APA, Planned Parenthood, and other organizations supporting abortion.

Among the studies most frequently cited by abortion supporters are those that have asked women to check off a list of feelings they have after their abortions, often within just a few hours, a week, or a month of the procedure. The list may include words like "relief," "regret," "guilt," and "happiness." These studies have found that the most commonly reported reaction after abortion is relief. Indeed, the phrase, "the most commonly reported reaction is relief," frequently shows up in information and consent forms for abortion.

"All the emphasis on **women experiencing relief is misleading because most women reporting relief also report negative reactions,**" Reardon said. "Indeed, when you add up the number of women reporting negative reactions, it regularly exceeds the number of women reporting relief."

The problem, Reardon says, is that while **statistics on "relief" may have value in marketing or lobbying for abortion, they have little or no value as a scientific measure.**

"Women are simply presented with this single word," he said. "So women who feel relief that they survived an unpleasant surgery, relief that they will no longer face their boyfriend's badgering to have an abortion, relief that they are no longer having morning sickness, or relief from any number of other stresses, are all lumped into the same category, even though their experiences are different. Lumping all forms of relief together helps to make it sound like most women are reporting that abortion has fundamentally improved their lives, but it's a sloppy and misleading data variable. In fact, when you really look at the data, most of the very same women who are reporting 'relief' are also reporting grief, shame, traumatic reactions, or other negative feelings."

"Thirty-five years ago, when the APA joined in the effort to legalize abortion, they were promising more than just 'relief,'" he added. "**They were insisting that abortion would fundamentally improve women's mental and physical health** by sparing them the burden of unwanted children. But 40 million abortions later, there is still not a single statistically-validated study that has shown that abortion has actually improved the lives of women who abort compared to those who carry to term.

"Instead, if you look at the data instead of consensus opinions, **depression rates are up**, not down, among women who have had abortions. **Suicide and substance abuse are up**, not down. **Premature deliveries are up**, not down. But instead of including this data in their statements on abortion, the APA's self-selected panels of abortion advocates continue to distract the media from the all hard evidence linking abortion to higher rates of suicide, substance abuse, depression and anxiety by **promoting meaningless statistics about relief.**"

## Abortion and Depression KING OF PRUSSIA, Pennsylvania, MARCH 4, 2006

(Zenit) - Depression over a past abortion is an often hidden and ignored link that needs to be addressed, says a counselor who deals with post-abortion trauma. Theresa Burke, founder of the Rachel's Vineyard Ministries, explains how depression is a natural effect of abortion that may erupt years later. Rachel's Vineyard organizes weekend retreats for those struggling with the emotional or spiritual pain of an abortion.

### Q: What happens to the psychological relationship when a woman aborts?

Burke: When a mother is abruptly and violently disconnected from her child there is a natural trauma. She has undergone an unnatural death event. In many cases, she has violated her moral ethics and natural instincts. There has been a crushing blow to her image of "mother" who nurtures, protects and sustains life.

I have counseled thousands of women whose lives have been shattered by the trauma of abortion, which they experience as a cruel and degrading procedure. There is grief, sadness, heartache, guilt, shame and anger. They have learned to **numb themselves** with alcohol and drugs, or master their trauma through repetitions of it. Some re-enact their abortion pain through promiscuity and repeat abortions, **trapped in traumatic cycles** of abandonment and rejection.

Others stuff their feelings through eating disorders, panic attacks, mental depression, anxiety and thoughts of suicide. Some have suffered permanent physical and reproductive damage that rendered them unable to have children in the future. Abortion is a death experience. It is the demise of human potential, relationship, responsibility, maternal attachment, connectedness and innocence. **Such a loss is rarely experienced without conflict and ambivalence.**

**1/3 of those who describe themselves as most strongly pro-choice will still admit to believing that abortion is the taking of a human life.**

### Q: What are the risks of depression stemming from the guilt of an abortion?

Burke: Because abortion is legal, it is presumed to be safe. Indeed, it is commonly identified as a woman's "right." This right, or privilege, is supposed to liberate women from the burden of unwanted pregnancies. It is supposed to provide them with relief -- not grief and depression.

One of the big problems is that when women are assaulted by their own natural reactions to their loss, they don't understand what is wrong with them. Many women go into treatment for depression, anxiety, or addictions, but simply don't understand the roots of their illness. In many cases they are drugged and diagnosed but never led on a path to healing and recovery.

Unresolved memories and feelings about the abortion become sources of pressure that may erupt years later in unexpected ways. **Unresolved emotions will demand one's attention sooner or later**, often through the development of subsequent emotional or behavioral disturbances.

Professor David Fergusson, a researcher at Christchurch School of Medicine in New Zealand, wanted to prove that abortion doesn't have any psychological consequences. He was surprised to find that women who have had abortions were one-and-a-half times more likely to suffer mental illness, and two to three times more likely to abuse alcohol and/or drugs.

Fergusson followed **500 women from birth to age 25**. "Those having an abortion had elevated rates of subsequent mental health problems, including depression (46% increase), anxiety, suicidal behaviors and substance use disorders," reads the research published in the Journal of Child Psychiatry and Psychology.

**Abortion is in fact responsible for a profound array of problems:**

- a 160% increase in rates of suicide in the U.S., according to the Archives of Women's Mental Health, 2001;
- a 225% increase in rates of suicide in Britain, according to the British Medical Journal, 1997;
- a 546% increase in rates of suicide in Finland, according to Acta Obstetrica et Gynecologica Scandinavica, 1997.

In total, the average **boosted suicide risk of these three studies is 310%**. This high suicide rate following abortion clearly disproves the myth that termination of a pregnancy is safer than childbirth.

The best record-based study linking psychiatric admission rates following abortion reveals that in the four years following pregnancy outcome, women who abort are two to four times more likely to be admitted for psychiatric hospitalization than women who carry to term. Another record-based study reveals that even four years after abortion the psychiatric admission rate remained 67% higher than for those women who did not have abortions.

Aborting women were more likely to be diagnosed with **adjustment reactions, depressive psychosis and neurotic and bipolar disorders**, according to the Archives of Women's Mental Health, in 2001. The risk for **postpartum depression and psychosis** during later wanted births is also linked to previous abortions.

An average of eight years after their abortions, married women were 138% more likely to be at high risk of clinical depression compared to similar women who carried their unintended first pregnancies to term. This is according to the British Medical Journal of January 19, 2002.

In the category of drug and alcohol abuse, we see many women trying to cope with their inner conflict and grief through a **4.5 times higher risk of substance abuse** following abortion.

And this is only based on those who are reporting substance abuse. Think of all those who think that drinking eight glasses of wine each night is simply a way to "unwind." This aspect was reported in the American Journal of Drug and Alcohol Abuse, in 2000. The results of the first **international long-term, follow-up study** led by Dr. Vincent Rue reveals overwhelming evidence of post-traumatic stress disorder.

**Rachel's Vineyard  
abortion-healing  
retreats increase  
40% annually,  
indicating a mental  
health epidemic.**

Statistics collected in America reveal the following:

- 55% of those who had abortions report nightmares and preoccupation with abortion;
- 73% describe flashbacks;
- 58% of women report suicidal thoughts which they relate directly to their abortions;
- 68% reveal that they feel badly about themselves;
- 79% report guilt, with an inability to forgive themselves;
- 63% have fears regarding future pregnancies and parenting;
- 49% have problems being near babies;
- 67% describe themselves as "emotionally numb."

An exhaustive review of many other studies and certainly clinical experience indicates that for many women, the onset of **sexual dysfunctions and eating disorders, increased smoking, panic and anxiety disorders**, and an addiction to abusive relationships became the souvenir coping styles which followed their experience with abortion.

**Q: Is there a scientific or political reason for not wanting to study a possible link of abortion with depression, which has kept the research from taking place?**

Burke: As a society, we know how to debate about abortion as a political issue but we don't know how to talk about it on an intimate and personal level. There is no social norm for dealing with an abortion. Instead, we all try to ignore it.

One of the reasons we don't want to talk about the grief of women and men who have had abortions is that we, as a society, are deeply troubled by the abortion issue. While the vast majority believes that abortion should be legally available in some circumstances, most are also morally troubled by it.

According to one major poll, 77% of the public believes abortion is the taking of a human life, with 49% equating it with murder. Only 16% claimed to believe that abortion is only "a surgical procedure for removing human tissue."

Even one-third of those who describe themselves as most strongly pro-choice will still admit to believing that abortion is the taking of a human life. This is reported by James Davison Hunter in his 1994 book "Before the Shooting Begins: Searching for Democracy in America's Cultural War." These findings suggest that most Americans put their own moral beliefs about abortion "on hold" for the sake of respecting a "woman's right to choose." As a society we have chosen to tolerate the deaths of unborn children for the purpose of improving the lives of women.

This moral compromise, however, is disturbed when women complain about their broken hearts after an abortion. They make their listeners uncomfortable and confused. Depression over a past abortion forces us to look not only at the pain of an individual, but the angst of our society. It is a deeply complex and troubling issue. Most of us don't want to look too deeply.

Pro-choice advocates are often hesitant to recognize the reality of post-abortion grief because they fear this may somehow undermine the political argument for legal abortion. Ignoring all evidence to the contrary, most abortion counselors will tell women that psychological reactions to abortion are rare or even nonexistent. Anything that might arouse discomfort or uneasiness is avoided. Such facts, they fear, might "persuade her to withhold her consent to the abortion." In essence, the choice is made for her as they protect her from any information that might dissuade her opinion.

The collusion of ignorance and denial perpetrates abuse and negligence against women, facilitating the potential for deep and scarring trauma.

**Q: Do you think this will be a deterrent for women considering abortion to know the possibility of depression?**

**A study following women for 25 years showed abortion raises subsequent mental health problems by 43%.**

Burke: I hope so. Women have a right to know the risks they face when making an elective decision for abortion. Any drug or medical procedure we "choose" to take is required by law to have informed consent. This means that we know what is involved, what the procedure is, and what the short- and long-term risks are. This is critical information. In light of the disturbing statistics regarding mental health risks, the increased risk in breast cancer, etc., it is obvious that restraints and regulations are necessary for the protection of women's reproductive and psychological health.

More importantly, I believe that women and men who have suffered the loss of a child through abortion need to know that there is hope and healing. They need to know that they are not alone.

In 1989, a panel of experts assembled by the American Psychological Association concluded unanimously that legal abortion "does not create psychological hazards for most women undergoing the procedure." The panel noted that if severe emotional reactions were common there would be an epidemic of women seeking psychological treatment. The panel stated that there is no evidence of such an epidemic. Since 1989, there has been no significant change in this point of view.

It seems obvious they have not been following the growth of Rachel's Vineyard Ministries! In 2006 our organization will provide 450 weekend retreats for healing after abortion. Each retreat will have between 12 and 25 participants. That means that between 5,400 and 11,250 people will be coming forward for treatment in the upcoming year. Our ministry is growing at a 40% rate each year. In just the past seven years, thousands of men and women have come for help as Rachel's Vineyard has spread to Africa, Taiwan, Russia, England, Ireland, Scotland, Spain, Portugal, South America, Canada and throughout the United States. There are hundreds of other post-abortion ministries popping up everywhere. So regardless of what the APA thinks, those of us who are in ministry know the truth. There is an epidemic that has gone disgracefully ignored, misdiagnosed and untreated.



February 10, 2006 Source <http://www.lifesite.net/ldn/2006/feb/060210a.html> By The Elliot Institute

## Women studied 25 years show Abortion causes mental disorders

Pro-Choice researcher says some journals rejected politically volatile findings

A study in New Zealand that tracked approximately 500 women from birth to 25 years of age has confirmed that young women who have abortions subsequently experience elevated rates of suicidal behaviors, depression, substance abuse, anxiety, and other mental problems.

Most significantly, the researchers--led by Professor David M. Fergusson, who is the director of the longitudinal Christchurch Health and Development Study--found that the higher rate of subsequent mental problems could not be explained by any pre-pregnancy differences in mental health, which had been regularly evaluated over the course of the 25- year study.

### FINDINGS SURPRISE PRO-CHOICE RESEARCHERS

According to Fergusson, the researchers had undertaken the study anticipating that they would be able to confirm the view that any problems found after abortion would be traceable to mental health problems that had existed before the abortion. At first glance, it appeared that their data would confirm this hypothesis. The data showed that women who became pregnant before age 25 were more likely to have experienced family dysfunction and adjustment problems, were more likely to have left home at a young age, and were more likely to have entered a cohabiting relationship.

However, when these and many other factors were taken into account, the findings showed that women who had abortions were still significantly more likely to experience mental health problems. Thus, the data contradicted the hypothesis that prior mental illness or other "pre-disposing" factors could explain the differences.

**42 % of women in the group who had an abortion also experienced major depression at some stage during the past four years... nearly double the rate of those who had never been pregnant ... and 35 % higher than those who had continued a pregnancy.**

"We know what people were like before they became pregnant," Fergusson told The New Zealand Herald. "We take into account their social background, education, ethnicity, previous mental health, exposure to sexual abuse, and a whole mass of factors."

The data persistently pointed toward the politically unwelcome conclusion that abortion may itself be the cause of subsequent mental health problems. So Fergusson presented his results to New Zealand's Abortion Supervisory Committee, which is charged with ensuring that abortions in that country are conducted in accordance with all the legal requirements. According to The

New Zealand Herald, the committee told Fergusson that it would be "undesirable to publish the results in their 'unclarified' state." Despite his own pro-choice political beliefs, Fergusson responded to the committee with a letter stating that it would be "scientifically irresponsible" to suppress the findings simply because they touched on an explosive political issue.

In an interview about the findings with an Australian radio host, Fergusson stated: "I remain pro-choice. I am not religious. I am an atheist and a rationalist. The findings did surprise me, but the results appear to be very robust because they persist across a series of disorders and a series of ages. . . . **Abortion is a traumatic life event; that is, it involves loss, it involves grief, it involves difficulties. And the trauma may, in fact, predispose people to having mental illness.**"

### JOURNALS REJECT POLITICALLY INCORRECT RESULTS

The research team of the Christchurch Health and Development Study is used to having its studies on health and human development accepted by the top medical journals on first submission. After all, the collection of data from birth to adulthood of 1,265 children born in Christchurch is one of the most long-running and valuable longitudinal studies in the world. But this study was the first from the experienced research team that touched on the contentious issue of abortion. Ferguson said the team "went to four journals, which is very unusual for us -- we normally get accepted the first time." Finally, the fourth journal accepted the study for publication.

Although he still holds a pro-choice view, Fergusson believes women and doctors should not blindly accept the unsupported claim that abortion is generally harmless or beneficial to women. He appears particularly upset by the false assurances of abortion's safety given by the American Psychological Association (APA).

In a 2005 statement, the APA claimed that "well-designed studies" have found that "the risk of psychological harm is low." In the discussion of their results, Fergusson and his team note that the APA's position paper ignored many key studies showing evidence of abortion's harm and looked only at a selective sample of studies that have serious methodological flaws.

Fergusson told reporters that "it verges on scandalous that a surgical procedure that is performed on over one in 10 women has been so poorly researched and evaluated, given the debates about the psychological consequences of abortion."

Following Fergusson's complaints about the selective and misleading nature of the 2005 APA statement, the APA removed the page from their Internet site. The statement can still be found through a web archive service, however.

**The American Psychological Association is under fire for its long-standing position in favor of abortion despite new studies showing abortion causes a host of psychological and emotional problems for women. The APA adopted a pro-abortion position in 1969, but it was not based on any research showing abortion to be psychologically beneficial for women.**

## **STUDY MAY HAVE PROFOUND INFLUENCE ON MEDICINE, LAW, AND POLITICS**

The reaction to the publication of the Christchurch study is heating up the political debate in the United States. The study was introduced into the official record at the senate confirmation hearings for Supreme Court Justice Samuel Alito. Also, a U.S. congressional subcommittee chaired by Representative Mark Souder (R-IN) has asked the National Institutes of Health (NIH) to report on what efforts the NIH is undertaking to confirm or refute Fergusson's findings.

The impact of the study in other countries may be even more profound. According to The New Zealand Herald, the Christchurch study **may require doctors in New Zealand to certify far fewer abortions.** Approximately 98 percent of abortions in New Zealand are done under a provision in the law that only allows abortion when "the continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, of the woman or girl."

Doctors performing abortions in Great Britain face a similar legal problem. Indeed, the requirement to justify an abortion is even higher in British law. Doctors there are only supposed to perform abortions when the risks of physical or psychological injury from allowing the pregnancy to continue are "greater than if the pregnancy was terminated."

According to researcher Dr. David Reardon, who has published more than a dozen studies investigating abortion's impact on women, Fergusson's study reinforces a growing body of literature showing that doctors in New Zealand, Britain and elsewhere face legal and ethical obligations to discourage or refuse contraindicated abortions.

"Fergusson's study underscores that fact that **evidence-based medicine does not support the conjecture that abortion will protect women from 'serious danger' to their mental health,**" said Reardon. "Instead, the best evidence indicates that abortion is more likely to increase the risk of mental health problems. Physicians who ignore this study may no longer be able to argue that they are acting in good faith and may therefore be in violation of the law."

"Record-based studies in Finland and the United States have conclusively proven that **the risk of women dying in the year following an abortion is significantly higher than the risk of death if the pregnancy is allowed to continue to term,**" said Reardon, who directs the Elliot Institute, a research organization based in Springfield, Illinois. "So the hypothesis that the physical risks of childbirth surpass the risks associated with abortion is no longer tenable. That means most abortion providers have had to look to mental health advantages to justify abortion over childbirth."

But Reardon now believes that alternative for recommending abortion no longer passes scientific muster, either. "This New Zealand study, with its unsurpassed controls for possible alternative explanations, confirms the findings of several recent studies linking abortion to higher rates of psychiatric hospitalization, depression, generalized anxiety disorder, substance abuse, suicidal tendencies, poor bonding with and parenting of later children, and sleep disorders," he said. "It should inevitably lead to a change in the standard of care offered to women facing problem pregnancies."

## **SOME WOMEN MAY BE AT GREATER RISK**

Reardon, a biomedical ethicist, is an advocate of "evidence-based medicine"—a movement in medical training that encourages the questioning of "routine, accepted practices" which have not been proven to be helpful in scientific trials. If one uses the

standards applied in evidence-based medicine, Reardon says, one can only conclude that there is insufficient evidence to support the view that abortion is generally beneficial to women. Instead, the opposite appears to be more likely.

"It is true that the practice of medicine is both an art and a science," Reardon said. "But given the current research, doctors who do an abortion in the hope that it will produce more good than harm for an individual woman can only justify their decisions by reference to the art of medicine, not the science."

According to Reardon, the best available medical evidence shows that it is easier for a woman to adjust to the birth of an unintended child than it is to adjust to the emotional turmoil caused by an abortion.

"We are social beings, so it is easier for people to adjust to having a new relationship in one's life than to adjust to the loss of a relationship," he said. "In the context of abortion, adjusting to the loss is especially difficult if there any unresolved feelings of attachment, grief, or guilt."

By using known risk factors, the women who are at greatest risk of severe reactions to abortion could be easily identified, according to Reardon. If this were done, some women who are at highest risk of negative reactions might opt for childbirth instead of abortion.

In a recent article published in The Journal of Contemporary Health Law and Policy, Reardon identified approximately 35 studies that had identified statistically validated risk factors that most reliably predict which women are most likely to report negative reactions.

**Women who had miscarriages suffered more anxiety and depression immediately after the event and six months later. But abortion was associated with more stress and anxiety two years -- and even five years -- after the event.**

"Risk factors for maladjustment were first identified in a 1973 study published by Planned Parenthood," Reardon said. "Since that time, numerous other researchers have further advanced our knowledge of the risk factors which should be used to screen women at highest risk. These researchers have routinely recommended that the risk factors should be used by doctors to identify women who would benefit from more counseling, either so they can avoid contraindicated abortions or so they can receive better followup care to help treat negative reactions."

Feeling pressured by others to consent to the abortion, having moral beliefs that abortion is wrong, or having already developed a strong maternal attachment to the baby are three of the most common risk factors, Reardon says.

While screening makes sense, Reardon says that in practice, screening for risk factors is rare for two reasons. "First, there are aberrations in the law that shield abortion providers from any liability for emotional complications following an abortion," he said. "This loophole means that abortion clinics can save time and money by substituting one-size-fits-all counseling for individualized screening.

"The second obstacle in the way of screening is ideological. **Many abortion providers insist that it is not their job to try to figure out whether an abortion is more likely to hurt than help a particular woman. They see their role as to ensure that any woman who wants an abortion is provided one.**"

"This 'buyer beware' mentality is actually inconsistent with medical ethics," Reardon said. "Actually, the ethic governing most abortion providers' services is no different than that of the abortionists: 'If you have the money, we'll do the abortion.' Women deserve better. They deserve to have doctors who act like doctors. That means doctors who will give good medical advice based on the best available evidence as applied to each patient's individual risk profile."

Fergusson also believes that the same rules that apply to other medical treatments should apply to abortion. "If we were talking about an antibiotic or an asthma risk, and someone reported adverse reactions, people would be advocating further research to evaluate risk," he said in the New Zealand Herald. "I can see no good reason why the same rules don't apply to abortion."

## SOURCES:

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## "Does Abortion Bring Relief?"

**Theresa Burke, Ph.D., with David C. Reardon, Ph.D.**

Because abortion is legal, it is presumed to be safe. Indeed, it is commonly identified as a woman's "right." This right, or privilege, is supposed to liberate women from the burden of unwanted pregnancies. It is supposed to provide them with relief, not grief.

Indeed, while **more than one in three women will immediately experience feelings of grief, loss, or depression after abortion, the majority of abortion patients report feelings of relief.** This is because most women feel a

The predominant social experience with abortion is largely based on the immediate reports of women who have told their loved ones, "I'm fine. I'm glad it's over with. I don't really want to talk about it." Unfortunately, such superficial statements reinforce the social perception that abortion is "no big deal."

tremendous amount of tension before their abortions. They are nervous about the abortion itself. They may wonder whether or not they are making the right choice. They may feel pressured by circumstances or people that make the pregnancy a problem in their lives.

Immediately after the abortion, the finality of that moment invites a release of these tensions. It's over with. It's done. It's time to put it all behind you and go on with your life. For most women, all the tensions associated with the pregnancy and their fear of having an abortion recede, at least temporarily.

At the same time that abortion relieves this stress, however, it can also plant the seeds for future stress. Unresolved memories and feelings about the abortion can become sources of pressure that may erupt years later in unexpected ways. **Dr. Julius Fogel, a psychiatrist and obstetrician who personally performed over 20,000 abortions, observed:**

*"Every woman whatever her age, background or sexuality has a trauma at destroying pregnancy. A level of humanness is touched. This is a part of her own life. When she destroys a pregnancy, she is destroying herself. There is no way it can be innocuous. . . . Often the trauma may sink into the unconscious and never surface in the woman's lifetime. But **it is not as harmless and casual an event as many in the pro-abortion crowd insist.** A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. I know that as a psychiatrist."*

When loved ones inquire how a woman is feeling immediately after an abortion, any expression of relief is quickly interpreted as meaning that she will be "fine" with it forever, which is not necessarily true. On the other hand, if the woman expresses distress, it is likely that they will dismiss it as just a temporary mood that will soon go away. This is what everyone hoped and expected. They anticipated that the abortion would "turn back the clock" so her life could go on as it was before.

Once a woman's loved ones are assured that she is okay after an abortion, they may not allow her the opportunity to express any subsequent doubts and regrets. If she herself tries to discuss these delayed negative feelings, those around her will become uncomfortable. The **message she will hear, explicitly or implicitly, is, "Don't stir up the past. Focus on the future."** This was the experience of Helen:

*"The only one who ever asked me how I was after my abortion was my boyfriend. He asked me if I was okay on our way back from the clinic. I felt sick to my stomach the whole way home. I wanted to cry but I felt so numb. I told my boyfriend I was okay and he said, 'That's my girl'. . . . Later, if I ever started to cry about it, my boyfriend would tell me not to think about it. If I did, he called me a 'downer.' He even accused me of trying to get attention. Soon after that we broke up and there was no one else who knew. My abortion was the only thing I could ever think about not because I wanted to, but I honestly could not get the experience out of my head. I swallowed my grief at that point. I felt I had to be strong or no one would want me."*

Friends and relatives often pass this expectation along to other women considering abortion with reassurances like, "Judy had an abortion. It was no big deal. She's fine."

In reality, **abortion is a deeply private and complex experience. One of my clients, Beverly, described her inability to reveal her pain in a diary entry:**

*"I am trying to learn to live with this and how to put on a show for the world. Sometimes, I feel like I won't be able to keep this show going for much longer. On the outside it seems like life has gone on like normal, but on the inside I feel like I am falling apart. It is even harder to pretend that I am enjoying myself when all I want to do is be alone and cry until I can cry no more, but even then the tears never seem to stop."*

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published 2-22-06 [www.afterabortion.org](http://www.afterabortion.org). Theresa Burke, Ph.D., and David Reardon, Ph.D. authored *Forbidden Grief: The Unspoken Pain of Abortion*, considered a definitive work on the study of traumatic reactions following abortion.



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### TESTIMONY SUPPORTING H.B. 2292

Madame Chair, Members of the Committee:

My name is Beatrice Swoopes, Associate Director of the Kansas Catholic Conference, the Public Policy office of the Catholic Church in Kansas. Thank you for the opportunity to speak in support of H.B. 2292, also known as the Teen Protection Act.

Every year in the United States over 1 million teenagers become pregnant. Forty percent of them have an abortion. Approximately 12% of all women who have an abortion are under the age of 18. About 192,000 abortions every year are performed on minors. (From a Fact Sheet on Parental Notification, National Committee for a Human Life Amendment 6/91).

The need to protect minors in these situations is compelling especially when unintended pregnancies happen and the boyfriend or his relatives want to solve the "problem" by transporting the teenage girl across state lines to evade some states parental involvement laws, or when an adult predator wants to get rid of the evidence of his criminal act. Parents have a right to protect their minor daughter from those who have no legal responsibility for her, and who unilaterally decide that a secret abortion is what she needs. Section 1 of H.B. 2292 would strengthen our Kansas law to make this more difficult.

Some would say what if an abusive situation exists or incest is involved, and the minor does not want to notify her parents. H.B. 2292 allows for her to petition the district court of any county for a waiver. To further protect the child from the self-interest of the abortion staff, language is added stating: "Neither the counselor nor abortion clinic staff shall accompany or assist the minor in the court proceedings."

Policy decisions are often made based on data collection supporting or opposing a particular proposal. H.B. 2292 makes provision for the collection of information in a "nonidentifying" manner to track the number of minors seeking a bypass of parental notification, data which will help in the future in determining the extent or pervasiveness of abuse or incest.

MOST REVEREND RONALD M. GILMORE, S.T.L., D.D.  
DIOCESE OF DODGE CITY

MOST REVEREND JOSEPH F. NAUMANN, D.D.  
*Chairman of Board*  
ARCHDIOCESE OF KANSAS CITY IN KANSAS

MOST REVEREND PAUL S. COAKLEY, S.T.L., D.D.  
DIOCESE OF SALINA

MOST REVEREND MICHAEL O. JACKELS, S.T.D.  
DIOCESE OF WICHITA

MICHAEL P. FARMER  
*Executive Director*

*House Health and Human Services*  
DATE: 3-6-07

MOST REVEREND EUGENE J. GERBER, S.T.L., D.D.  
BISHOP EMERITUS - DIOCESE OF WICHITA

MOST REVEREND GEORGE K. FITZSIMONS, D.D.  
BISHOP EMERITUS - DIOCESE OF SALINA

ATTACHMENT 8 -1

House Health & Human Services  
Room 526-S – 1:30 p.m.  
March 6, 2007

This proposed legislation further protects parents whose decision making has been taken away by empowering them to seek civil remedies against those who would undermine their involvement. The bill also shifts the financial liability of subsequent medical treatment resulting from the abortion obtained without the parents' knowledge or consent to the person performing the abortion.

The overwhelming majority of Americans believe parents should be involved in abortion decisions affecting their teenage daughters. Abortion is a serious medical procedure with tragic consequences. Besides causing the death of the unborn child, abortion can cause serious physical, psychological, and emotional harm to the teenager. In an article in the *New England Journal of Medicine* ("Risk Associated with Teenage Abortion," Cates, et al, 1983) researchers who analyzed data under the auspices of the Centers for Disease Control concluded that women under 18 who obtain abortions are more susceptible to physical injury than older women. Some of the most catastrophic abortion complications occur in teenagers.

This is common sense legislation that deserves your support. Parents not only have the right but the responsibility to be involved in serious medical decisions affecting their children. Abortion with its lifelong physical, emotional, and psychological consequences must not be the one exception.

The Kansas Catholic Conference urges your support of H.B. 2292.

Respectfully submitted,



Beatrice E. Swoopes  
Associate Director



March 6, 2007

Representative Landwehr and Members of the House Health and Human Services Committee:

CWA of Kansas supports HB 2292 (The Teen Protection Act) for several reasons. Abortion is an invasive, blind procedure that is not without risk. Children cannot open bank accounts, get their ears pierced, participate in field trips, or even take medications at school without parental consent and knowledge. Abortion is a hotly debated procedure, but that should not make it immune from proper parental guidance and notification. Minors need the input of adults that do not have a conflict of interest, not only for their own health and safety, but because it removes the decision from those who might profit from the choice made. Persons who will benefit from a minor's decision to have an abortion, i.e. the father of the child, the abortionist or the parents/relatives of the father of the child, or a statutory rapist should not be making the decision for the child who does not have the life experiences to properly assess the risks involved in an abortion. The person accompanying a child for an abortion should truly have the child's best interest at heart and should be required to provide identification that proves that interest.

Parents have an inherent right to protect and care for their children. Parents possess the most knowledge of their daughter's medical history, her physical and emotional health, and other crucial factors which may be unknown to the minor herself. Circumventing that right can put the minor child at risk for complications from an abortion that could have been avoided. If the parent has violated that right in some way, judicial by-pass provisions are essential; however, the advocate for the child should be someone who has their best interests at heart.

A vast number of minor girls are impregnated by adult men. [Mike A. Males, "Adult Involvement in Teenage Childbearing and STD", *Lancet*, vol. 346 (July 1995)] Many of these young males could be prosecuted under our state's statutory rape laws, giving them a sharp incentive to pressure a younger girl to agree to an abortion without revealing the pregnancy to her parents. Many of them pose as relatives or get an older adult to pose as a relative to get around telling the parents who might object to getting rid of the evidence of statutory rape. In light of the escalating cases of abusers seeking abortions to cover up their crime, judges should be required to report suspected abuse.

Abortion is unfortunately not rare, nor is it always safe. In the case of a minor child, the abortion decision should be weighed carefully with the child and her parents or guardian who is best equipped to help her make the right decision for her particular medical, emotional and physical history should be involved; this person should not be one who benefits from an abortion being performed. The state has a duty to protect young girls seeking abortion by requiring that the person accompanying them provide proper identification. To ensure that teens are not evading the laws in their own states by coming to Kansas they should be required to show identification also.

We urge you to support HB2292.

Judy Smith, State Director  
CWA of Kansas

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*House Health and Human Services*

DATE: 3-6-07

ATTACHMENT 9



Rep. Brenda Landwehr, Chair  
House Health and Human Services Committee  
300 SW 10<sup>th</sup> Ave. Room #526S  
Topeka, Ks 66612-1504

Dear Rep. Landwehr:

I oppose the amendments to the judicial bypass statute, contained in House Bill 2292. I appreciate this opportunity to urge the committee to vote against these changes.

The amendments before you today are an apparent effort to intimidate young women; the judges; and other adults, including counselors, attorneys, clergy and doctors, who take a role in helping them through this difficult and frightening time. The new statute would also be vulnerable to a strong legal challenge that in the short term, would disrupt the operations of the district court and in the long-run would be a substantial and needless expense to the taxpayers of Kansas.

First, requiring a minor to show a “valid form of identification” and “verification of the minor’s state of residence” is problematic because many minors do not have any form of identification. Obtaining a Kansas ID card or a copy of their birth certificate requires the involvement of a parent and is time-consuming—not a luxury these girls have. Further, the hallmark of these proceedings is confidentiality and thus, there is no need for the court to check identification. The applicant’s name is not contained anywhere in the pleadings, on the transcript, or in the court file. By requiring the girl, and her accompanying adult, to show identification undermines the essential confidentiality aspect of the hearing and erodes the young woman’s confidence in the true confidentiality of the proceedings.

Second, forcing reports, by judicial districts, concerning statistics, reasoning, and characteristics of the minors involved, is intrinsically coercive and erodes the independence of the judiciary. This is particularly true in the smaller judicial districts, where it could be much more easily deduced which judge was ruling in which manner. Further, there is no purpose in the collection this information. Abortion providers already report, to KDHE, the number of procedures by age category. A judicial report would add nothing useful to this body of knowledge, but has a real possibility of interfering with judicial rulings based on the facts and the law, rather than on fear of political fall out. We certainly don’t require judges to report the number of times they suppress evidence in criminal cases, or sentence defendants to probation. Why, then, should their judicial determinations on this issue be reportable?

Further, the requirement that the judge report any “disabilities” is unnecessary and untenable because that term is not defined and because judges are not in a position to conduct physical, mental, psychological evaluations of these young women. Further, there is absolutely no reason why, for example, a physical disability would impact the minor’s determination of how to handle her reproductive health care decisions.

*House Health and Human Services*

DATE: 3-6-07

ATTACHMENT 10 -1

The final paragraph of the proposed statute is also extremely troublesome. This amendment creates a civil cause of action for the parents of the young women against any person who “intentionally undermine[s] parental involvement and violates the minor’s legal rights. What the elements of this legislatively created cause of action might be, or what damages could be sought, is completely missing from the statute. It is yet another thinly veiled attempt to intimidate counselors, doctors, clergy members and lawyers who step forward to help these young women.

Although I have further concerns about the requirement that the adult accompanying the young woman state her relationship to the father of the fetus, the concerns discussed above are the primary reasons I ask that you vote in opposition to the proposed amendments contained in HB 2292. This legislation would serve to further intimidate young women who are trying to make an enormously difficult and important decision. These minors need our collective support and assistance, and deserve to appear before a dispassionate judge who is concerned only about the case before him or her, not about possible political ramifications. Confidentiality has, and should be, the cornerstone of this procedure. These changes would erode that confidentiality and act to the detriment of the young women seeking bypasses, and to the judicial system as a whole.

Thank you for your careful and conscientious consideration of this matter.

Sincerely,

Branden Bell

**Testimony to  
House Health & Human Services Committee  
on HB 2292**

**March 6, 2007**

My name is Shannon Jones. I am the executive director of the Statewide Independent Living Council of Kansas (SILCK).

Throughout the 12 year history of the SILCK and as mandated by the federal Rehabilitation Act of 1973 our purpose has been to advocate and promote the civil and human rights of people with disabilities in all aspects of life.

The SILCK works to ensure that people with any type of disability of any age are not subjected to discrimination under any program or activity. Instead we advocate for the integration and independence of all people including those with disabilities.

In these times when we are striving to promote a political point of view; we forget that all citizens have certain basic rights and responsibilities. Those rights and responsibilities have been ratified in our United States and Kansas Constitution.

The U.S. Constitution provides that, "No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States." The Kansas Constitution provides that, "All men (and women) are possessed of equal and inalienable natural rights, among which are life, liberty and the pursuit of happiness".

In reading these constitutional provisions, I don't find parenthesis with the words except for women/minors with disabilities. The way, in which this bill is written, we are placing basic exclusions as it relates to singling out women/minors with disabilities.

By including the language contained in lines 32 and 33 on page four, we find segregates those with disabilities from the general populations, and has a strong potential to instill an attitudinal barrier that women/minors with disabilities do not have the capability to make informed decisions about their pregnancies.

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The SILCK and other disability rights advocates wonder, 'Why is this necessary to place in statute regarding a specific class of women/minors?' This causes us to wonder; perhaps the crafters of the bill assume that women/minors with disabilities do not have the capacity to make informed decisions.

Regardless of your position on abortion, we are simply referring to the acceptance of separate groups of people within Kansas society based solely on the basis of disability of the individual.

If this legislation were to pass it means a backward step in the recognition of the rights of persons with disabilities.

The SILCK feels it is not necessary to include this language in statute.

Therefore, we find no reason for including this type of demeaning and discriminatory language in HB2292.

**The SILCK urges this committee to strike lines 32 and 33 on page four.**