

HB

329

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE COGHILL

TO: SSHB 329

1 Page 4, line 29:

2 Delete "that medical assistance benefits may be available"

3 Insert "the possible availability of medical assistance benefits"

4 Page 4, line 31:

5 Delete "that the father is liable"

6 Insert "the father's liability"

7 Page 5, line 2, following "abortion":

8 Insert "; however, the information required under this subparagraph may be omitted
9 by the physician when the physician considers its omission appropriate under the
10 circumstances of the pregnancy"

19 March 2000

In Regard of SSHB 329

I am writing to you regarding the SSHB 329 "Informed Consent." I have thoroughly examined the House Bill and give my full support for the measure.

I agree that the pregnant mother should be told orally, and be given written material on all the risks of abortion and other options. I believe this bill will improve the medical care in our state by educating the residents who are seeking ways to deal with unplanned pregnancies. There have been many findings in the past years that associate abortions with breast cancer and infertility. If we can let women know about these risks than they may choose to give their child to another family who can take care of them and she may be able to have a family at the right time in her life. It is wise to give the mother as much information as possible before she "chooses" to terminate the life of her child before it is naturally born.

It is great that this bill is being considered. There are some parts that I do not feel are specific enough. I do not feel that this terminology, "impairment of a major bodily function," is defined as it should be. Does that mean if a pregnant woman is having an asthma attack that any doctor has the right to terminate her pregnancy without letting her know all the complications and other options she has? Asthma is a respiratory disease and pregnancy can affect it. From what I know you must define all terms completely in a bill so that there are not any misinterpretations.

There are two parts that should be amended and added to this bill. I think that the pregnant woman should be asked what she would like to have done with the body of her baby after the abortion is performed. I believe that the 24-hour waiting period between the time she is given all the information the bill requires and the time of the abortion should be longer. The waiting period before purchasing a gun in the state of Alaska is at least three days. One reason why they probably have a waiting period is so that they can do a background check on the buyer to make sure they do not sell it to a murderer. It would not hurt to have a longer waiting period before an abortion can be performed.

Thank you for your time,



Heidi L. Livengood
P.O. Box 750811
Fairbanks, AK 99775-0811
(907) 474-0366
dew_drops@hotmail.com

Comments regarding SSHB 329

I support the enactment of SSHB 329, as it provides a means of prevention for women who may either unwillingly or unknowingly choose an abortion that will lead to psychological and/or physiological damage.

I also feel that information regarding the use of fetal tissue after an abortion should be included in the written information detailed in Sec. 18.05.032. With recent media coverage of certain parties who are involved in dubious trafficking of fetal tissue, it is important for women to be informed of and have a choice about what happens to their aborted fetus.

Ben Livengood

Ben Livengood
PO Box 750811
Fairbanks, AK 99775

WRITTEN TESTIMONY

3-28-00

HB 329

Do not not pass HB329 out of committee. Women have three safe, legal options when confronted with an unwanted pregnancy. HB329 requires doctors to provide biased counseling which is disrespectful to woman who have chosen abortion as the best choice for her and her family, and unrealistic in terms of the use of the doctors' time (compared with trained nursing, counseling staff).

The bill alludes to post-abortion psychological trauma, a condition unrecognized by either the American Psychological Association, the American Psychiatric Association, or the National Association of Social Workers. There is much more emotional trauma associated with women who carry pregnancies to term. Most women feel relief after an abortion. If she has emotional difficulties it is usually related to the relationships and circumstances surrounding the unwanted pregnancy in the first place. Contraceptive Technologies echoes this conclusion: "...longitudinal studies reveal no evidence of widespread long-term psychological trauma after abortion (p.696)."

The link with breast cancer has been largely disproven. In Contraceptive Technologies (17th ed., 1998) the authors explain that "the most comprehensive analysis of induced abortion and breast cancer to date, found no association between induced abortion and breast cancer (p.697)."

It's much more dangerous for women to carry a pregnancy to term. Nancy Adler, et. al in The New Civil War: The Psychology, Culture and Politics of Abortion (American Psychological Association, 1998) writes "It is clear that the medical risks fo abortion are low, particularly from first tri-mester abortions which constitute the vast majority of procedures. In addition, medical risks from legal abortion are far less than from pregnancy. Mortality risks are 20 times greater for pregnancy and childbirth than for abortion for young women 15 to 19 years of age (p.286)."

The bill alludes to abortion causing future infertility problems. Fertility returns quickly following an abortion, "...even within 10 days, a woman can conceive again (Contraceptive Technologies, p. 697)." Abortions have little effect on subsequent fertility or on the risk of spontaneous abortions, premature delivery, and low birth weight babies (CT, p.696)."

A 24-hour waiting period puts an undue burden on women - especially poor Alaskan women who live outside of southcentral Alaska. This bill assumes that women are not competent, moral decision-makers, and that they haven't been considering all the implications of their decision to abort much longer than 24 hours.

We already have informed consent for medical procedures.

It seems to me that the bigger issue is the high unplanned pregnancy rate in the United States. If you truly want to reduce this number (60% of all pregnancies) then you will support an increase in sexuality education in schools, and an increase in access to reproductive health services - not complicate and convolute her options to the point that she endangers her own life in the desperate attempt to end the pregnancy. Illegal abortion is always an option, remember. What can we do to support women so they are not driven to it?

Finally, please base the laws you subject all Alaskans to on valid research and best medical practices. How can you, in good social conscience, base your decisions on personal religious dogma and not on what medicine, science, and research has to tell us? I urge you to emerge from the influence of emotional, anecdotal, anti-choice storytelling and seek unbiased medical and social science research.

Thank you,

Katherine L. Davey

4880 Newcastle Way

Anchorage, A.K. 99503

907-563-5245

House Bill No. 329—Linda Vlastuin has asked us to let our position be known.

Testimony accepted 9:00 pm. Tuesday, March 27, 2000, at Homer Legislative Information Office, behind Trailhead. (Could take up to one hour.)

They are interested in hearing brief (2 minutes) comments representing a group, or hopefully more than 1 person. They anticipate running through this rather quickly, as there are other bills accepting testimony at the same time.

You will need to state your name, residency, and "HB 329".

~~THE STATE~~ STATEMENT FROM Kachemak Bay Family Planning Clinic of Homer

I (we) are here to testify against House Bill 329. It has been nearly 30 years since American women were granted the right to choose abortion for an unwanted pregnancy. Roe v. Wade was crafted in such a way to make abortion legally possible, accessible and practical. Since 1971, there have been countless attempts to erode this right. House Bill 329 is a perfect example.

This bill incorporates additional shame, pain, and guilt into a woman's decision to have an abortion. The proposal for a 24-hour waiting period after "informed consent" seems as if it is designed to place a woman into a purgatory while she waits for the procedure that BY LAW she is allowed to choose. We don't know of anyone who has ever bopped on down to her physician for an abortion without an intensive decision-making process, or without considering that it is her alternative of last resort. This decision process is totally disrespected and disregarded by the proposed bill.

It is additionally disrespectful to use propaganda tactics such as forcing women to view and study the various anatomical and physiological characteristics of fetuses from conception on, and then sign that she has done this before an abortion can be performed. More guilt and shame? The bill requires women to understand various abortion procedures - are we to assume that this includes information on later-term abortions that may not even be applicable to the woman? Informed consent as proposed in this bill goes far beyond a woman being educated about the procedure she is about to undertake and the medical risks involved.

Additionally, the proposed bill would give a woman lists of resources available that can help her carry her child to term, and inform her of the father's responsibilities. As we all know, parenting a child through adulthood doesn't stop at birth. If the state's goal here is to restrict a woman's right to abortion, then one is to assume that it wants all pregnancies carried to term. But where is the help for the next 18 years of parenting responsibility? It appears the state is attempting to make a woman have a child who does not want a child. If she does not adopt the child out, who is going to be around to take care of that child and where are those resources going to come from? We know that this bill will likely decrease overall number of abortions, but it will NOT decrease numbers of unwanted children.

Alaska women have the right to choose abortion, just like all other American women. The state has no business trying to hurt a woman who has made this difficult choice, nor using scare tactics, propaganda and roadblocks to erode a woman's right to choose. Thank you.

This is representative of 18 Homer citizens: Carri Thurman, Jane Alberts, Melon Purcell, Judy Flora, Jim Meesis, Kathy Steberl, Tarrri Thurman, Michelle Waneka, Lora Wilke, Kate Finn, Donna Rae Faulkner, and Heidi Glotfelty.

+ membership of 40 individuals who adhere to KBFP's mission

3/28/00

HOUSE BILL 329

Apologies for the unprofessional look of this! We didn't know we had to have this TODAY before it goes out of committee.

immediate attention required!



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Rep. Coghill + Committee
Committee on Bill 329 re. Dr. Esada's Dated 3-21-2000
Committee Name
Bill / Subject

Mr. Coghill,

When I arrived at Providence hospital Dr. Esoda did my ultrasound. He told me there was a good chance my 23 week child was likely to have down syndrome. I was in preterm labor and we did not know if he would live or die. I did not need this information at that time. I am 5 feet tall, my boy is short! I was not happy with Dr. Esada's skill and requested that his partner do subsequent ultrasounds. She reassured me that he was fine. I believe he is not an expert with regards to which information should be ~~given~~ given and when this information should be shared. A woman needs the facts and all the information for any informed decision she must make.

SIGNED:

Alatha Martin
Testifier

Representing

479-4773

Address / Phone Number

PLEASE PUT THIS IN MY PACKET WHEN
I HEAR GOGHILL'S INFORMED COMMENT

Subject: [breakpoint] Infanticide's Profit Motive , 03/08/2000 Bill,

Date: Wed, 08 Mar 2000 14:40:48 -0600

From: <BreakPoint_Staff@pfm.org>

To: BreakPoint by Charles Colson <breakpoint@lists.netcentral.net>

After reading today's BreakPoint commentary, you will want to contact ABC and your congressional representatives. BreakPoint has just received new information that some congressmen are trying to close tomorrow's hearings to the public. Please let your representatives know that you believe hearings on this issue should not be conducted behind closed doors. The information you'll need to contact both ABC and your representatives is available on our website's News & Views section. Visit us at: <http://www.breakpoint.org>

This e-mail newsletter provides transcripts of Chuck Colson's daily "BreakPoint" radio program. To subscribe to this free service, simply log onto our website at <http://www.breakpoint.org> and click on "subscribe."

BreakPoint Commentary #000308 - 03/08/2000
Infanticide's Profit Motive : The Market for Aborted Baby Parts
by Charles Colson

[Parents should be warned that today's commentary may be too disturbing for children.]

Tonight, the ABC television news magazine, 20/20, has scheduled an alarming broadcast. Their three-month investigation has helped uncover an industry that traffics in fetal body parts, turning abortion clinics into wholesalers for human experimentation.

This explosive revelation, brought to light in part by researcher Mark Crutcher, makes clear that the abortion lobby is not as interested in promoting "choice" as it is in promoting profits.

When President Clinton lifted the ban on fetal tissue research, after just two days in office, organizations like the Anatomic Gift Foundation seized the opportunity. They quickly entered into relationships with abortion clinics to, as they put it, "harvest" and distribute the tissue and organs of aborted babies.

Organizations like this provide clinics with promotional brochures and consent forms for women having abortions. These brochures are chilling. Instead of pledging speedy delivery of pencils and paperclips, they offer "fresh fetal tissue: harvested and shipped to your specification ... where and when you need it." With the incentive of promoting medical advances, they describe "how [abortionists] can turn [their] patient's decision into something wonderful."

Although it's still illegal to buy or sell human tissue, abortion providers, collection firms, and medical researchers have entered into an unholy but profitable alliance to skirt the law. Middle-men pay the clinics for the chance to harvest the organs, and researchers pay to receive them, while all parties claim that no one is buying or selling fetal tissue.

Baby body parts are sold on a "fee for service" basis. As World magazine put it, the price charts look "like a cannibal's wish list:" eyes, livers, spines, and other organs fetch up to \$1000 apiece.

Well, the market for fetal tissue and organs makes it clear that abortion kills babies -- if they weren't human, there would be no demand.

All of this casts the opposition to ending partial-birth abortion in a whole new light. Certain forms of abortion are specifically used to harvest intact and fresh body parts. And this may explain the abortion lobby's support for partial-birth abortion despite overwhelming public opposition.

In partial-birth abortion, everything but the baby's head is delivered. The child is just inches from being born. Since it results in the delivery of an intact child, the abortion allows for carving up and selling the child's organs for profit.

As Gene Rudd of the Christian Medical and Dental Society's Bioethics Commission puts it, this is "the inevitable logical progression of a society that, like Darwin, believes we came from nothing. When we fail to see life as sacred and ordained by God as unique, this is the reasonable conclusion ... the inevitable slide down the slippery slope."

Tonight's 20/20 broadcast will help bring this issue to light. If you can stomach it, you might want to watch. And if ABC does a good job, (we have not yet seen the broadcast), encourage them -- they'll be under fire from the abortion lobby.

And we need to register our concern with our congressional representatives. Tomorrow, Congress begins hearings on this monstrous industry. This practice must stop. Because the only thing more horrible than abortionists slaughtering babies is greasing their own palms with innocent blood.

Useful resources:

- Lynn Vincent, "Harvest of Shame." World Magazine (October 23, 1999).
- Celeste McGovern, "Secrets of the Dead-baby Industry." Alberta Report (August 23, 1999).
- Life Dynamics Incorporated, P.O. Box 2226, Denton, TX 76202

Testimony for Bill 329 – Informed Consent

My name is Aleatha Martin, thank you for allowing me to give my testimony in support of house bill 329 on informed consent. I would like to share my professional history, my personal experience with abortion, and why I support passage of this bill.

Professional History:

I received a bachelor of science degree in nursing from the University of Alaska in 1984 and went to work as a staff nurse in a neonatal intensive care unit. I worked there for 6 years and transferred to the pediatric and pediatric intensive care unit where I served as a staff nurse and supervisor for 6 more years. At the same time I worked intermittently for the Alaska Native Medical Center on their pediatric unit and adult ICU as a staff nurse and instructor. I served as the statewide coordinator for the cystic fibrosis clinic for 7 years. In 1995 I completed a Master of Science degree in nursing. My thesis was a qualitative study on the experience of living with cystic fibrosis in Alaska. It provided a vehicle for improving the way we educate children with this life-shortening disease. I am now a certified Family Nurse Practitioner in the State of Alaska. As a nurse practitioner I was part of the management team that developed Pediatric Night Call, an after hours telephone triage program for parents of children who need information or medical care. I have taught for the Community Health Aide Program at the Alaska Native Medical Center in the Emergency Room, Women's Health department, and Pediatric clinics.

Abortion Experience:

I had an abortion over 15 years ago after I experienced an unplanned pregnancy. I was in my early twenties and single at that time. I felt backed into a corner, desperate to preserve my life, with no hope ⁱⁿ I needed help but did not know where to get it. I went to the Public Health Clinic for a pregnancy test and after being told it was positive I started to cry. Their response to my distress regarding pregnancy was to provide me with a list of numbers to call for an abortion. They did not provide me with information on alternatives to abortion, services available for pregnant women needing assistance, a description of the risks associated with the abortion procedure, or information on the adverse physical and psychological effects of abortion. I decided to have an abortion, thinking that it would take me back to the state I was in before my pregnancy. I was young and inexperienced, easily intimidated, and sadly ignorant of the potential consequences of my choice. I read in an entry-level psychology book that, "there are no lasting psychological effects to abortion". When I went to the clinic I was not given any information regarding alternatives to abortion, a description of the abortion procedure, or the risks involved. I was simply given a form to sign saying I would not hold the clinic liable for damages. I was not ^{at} told the name of the doctor that performed the abortion. I knew during the procedure that I had made a mistake but by then it was too late. Nobody told me how painful the actual procedure would be. I experienced complications from excessive bleeding following the procedure that resulted in a period of unconsciousness and a long recovery. The risk of excessive bleeding was undisclosed. Immediately following the procedure I just wanted to forget it. I drove myself to succeed in many areas of my life trying to blot out the memory and make up for

the loss. Despite my efforts the memory remains and I still feel the loss of the child. I continue to live with the consequences of my choice.

Years later when my husband and I wanted to start a family, I had difficulty carrying a baby to term due to cervical incompetence and premature uterine contractions. I lost four babies before our son was born. We nearly lost our son when I went into premature labor at 23 weeks. In order to save his life I was transported on a medivac flight from Fairbanks to Providence hospital. I spent 6 weeks in the hospital and over 3 months on complete bed-rest. Standard drug therapy would not stop the contractions. The experimental medications that stopped my uterine contractions also stopped both my sons and my kidneys from working. As a result, both our lives were nearly lost. I believe these complications were due to the abortion.

Support for House Bill 329:

I encourage the passage of house bill 329. Providing women with concise written medical information on what an abortion procedure involves, the risk factors, side effects, and the available alternatives to abortion is critical in making an informed decision.

IN REVIEW OF SECTION 1

(1) I believe that geographically-indexed material designed to inform a woman of agencies and services that can help her could give her the hope she needs to believe that there are other options. It is important that there be local phone numbers listed, a woman who has an unplanned pregnancy may be unable to think rationally.

(2) Information on medical assistance benefits, as stated in the bill, would be helpful.

(4,6,7) I believe that the name of the physician performing the procedure should be disclosed and that informed consent should include a detailed description of the abortion procedure. When I worked in the hospital I observed physicians describing procedures that patients were about to experience. It was then neatly written out for the patient to sign and a nurse was present when the form was signed. It was all done professionally with ample time for patients to ask questions. Providing a patient with the risks and side effects of a surgical procedure is common practice in the medical industry and should be applied to abortions. The entire procedure should be described as stated in the bill in section 1:7.

The physical and emotional pain is real and these risk factors need to be disclosed. The risk factor of danger to subsequent pregnancies needs to be disclosed!

- (5) Information on the state of the unborn child with photographs would be helpful when trying to make a life-changing decision like aborting or parenting a child. Even with my training I had not consciously registered that my baby was formed and had fingers and toes. It was devastating to find this out after the abortion that my baby's heart was beating. You do not think rationally when in a crisis. The 24-hour waiting period may give a woman time to think and evaluate all of the options. The bill states that the information would be presented objectively to convey scientific information, I believe this is essential.

I have had extensive post-abortion counseling and now am involved in a program providing post-abortion counseling and education for women. I have seen many women seeking support and healing for physical and emotional problems following abortion. I have heard the testimony of these women trying to heal post-abortion and the comments that describe the pain they feel. One young woman described the way she felt about herself after an abortion saying, "When I look in the mirror I see a monster".

I can testify that many women experience real and significant physical and emotional problems following an abortion. Therefore, it is vital that they be provided with information relating to abortion alternatives, support services available, the details of the procedure, and the medical risks involved. Again, I would like to express my support for passage of house bill 329.

Thank you.

A handwritten signature in cursive script, appearing to read "Alicia Motta".

Subject: Public Opinion Message HB 329

Date: Mon, 27 Mar 2000 10:45:15 -0800

From: "Katherine Davey" <Katherine.Davey@ppfa.org>

To: "Rep. Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us>,
"Rep. Morgan" <Representative_Carl_Morgan@legis.state.ak.us>,
"Rep. Kemplen" <Representative_Allen_Kemplen@legis.state.ak.us>,
"Rep. Green" <Representative_Joe_Green@legis.state.ak.us>,
"Rep. Dyson" <Representative_Fred_Dyson@legis.state.ak.us>,
"Rep. Coghill" <Representative_John_Coghill@legis.state.ak.us>,
"Rep. Brice" <Representative_Tom_Brice@legis.state.ak.us>

CC: "Fish, Karen" <Karen.Fish@ppfa.org>

Dear House HESS Member,

I am writing to ask you to **not** pass HB329 out of committee. Women have three safe, legal options when confronted with an unwanted pregnancy. HB329 requires doctors to provide **biased counseling** which is disrespectful to woman who have chosen abortion as the best choice for her and her family, and unrealistic in terms of the use of the doctors' time (compared with trained nursing, counseling staff).

The bill alludes to post-abortion psychological trauma, a condition unrecognized by either the American Psychological Association, the American Psychiatric Association, or the National Association of Social Workers. There is much more emotional trauma associated with women who carry pregnancies to term. Most women feel relief after an abortion. If she has emotional difficulties it is usually related to the relationships and circumstances that created the unwanted pregnancy in the first place. Contraceptive Technologies echoes this conclusion: "...longitudinal studies reveal no evidence of widespread long-term psychological trauma after abortion (p.696)."

The link with breast cancer has been largely disproven. In Contraceptive Technologies (17th ed., 1998) the authors explain that "the most comprehensive analysis of induced abortion and breast cancer to date, found no association between induced abortion and breast cancer (p.697)."

It's much more dangerous for women to carry a pregnancy to term. Nancy Adler, et. al in The New Civil War: The Psychology, Culture and Politics of Abortion (American Psychological Association, 1998) writes "It is clear that the medical risks fo abortion are low, particularly from first tri-mester abortions which constitute the vast majority of procedures. In addition, medical risks from legal abortion are far less than from pregnancy. Mortality risks are 20 times greater for pregnancy and childbirth than for abortion for young women 15 to 19 years of age (p.286)."

The bill alludes to abortion causing future infertility problems. Fertility returns quickly following an abortion, "...even within 10 days, a woman can conceive again (Contraceptive Technologies, p. 697)." Abortions have little effect on subsequent fertility or on the risk of spontaneous abortions, premature delivery, and low birth weight babies (CT, p.696)."

A 24-hour waiting period puts an undue burden on women - especially poor Alaskan women who live outside of southcentral Alaska. This bill assumes that women are not competent, moral decision-makers, that they haven't been considering all the implications of their decision to abort much longer than 24 hours.

We already have informed consent for medical procedures.

It seems to me that the bigger issue is the high unplanned pregnancy rate in the United States. If you truly want to reduce this number (60% of all pregnancies) then you will support an increase in sexuality education in schools, and an increase in access to reproductive health services - not complicate and convolute her options to the point that she endangers her own life in the desperate attempt to end the pregnancy. Illegal abortion is always an option, remember. What can we do to support women so they are not driven to it?

Finally, although I'm learning this is a polyanna notion, please base the laws you subject all Alaskans to on valid research and best medical practices. How can you, in good social conscience, base your decisions on personal religious dogma and not on what medicine, science, and research has to tell us? I urge you to emerge from the influence of emotional, anecdotal, anti-choice storytelling and seek unbiased medical and social science research.

Thank you,
Katherine L. Davey
907-563-5245
4880 Newcastle Way, Anchorage, AK 99508
Katherineinalaska@yahoo.com

Subject: HB 329 OPPOSITION

Date: Mon, 27 Mar 2000 11:51:12 -0900

From: "Karen Fish" <Karen.Fish@ppfa.org>

To: "Rep. Jim Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us>,
"Rep. Carl Morgan" <Representative_Carl_Morgan@legis.state.ak.us>,
"Rep. Allen Kemplen" <Representative_Allen_Kemplen@legis.state.ak.us>,
"Rep. Joe Green" <Representative_Joe_Green@legis.state.ak.us>,
"Rep. Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us>,
"Rep. Tom Brice" <Representative_Tom_Brice@legis.state.ak.us>,
"Rep. John Coghill" <Representative_John_Coghill@legis.state.ak.us>

Dear House HESS Member,

I am writing in response to the possibility of HB329 coming out of committee. It appalls me to think that this is even a possibility and I **STRONGLY OPPOSE THIS BILL**. Let me tell you my story.

I am a 40-year-old woman who was faced with making a decision when I was 20 years old, single and pregnant. My life style at that time was not a healthy one in which drugs and alcohol were much more important to me than the health and welfare of myself, let alone a baby.

I was scared, felt alone and was told, "What do you expect me to do...marry you?! With the amount of drugs I had put through my system, I decided that the best option for me was to terminate the pregnancy. This already was an extremely emotional and traumatic time for me. Would I have been FORCED to look at pictures and have biased counseling, it would NOT have changed my mind. It would only have ADDED to my traumatic time and possibly delayed the procedure. I was already at 12 weeks and a few more weeks would have moved it from a 1st tri-mester procedure to a 2nd tri-mester procedure which statistics show is at much higher risk to the woman.

The fact that the bill alludes to abortion causing future infertility problems is absurd. I am happily married for 15 years, been drug free for 15 years and have two children, 10 and 13 years old.

When I **CHOSE TO BECOME PREGNANT**, I was not FORCED to look at pictures of the birth or have a FORCED counseling on my decision to give birth. Why should a woman be FORCED to look at pictures or have biased counseling when she **CHOOSES** to terminate the pregnancy.

I do not feel that passing this bill will reduce the number of abortions. I do believe it will increase the number of fatalities due to the desparate attempts to terminate the pregnancy without going to a safe and legal medical professional so they won't be FORCED to look at the pictures.

Isn't it sad to note that 60% of all pregnancies are unplanned pregnancies. Instead of spending money on time, energy and resources to get this bill passed through the committee, why not focus on education and PREVENTING unplanned pregnancy from happening in the first place. Why not target the places that women like me were "hanging out" (i.e. the bars) and give them the options of preventing pregnancy.

Lastly, I realize this bill does not affect me personally; however, I have a daughter and I would like to know that she will continue to have options and decisions to make without being FORCED to make a decision because of what lawmakers believe what is right for her.

Thank you for taking the time to read this.

Karen Fish
7821 Porsche Street
Anchorage, AK 99502
907-349-9383
fourfish@gei.net

Subject: sshb329

Date: Sat, 25 Mar 2000 12:48:47 -0900

From: LaVerne Pettigen <laverne@alaska.net>

To: Representative_Fred_Dyson@legis.state.ak.us

Please vote YES on SSHB329 Women need to have all the facts before making a huge decision that will affect the rest of their lives. LaVerne Pettigen

-- Thankyou for co-sponsering this bill. It is a very important piece of legislation...

--

To get your private, free email account, go to:
<http://www.isirep.com/rens/2078>

Earn \$ 760.00 per month with just 20 people!
<http://www.teamideals.com/leaders.cgi/2078>



Alaskans for Life, Inc.

... Our First Inalienable Right

P.O. Box 32186
Juneau, AK 99803-2186

March 29, 2000

To: Members of the HESS Committee
From: Ida Barnack, President
Subject: House bill 329, relating to informed consent and a 24 hour waiting period for abortion.

We support House Bill 329.

Informed consent before obtaining any medical procedure is a necessity. It is a cornerstone for good medical practice. When it comes to deciding whether to have an abortion a generic consent to the procedure is not sufficient.

Abortion can have grave physical, psychological and emotional effects on a woman and she must be aware of these effects before she can really give consent. To make a truly wise decision a woman must know the gestational age and development of the child she is carrying and the alternative aid available to her. The 24 hour waiting period is important to allow time for consideration of the information provided to the mother.

All people who support the woman's right to "Choice" should welcome this opportunity to support a bill that will demand that a woman be given the information necessary to make an informed, knowledgeable, and wise "Choice".

Thank you.



HB 329

Alaska State Legislature

Please enter into the record my testimony to the H. Hess
 committee on HB 329, dated 3/21/00
 bill/subject committee name

I support women (all) have
 a right to be informed of
 all options before abortion.

Yonko H. Hess
W.C. [unclear]

Signed:

Testifier

Representing (Optional)

PO Box 39 Delta Jct AK 99737

Address

895-4411

Phone No.



Alaskans for Life, Inc.

... Our First Inalienable Right

P.O. Box 32186
Juneau, AK 99803-2186**FAX**

TO REP. JOHN COGHILL, JR. DATE MARCH 28, 2000
FROM SID HEIDERSDORF
SUBJECT H.B. 329

MESSAGE:

Attached is a statement of support for H.B. 329 from our President, Ida Bunnick.

I thank you and the other sponsors for this legislation which is badly needed.

I am always surprised when I see just how far the opposition to H.B. 329 will go to protect abortion. Surely there is no concern about informed "choice." The important thing to abortion supporters is that the truth about abortion be kept from women.

Thanks again!

Page 1 of 2

March 28, 2000

Re: HB329

Dear Honorable Representative:

I object to this proposed legislation on a variety of grounds. As a person who supplies abortion as part of my work, I have very specific insight on the effects of this legislation. I do NOT have anything monetary to gain from opposing this legislation. If the number of abortions decreases in Alaska, the options are delivery of a fetus, and that also is part of my work, and represents a larger income to me than abortion, so this is not financially motivated.

- The mandatory 24 hour waiting period, as written, will be discriminatory to Alaskan Natives. There is a large database of information maintained by the State epidemiologist. Women who fly in from outlying areas where abortion is not available will have to spend extra time in the location where the procedure is being performed. This means that, as a group, the procedures will cost them more money than compared to a person who lives where the procedures are locally available. Since the majority of women who live in the bush are Alaskan Natives, this has the effect of making abortions less accessible, and more expensive than for their non-Native counterparts. This makes the law discriminatory to Alaskan Natives. Data analysis on the abortion database will clearly demonstrate this discrimination toward Alaska Natives.
- The bill legislates material to be given to the patient that provides information about the possibility of an "unborn child's" survival at the various gestational ages. It should be noted that "unborn child" is a term not listed in the index on the noted book "Williams Obstetrics", an authoritative text in Obstetrics. However, even if one substitutes a medically correct term such as "fetus", this information is argued over by experts in the field, and an agreement could not be reached as to what this information should be.
- Section 18.16.060 paragraph (b), subheading (1) lists requirements for informed consent, and information that must be available and given to a patient. Subheading (2) states that the Department of Health and Social Services provides written information that describes the fetus (the bill uses "unborn child" here) at various gestational ages, and lists the agencies that offer alternatives to abortion; that the women has the right to review the information, and that a copy will be given to the women at no cost. This information is already available, and is given by me to any patient who requests it, but I do not force it on her. Last week I did abortions on two women who wanted to be pregnant, and were carrying desired pregnancies. Unfortunately, prenatal diagnosis found that both of the women were carrying pregnancies that were incompatible with life. Both chose to have abortions, rather than carry these pregnancies and wait for either intrauterine deaths, or deliver fetuses, only to have them die shortly after birth. The extensive descriptions that are mandated by this bill would have been very difficult for these patients to go through. They wanted these pregnancies, and this type of counseling would have been emotional torture for them.
- C. Everette Koop, when he was a Pro-Life Surgeon General, analyzed the medical literature and could demonstrate no link between abortion and psychological risk. This bill devotes an entire

subheading to a risk that is non-existent according to our prior Surgeon General. This represents clear bias on the part of the crafters of the bill.

- Links between abortion and breast cancer have similarly been investigated by the American College of Obstetrics and Gynecology, and no link could be demonstrated, leading ACOG to issue a statement stating that no demonstrable link exists. This purported risk is alluded to in the bill, again demonstrating clear bias on the part of the crafters of the bill.
- The word "conception" was defined as the fusion of a human spermatozoon with a human ovum. Stedman's Medical dictionary, 23rd Ed. defines it as "Implantation of a blastocyst". Currently, in Alaska, it is possible for couples to undergo invitro fertilization (IVF), where fertilized eggs can be frozen when too many eggs result from a stimulated ovarian cycle. If a woman has fertilized eggs stored somewhere, how does this bill affect storage of these fertilized ova? If a woman finds that she has all the children that she wants, does this mean that destruction of those fertilized eggs is actually an abortion, and, if so, does she need to be similarly counseled on these abortions issues? Does she need to be advised that there may be women who would agree to be surrogate mothers with these fertilized ova? Would the laboratory director be required to do abortion counseling if fertilized eggs are destroyed?
- According to this bill, "fertilization" has the same meaning as conception. If that is so, why do physicians and scientists have two separate words with two separate meanings?

No other surgical procedure is singled out in Alaskan Law where the legislative branch attempts to define medical informed consent. Informed consent is a fluid process. As medical techniques evolve, risks and benefits of given procedures change. The physicians who perform procedures are the ones most knowledgeable in providing current, state of the art discussions about this, or any other procedure. Inherently, it is unreasonable to expect that the legislature could write a law containing any specifics at all, since these specifics will change over time. As specific risk and benefits change the law would have to be rewritten; a daunting task indeed. That is why informed consent needs to remain in the hands of the medical provider.

This bill is highly biased, essentially forcing information on a woman who selects to seek an abortion, no matter what the reason. There is no parallel bill requiring women who choose to carry a pregnancy to term to be supplied with alternatives, including abortion providers in their area, whom they could turn to if they chose not to carry the pregnancy. There is no parallel bill outlining the risks of carrying a pregnancy to term, nor educational material outlining the responsibilities of raising a child, or potential psychological risks of having a child when a woman isn't prepared for it.

Psychological damage has never been proven to occur as a result of abortions, but this bill, if passed and enforced, may change the situation. If women are forced to undergo biased counseling, it is possible that psychological damage may occur, thus causing a problem where none now exists. Contrary to "protecting" Alaska women, this bill may actually harm them.

Taken as a whole, this bill has a number of flaws. It is discriminatory to Alaskan Natives. It is biased in that it forces information on a person seeking an abortion who may or may not want this information, and the information is already available for the patient who wants it. It attempts to define informed consent – a process wholly in the purview of the provider, not the legislature. It "defines" medical terms such as "conception," which already have medical definitions, and by doing so needlessly introduces ambiguities such as in the area of embryo storage.

Please veto this bill if it ever is brought to a vote in the senate or house.

Sincerely,

Jan Whitefield, M.D., Ph.D.

STATE OF ALASKA

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

March 25, 2000

The Hon. Fred Dyson
The Hon. John Coghill, Jr.
Co-Chairs, House HESS Committee
Alaska State Legislature
Juneau, AK 99801-1182

Re: SSBH 329

Dear Representatives Dyson and Coghill:

SSBH 329 proposes to establish particular information, to be obtained or prepared by the Department of Health and Social Services (DHSS), that must be provided by a physician to a patient who is seeking an abortion. It further proposes to establish a 24-hour waiting period from the time the patient is provided with the information to the time that the patient may receive the abortion. It also proposes to establish that a physician may be subject to civil lawsuit for failure to provide the specific information required by this bill to a patient before the patient receives an abortion, except in the case of a medical emergency.

The imposition of the requirements set out in this bill are likely to be held unconstitutional under the privacy provisions of the Alaska Constitution, Art. I, Sec. 22. In *Valley Hospital Association v. Mat-Su Coalition*, 948 P.2d 963 (Alaska 1997), the Alaska Supreme Court explicitly rejected the lessening of protections of the right to an abortion that were articulated in the plurality opinion in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992). Instead, the Alaska Supreme Court established a test similar to that expressed in *Roe v. Wade*, 410 U.S. 113 (1973), affirming the right to an abortion as a fundamental right that can be legally constrained only when the constraints are justified by a compelling state interest and no less restrictive means could advance this interest. The application of this test to specified information requirements, a 24-hour waiting period, and the physician liability provision will likely result in a determination that one or more of these provisions are unconstitutional because they employ excessive means to accomplish the ends of assuring that a patient is informed and has given her consent before receiving an abortion.

This bill, as presently written, raises the following legal problems:

Section 1: Concerning the information required to be obtained or prepared by DHSS and given to each woman who seeks an abortion, in accordance with this bill:

TONY KNOWLES, GOVERNOR

PLEASE REPLY TO:

☐ 1031 WEST 4TH AVENUE, SUITE 200
ANCHORAGE, ALASKA 99501-1994
PHONE: (907) 269-5100
FAX: (907) 276-3697

☐ KEY BANK BUILDING
100 CUSHMAN ST., SUITE 400
FAIRBANKS, ALASKA 99701-4679
PHONE: (907) 451-2811
FAX: (907) 451-2846

☐ P.O. BOX 110300-DIMOND COURT HOUSE
JUNEAU, ALASKA 99811-0300
PHONE: (907) 465-3600
FAX: (907) 465-6735

(FAX) 465-2539

Page 2, line 4 requires a statement that "a person may not lawfully coerce a woman to undergo an abortion." This is not a legally accurate statement. There are many things that constitute coercion and that are lawful that can be leveled against a woman who may not want to undergo an abortion; i.e., a husband may threaten divorce or a boyfriend may threaten not to marry. As worded, this statement is inaccurate and should be rephrased.

Page 2, line 9 of this bill requires that the informational pamphlet contain a statement that "the father of the child is liable to assist in the support of the child . . ." This may lead a woman to believe that she will, in fact, obtain that support unless a provision is added to explain that child support may be difficult to obtain.

Page 3, line 1 requires that the pamphlet be written in easily comprehensible language; however, this bill fails to address the responsibilities of the department or the physician in circumstances in which a patient has limited English proficiency or is developmentally disabled. These concerns raise legal issues and need to be addressed.

Page 3, line 7: Testimony was offered by DHSS at a recent HESS committee hearing that these definitions, and the definitions included in Sec. 4, are not medically accurate or meaningful. This will lead to confusing medical information in the pamphlet and create confusion for physicians about the requirements of the law. Additionally, the definitions, as applied, may be considered to be in conflict with pre-viability and post-viability distinctions made by the courts when dealing with the subject of abortion.

Section 2: There is a long-standing Attorney General's opinion that advises that some of the provisions of AS 18.16.010 are unconstitutional or may only have limited application. (See October 21, 1976 Op. Att'y Gen.) Some of these same provisions are restated in Sec. 2. The legislature should consider amending these provisions to bring them into compliance with this opinion. Furthermore, while amendments are being made to AS 18.16.010, it is important to note that *Valley Hospital Association v. Mat-Su Coalition* explicitly found that AS 18.16.010(b) is unconstitutional to the extent it applies to quasi-public institutions.

Section 3: Concerning physician liability

Page 4, line 2: In some states, the imposition of civil liability on physicians on the basis of requiring that specific information be provided to a patient seeking an abortion has been determined unconstitutional where there was no *scienter* (knowing) requirement. (Please see *Okpalobi v. Foster*, 190 F.3d 337 (5th Cir. 1999), *rehearing granted en banc*, 201 F.3d 353 (5th Cir. 2000); *Planned Parenthood, Sioux Falls v. Miller*, 63 F.3d 1452 (8th Cir. 1995), *cert. denied*, 517 U.S. 1174 (1996).) Though the cited cases do not address the same kind of liability provisions as the one that appears in this bill, they do address the importance of establishing a standard that is sufficiently clear so that a physician is able to determine whether he or she is complying with the law. In this case, the term "knowingly" that appears at AS 18.16.060 may be

read into AS 18.16.010(h). However, the confusion caused by definitions that do not conform to medical practice creates too much uncertainty for a physician to be able to make a "knowing" determination of what constitutes lawful action. Consequently, the uncertainty created by inaccurate definitions may be found to have a chilling effect on the availability of abortions because physicians will face uncertain civil liability. The definitions must be revised to prevent this confusion.

Furthermore, since some of the specific information requirements will likely be found unconstitutional in their application to certain circumstances (see comments on Sec. 4), the clear application of the law is going to be compromised. Even with the severability provision included in this bill, a physician will face potential civil liability for guessing incorrectly about which information is required or whether some information can be omitted because it serves no medical purpose. Generally, physicians are required, both by sound medical practice and by their malpractice insurance providers, to assure that informed consent is obtained from their patients. To the extent that there is reasonable confusion about the specific information requirements, the civil liability provision is likely to have a chilling effect on the availability of abortions.

Section 4: Information requirements and 24-hour waiting period:

The 24-hour waiting period presents legal problems on both equal protection and privacy grounds. Abortion is a medical procedure sought only by women. Abortion would be the only medical procedure on which a requirement of a 24-hour delay is imposed as a matter of law if the bill is enacted. This intrusion into the physician-patient relationship for this sole procedure may fail an equal protection challenge.

Furthermore, because this state has a significant rural population and many urban communities in which abortion services are not available, many patients must travel away from home to obtain this kind of medical care. The imposition of a 24-hour delay will often result in greater expenses for these patients and may result in delays in seeking the abortion procedure until it is possible for the patient to be away from home for a longer period of time. Placing this burden on a woman seeking an abortion will not likely meet the requirement of being the the least restrictive means to accomplish the purpose of assuring a woman is informed and has given her consent to the abortion procedure.

Page 4, lines 29-31, through page 5, lines 1-2: These provisions require the physician or referring physician to convey information about state medical assistance benefits that may be available for the child and that the father of the child is liable to assist in the support of the child. However, in *Karlin v. Foust*, 975 F. Supp 1177 (W.D.Wis. 1997), the court opined that a requirement that physicians provide this type of information to a woman who is pregnant as a result of rape or incest or who is carrying a fetus that has been diagnosed with a lethal fetal anomaly would not be constitutional since it would likely cause psychological harm and serve no

Hon. Fred Dyson
Hon. John Coghill, Jr.
Co-Chairs, HESS Committee

March 25, 2000
Page 4

medical purpose. (These circumstances were further addressed in the appeal of the same case, *Karlin v. Foust*, 188 F.3d 446 (7th Cir. 1999) *affirming that such information need not be given to these women because the provision of this information would further no legitimate interest; rehearing and rehearing en banc denied, Karlin v. Foust*, 198 F.3d 620 (7th Cir. 1999).)

Changes should be made to the bill in order to permit a physician to make special considerations for women who are pregnant due to rape or incest, are carrying fetuses that have been diagnosed with a lethal fetal anomaly, or are facing comparable circumstances where the information may serve no legitimate purpose.

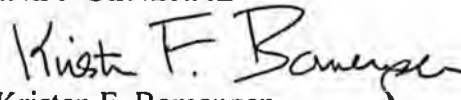
Page 5, line 25: The medical emergency definition fails to provide for an exception to consider the emotional health of the woman. This provision will be vulnerable to constitutional challenge unless the definition is amended to include an exception that can address emotional conditions that the physician believes will affect the patient's health.

In summary, abortion law in the state of Alaska is undergoing clarification through the appeals that are working their way through the Alaska courts. In the meantime, it is almost certain that, if this bill passes and is enacted into law, a lawsuit will be filed. A conservative estimate of the cost of the defense of this lawsuit by the State of Alaska begins at about \$50,000, plus costs for the hiring of legal experts. If the state does not prevail, the attorney's fees and costs that will be assessed against the state are estimated to be at least the same. The Department of Law will be able to provide clearer legal guidance on the constitutionality of the provisions of this bill once these pending appeals before the Alaska Supreme Court are decided.

Please accept my apologies for not being available to discuss these matters at the House HESS hearing on March 28, 2000. I will be returning to Juneau by April 3rd and will be available to discuss these issues with the House HESS Committee or with legislative counsel at that time.

Sincerely,

BRUCE M. BOTELHO
ATTORNEY GENERAL

By: 
Kristen F. Bomengen
Assistant Attorney General

/KFB:ebc

cc: DHSS Commissioner, Karen Perdue
Pat Pourchot
Chrystal Smith
Deborah Behr

Copy to Rep ~~Ired~~^e
Dyson

To: Representative Jim Whitaker

3-20-00

From: Jonathan and Ruth Ewig
2325-30th Avenue
Fairbanks, Alaska 99701
phone and fax: 907-452-5538

F.Y.I.

RE: Informed Consent Bill HB 329

As your constituents we urge you to support this bill without hesitation or reserve. When you receive medications, there are warning labels of possible dangers. When you buy a pack of cigarettes there are warning labels. There is an entire encyclopedic-sized book of information with warnings and cautions and hard facts in writing that would possibly save a person's life.

No less is a pregnant mother worthy of such consideration. She needs to know that there are many risks attached to getting abortions. She needs the hard facts in order to make an intelligent decision. She needs to make decisions as to the disposition of the body just as you would for your parents or family members.

The book Lime 5 is filled with women who are dead or maimed and had no idea of what risks were involved when deciding to get an abortion. And for the baby, you know the process is fatal.

The medically unethical practice of abortion without the Informed consent of the patient has got to stop. Abortionists need to be accountable just like any other physicians. And as in other surgery the patient should have the right to get another opinion concerning surgery.

Support HB 329 through the entire process.

Thank you for your work down in Juneau.

Respectfully yours,


Jon and Ruth Ewig

(copy to John Coghill)

Interior Right to Life

Y To be included in brochures... from A. Ewing
[Notes taken from a video magazine titled "LifeTalk" February 2000]

Women need to be presented with the good hard facts on paper so that they know that they run real risks when they have an abortion.

Patient's Rights Brochure

- 1. **You have the right** to insist that your abortion will be performed by a licensed physician."
- 2. **You have the right** to verify that this physician has malpractice insurance that will compensate you if you are injured or killed during this procedure.
- 3. **You have a right** to know if an abortionist has had his license suspended or revoked in another state.
- 4. **You have a right** to know whether or not your physician has any pending claims for medical malpractice or wrongful death.
- 5. **You have a right** to insist that during the procedure you be immediately transferred to the nearest emergency medical center if you're injured.

Your Name _____
 Abortion Clinic _____
 City _____

Name of abortionist _____
 Malpractice Insurance Carrier _____

2/

Is there one? _____

What state is malpractice insurance carrier located in _____

What are the limits of the insurance policy _____

Name & Street Address of nearest trauma hospital emergency room

I verify that all of the above information is true.

Signature of Abortionist _____

Printed Name _____

On back: Your rights do not leave if you sign a paper that you will not hold the abortionist responsible. You still have civil rights if something goes wrong.

Qualifying Brochure--

If something goes wrong, what are the problems you're experiencing?

Your medical history _____

Have you had any problems with breast cancer?

“ “ “ “ “ “ cervical cancer?

A business card with the telephone number (1-800 _____) of where women can call if they've been injured or need legal, medical, or emotional help.

Subject: 3:00 Hearing

Date: Tue, 21 Mar 2000 09:55:06 -0900

From: "The Cloyds" <wendyc@mosquitonet.com>

To: <Representative_John_Coghill@legis.state.ak.us>

The following is my testimonial (Wendy S. Cloyd) which I request to be included in the bill packet.

When I began my family in 1993 with the birth of my daughter, Carli Ann, I was thrilled to begin the journey of parenthood. I don't think I'd ever contemplated the miracle of life until I'd been a part of such a miracle. I had my second daughter, Candra, in 1994 then my son, Matthew, in 1996. I was pregnant with my fourth child in 1998 when I first learned that my son had Fragile X Syndrome, an inherited genetic disorder which causes a myriad of issues including mental retardation and autistic like behavior. >From that moment forward there was a change in attitude in almost every health professional I encountered. Each of them seemed to express with urgency the need for me to have an amniocentesis to determine if the child I was carrying was Fragile X positive, also. My immediate response was to tell them that I would wait for the child to be born before I had any test; afterall, the information would not be used in determining whether or not I would keep the child, only for the purpose of preparation, if needed. Whispered and hushed tones usually followed suggesting that if I changed my mind to let them know. They seemed to imply, that, when I came to my senses, to let them know!

In the meantime, my other two children were tested and the results of those test determined them to be positive for the full mutation of Fragile X Syndrome, also. Each child has a 50/50 chance of inheriting the defective gene from a carrier mother or father. Three of three, so far, were positive. With these results doctors again urged me to have my unborn child tested. Again, I wondered what urgency they saw, other than to give me the option of terminating the pregnancy. Often, with tears, I let them know that to consider my current pregnancy "disposable" gave the unarguable implication that the three already living in this world had less value.

I tell you, not one medical professional ever volunteered to give me the entire story of abortion. It was presented as the only logical choice if a child were found to be carrying the full mutation of Fragile X Syndrome. The idea that those in the medical profession might find it an "unnecessary nuisance" to treat abortion with the seriousness that it demands is lunacy. A doctor will tell you not to be out in the sun if you are taking certain anti-biotics, to avoid driving after taking a sedative and on and on. Why would it be too much to ask for a doctor to tell a patient the ramifications of abortion on a woman's body? I would have to assume that, in their minds, to do so would put the responsibility of a woman's physical and emotional health in their hands and that seems to be more than they want to be accountable for.

I urge you to make informed consent a simple and mandatory event in the discussion of abortion by those in the medical profession.

Sincerely,

Wendy Cloyd

2148 Old Steese Hwy
Fairbanks, AK 99712

(907) 458 - 8237

wendyc@mosquitonet.com

An Informed Decision
By Wendy Cloyd

A man walked into an art gallery and with a painting under his arm and asked to speak to an appraiser. "My dear aunt has passed away and left me this painting. I hear that it has been our family for generations. I'd like to know if you can tell me about it."

The owner unwrapped the painting from the sheet that encased it. After careful examination the man could not contain his excitement. "Why, you have inherited a painting with tremendous value! I cannot give you a true measure of it's worth at this time. I would recommend that you take care to preserve this painting. I can recommend a man who can help you restore the painting and then take the precautions necessary to preserve it for future generations! Guard this with your life! It could never be replaced for it is one of a kind."

The owner of the painting got up from his seat and shook the hand of the appraiser. "Thank you for your time. This is quite unexpected. I was not prepared to hear such news and I'm not sure what to think. You see, I am a very busy man. Owning such a painting would require me to take the time to do all these things that you have asked and they are time consuming. Then, for the rest of my life I'd feel responsible to ensure it's preservation. I just don't think I'm ready for that." A moment of tense silence followed. The man got to his feet, turned and walked out of the gallery. The stunned appraiser watched the man walk down the street directly to a dumpster. Without a thought, the man opened the dumpster and threw the painting in.

Now, what happens next does not require much imagining. Afraid for the painting, the gallery owner ran to the dumpster to retrieve it. As he carried it back to his shop, he wondered how anyone could have done such a thing. He immediately contacted his friend who gladly agreed to help restore the painting to it's glory. A year later the painting was proudly displayed in the most prominent place in the shop guarded by an alarm system. A sign underneath read "Not For Sale." You see, the man could not bring himself to put a price on the piece of art.

As the original owner happened to pass the gallery one day, he noticed the painting hanging for all the world to see. He entered the shop quite distressed. "That is my painting! I want it back." The stunned owner could only reply, "But...you threw it away. You didn't want it."

"For a year I have thought of that moment...replayed it in my mind. I went back to the dumpster the next day and found the painting gone. I had no idea who had taken it. I had no idea of how to get it back. You see, I loved my aunt dearly and was quite shaken by her death. The painting, I thought, would act as a reminder of her, causing me great pain. It was in that moment of intense grief that I threw the painting away. When I had a day to think and be more rational, I realized that keeping it would have brought me great joy. I would not have minded the responsibility simply because of the joy of looking at such a beautiful piece of artwork and being reminded of my special aunt. Not a day has gone by that I haven't regretted that momentary act. I was sure that the garbage truck had hauled it to the dump. I imagined it sitting under piles of trash and rotting. I cried for my stupidity. What I don't understand is why you didn't try to talk some sense into me when I sat here with you? I see now, that you have gained from my loss. I just don't understand."

Sheepishly the gallery owner answered, "You seemed so sure of yourself. I never dreamed you would change your mind. Had I known, I would have done more to show you the value of your

painting and discuss your options. I would have even offered to buy it from you. But you left and immediately threw it away. How was I to know you'd regret that? "

You see, many women make the decision to terminate pregnancy because of momentary feelings of emotion that overwhelm them. Even when others see the value of the life within them, they are unwilling to step forward to preserve that life when a person seems set on a decision. The same doctors who will take every step possible step to save an unborn child when the mother wants that child will consent and encourage the abortion of an unwanted child based on an emotional response. It is just as unrealistic as thinking that the moment the man threw his painting in the dumpster, it no longer had value. Of course it had value. His emotional response did not take the value away. It only determined his actions. If doctors and others valued the life of the unborn then they would surely not mind giving all the options at the moment of decision. They would surely not mind giving informed consent, for abortion does not end at the moment the child is terminated. Women often live to regret their decision for the rest of their live.



HB329 Testimony

My name is Debbie Joslin. My husband, Steven and I live in Delta Junction with our three children; Matthew, Emily and Victoria. Steven is the resource forester in our area. I am a homeschooling mom. I teach 3rd and 4th grade Sunday School and Kings Kids at my church.

On January 15, 1999 I was 22 weeks pregnant when we drove 100 miles to Fairbanks for an ultrasound on our child. After a lengthy examination of the baby, I was told we were expecting a male child with multiple anomalies. The baby we named Isaiah John had a brain cyst, a missing or unconnected stomach and a hypoplastic left heart. We were given the name of a Perinatologist in Anchorage. A Perinatologist, as I understand it, is a doctor who specializes in unborn babies who have serious health complications. I spoke to this specialist over the phone and made arrangements to go to Anchorage and have another ultrasound. During that phone conversation she urged me to have the pregnancy terminated. The reasons she listed were that the baby would probably die anyway, the medical expenses would be too great and that my own life was probably in danger. Keep in mind, she had not examined me at this point. I made an appointment with this doctor, since I was told she was the only Perinatologist in the state. My husband and I drove 350 miles to keep that appointment, leaving Delta at 40 below zero. When we arrived for our appointment we first saw a genetic counselor who went over some family history with us and explained that they thought Isaiah had Trisomy 18, a chromosomal abnormality (an extra number 18 chromosome). She expressed surprise that we were not considering terminating the pregnancy and asked several times whether we wanted to consider terminating the pregnancy. Another ultrasound was performed by a technician and then the Perinatologist took over the exam and listed the following anomalies: Brain cyst, missing or unconnected stomach, hypoplastic left heart, eyes not properly spaced, underdeveloped chin, something wrong with spinal development, something wrong with his penis, rocker bottom feet, possibly an extra toe and fluid in the abdominal cavity and lungs. We were told the fluid indicated that Isaiah was already in congestive heart failure and that he would never make it to his due date in May. The Perinatologist told us that Isaiah would never respond to us if he were to live, we were told that all Trisomy infants were severely mentally retarded. She described a somewhat vegetative state but more probably he would be stillborn any day. She said that if he were to be born alive he would only live for a few minutes. Later they adjusted it to a few hours and then later yet they said maybe a day at most and then finally they said a few days. We agreed to an amniocentesis to determine whether Isaiah did actually have Trisomy 18. Our hope was that he would not, and we could begin to make plans for heart surgery. She told us doctors will not operate on Trisomy infants since they ALL die in infancy anyway.

You can imagine what heavy hearts we had as we drove back to Delta. The plans and dreams I had had for my son were shelved as we instead discussed his funeral. Within a few days I got a call from the genetic counselor with the preliminary test results which showed Isaiah had Trisomy 13. I asked how that differed from Trisomy 18 and she said it was worse. She asked again about termination and I told her again that we were not

interested in that. Almost immediately I got a call from my doctor in Fairbanks who asked me about termination. I told her (again) that I was not interested in that. She told me that since my life was in danger and I had chosen to continue with the pregnancy, she could no longer be my doctor as she was a general practitioner and not qualified to handle such a case. I began seeing the osteopath doctor in Delta and an OB/GYN in Fairbanks. I told them what I had been told about the baby and about my own health. The OB/GYN doctor told me he could not understand why I had been told my life was in danger. He treated me during the remainder of the pregnancy and I never had any complications or problems. Only the usual complaints pregnant women suffer from.

A couple of weeks after the preliminary results, the genetic counselor called with the final results from Isaiah's amniocentesis. It was final - Isaiah had Trisomy 13. She asked me again about termination and I told her no again. I then asked her out of curiosity what she would do if I did say yes. She got very excited and told me that "there is the most wonderful clinic in Kansas". I asked if she meant Tiller's and she said "yes, do you know him"? "No, I told her, but I know about him". She offered to have other women who had had abortions call me but I declined. Sensing that I was not interested in pursuing this any further she told me in a very apologetic voice that "there is a parent support group, but well...they are rather positive". She made it sound as though positive was a bad thing to be. She then went on to tell me that she had information on the group including an 800 number as well as pamphlets and books in her office that gave detailed information about Trisomy 18, 13 and related disorders including pictures. I called S.O.F.T. (Support Organization for Trisomy 18, 13 and Related Disorders) right away and found that they were indeed positive - but realistic. I told the woman over the phone about Isaiah's diagnosis and she told me that probably they were right but there was a chance he could live. She talked to me about the other "parents" and I remember asking her, "parents, you mean they have children?" "Yes, some did," she said. "How old?" I was told that they varied but there were a few children who were teenagers and even a couple of adults. The lady took my name and address and told me she would send me a family packet right away. I also requested the books they had available; Trisomy 13, a Guideline for Families and Care of the Infant and Child with Trisomy 18 or 13. These were the books the genetic counselor had described, the very ones she had in her office. While the information was heartbreaking, it also offered some hope and some help. Two things we hadn't had much of. Not only did some of these children live - they played and smiled and laughed and talked and learned things and showed affection and responded to love and affection.

We located a wonderful pediatrician in Fairbanks who agreed that Isaiah's chances were not good but she was willing to do what she could to help him. We made the decision to hire her and made plans to deliver our baby in Fairbanks. On May 10, only 11 days before his due date, Isaiah John Joslin was born at Fairbanks Memorial Hospital. He weighed 6 lbs 1 oz and was 18 1/4 inches long. Isaiah was a pretty baby with lots of bright red hair. Isaiah had difficulty breathing when first born but as the doctors and nurses checked him over they could find no sign of the problems seen earlier on three different ultrasounds. The brain cyst, stomach problem and hypoplastic heart were all missing as were all of the other problems earlier noted. However, Isaiah suffered from a ventricular septal defect

(VSD) - a hole in his heart. Although very serious, it was a far cry from the problems he had had earlier. Isaiah required oxygen and a nasal gastric tube for feeding. Because of the hole in his heart he was too weak to nurse and had to be fed with a tube. Isaiah looked so normal that even the nursing staff agreed we should retest him. Test results again showed Isaiah to have Trisomy 13. He stayed in the hospital for 12 days and then came home where we cared for him for 20 days before he left us to go to be with the LORD in heaven. Those were some of the hardest but sweetest days of my life.

I am telling you this story so you can understand why I stand before you today and ask that you pass HB329.

After talking to other doctors and doing a great deal of research and reading about Trisomy infants and because of my own personal experience, I believe my life was never in any danger. Yet, this undue burden was placed on me at a time when I already had plenty to worry about. I believe this was done to try and convince me to have the abortion.

I was told that ALL Trisomy infants die. I now know that somewhere between 90 and 95% of all Trisomy infants die before one year of age. That doesn't leave much room for hope I realize but it is quite different than saying they ALL die.

I was not told about the parent support group (S.O.F.T.) for over two weeks not until they had finally given up on talking me into an abortion. Well, you may say they were not sure your child had Trisomy until the final results were in. Perhaps, but they were sure enough that they continually brought up termination. I drove 350 miles to see the doctor and was never shown the written information about this disorder that they had right there..

Though they were careful to tell me every negative thing they could about the baby, I was never told of any of the risks of having an abortion. There was never any mention made of the risk to my health, either physical or emotional from having the abortion.

I believe the doctors who repeatedly brought up termination probably meant well. The problem comes in where they apparently believed that their professional status, or their medical degrees placed them in a position to know better than me what was best for me, my family and my baby. That simply is not true.

Giving life to Isaiah was hard on our family. But it wasn't TOO hard. It was expensive. But it wasn't TOO expensive. It was hard on the other children. But it wasn't TOO hard on my other children. Giving life to Isaiah blessed our family, including the other children. Because of his heart condition Isaiah was always lethargic and sleepy and tired acting but he was never in pain. The equipment which monitored his oxygen saturation rate showed that whenever we held him or showed affection to him, Isaiah was aware of it. His saturation levels would soar when he was being loved on. My daughter, Emily who is five loves to recount the story of how Isaiah's oxygen saturation level was in the 60s the night before he died. I laid him in Emily's arms and immediately his saturation level rose to 100. There seems to be a feeling out there that a successful life is one that is free from pain or

suffering or trials and that isn't true. Isaiah's life was successful. We loved him and he loved us.

We have been comforted and encouraged even since Isaiah's death by reading of other families with Trisomy children in the S.O.F.T. newsletter. The letters and testimonials are all expressions of the love each family has for their infant or child. Many of them include pictures of their precious children, most of them deceased but some still living. Some of them telling stories of medical professionals pressing them to have abortions are very similar to our experience. Without exception every family expressed love and gratitude for the time they had had with their children, no matter how short.

Uniform written information should include basic facts regarding fetal development and the risks associated with continuing the pregnancy versus terminating the pregnancy. Crisis pregnancies come in many different forms. For some women it can be as simple as finding out about WIC, others are not even aware that the child's father is legally responsible for helping to provide support. Over 90% of all babies diagnosed prenatally with Downs Syndrome are aborted. Could it be that those women don't know about the parent support groups out there? Information on adoption agencies should be as readily available as information on abortion. There is a wealth of information out there and it would be a great help to doctors to have a booklet they could hand out to their patients.

Of course I would like for every mother to make the same decision I did but I realize that won't happen. But every mother deserves to have all of the information pertinent to her situation so that she can make an intelligent informed decision. I stand before you today and say that if you vote against HB329 you are saying, in effect, that women are not competent enough to be trusted with the facts regarding the health of their own bodies and that of their unborn children. A "no" vote says that you have no compassion for families and believe that doctors are better suited to make decisions for women and their unborn babies.

A "yes" vote for HB329 sends an entirely different message. A vote *for* informed consent says that you have respect for the intelligence of women and believe that they have the right to be trusted with the information necessary to make decisions for themselves. I trust and hope that this body of legislators will prove themselves to be in favor of women's rights.

Thank you.

Debbie Joslin



HB 329

Alaska State Legislature

Please enter into the record my testimony to the H. Hess
 committee on HB 329, dated 3/21/00
 bill/subject committee name

*I support women (all) have
 a right to be informed on
 all options before abortion.*

Yoncho H. St. John
[Signature]

Signed:

Testifier

Representing (Optional)

PO Box 39 Delta Jct AK 99737

Address

895-4411

Phone No.

Alaska Civil Liberties Union

An Affiliate of the American Civil Liberties Union

P. O. Box 201844, Anchorage, AK 99520-1844

Phone: (907) 258-0044 Fax: (907) 258-0288 Email: akclu@alaska.net

To: House HES Committee
From: Jennifer Rudinger, Executive Director
Date: Tuesday, March 21, 2000

Re: HB 329: BIASED COUNSELING AGAINST ABORTION AND MANDATORY DELAY

The US Supreme Court's 1992 decision in Planned Parenthood of Southeastern Pennsylvania v. Casey upheld, among other restrictions, a Pennsylvania law requiring that physicians provide women with state prepared anti-choice materials at least 24 hours prior to the abortion procedure. The law forces a doctor to provide every woman seeking an abortion with information that is intended to discourage the procedure – even if the information is irrelevant, unnecessary, and ultimately harmful to her health.

Such "biased counseling" laws are currently enforced in more than a dozen states. In a number of other states, these laws have been enacted but are enjoined or otherwise unenforced. Often introduced under the deceptive label of "Informed Consent" or "Women's Right to Know," biased counseling laws in fact serve to hamper women's access to abortion.

Alaska, however, is one of several states that evaluate restrictions on women's reproductive choices under the stricter standard of judicial review established by the US Supreme Court in 1973 in Roe v. Wade. Therefore, the Casey analysis and conclusion do not apply when an Alaska court reviews laws such as HB 329, and it is our opinion that HB 329 is unconstitutional under the Alaska Supreme Court's decision in Valley Hospital Association, Inc. v. Mat-Su Coalition for Choice, et al. in 1997.

Aside from our concerns that HB 329 violates the Alaska Constitution, there are many reasons why the bill is bad public policy.

1. Biased Counseling Gives Women Inaccurate and Incomplete Medical Information.

Mandatory anti-choice lectures do not give women accurate or meaningful medical information. Women are not told, for example, that a legal, first-trimester abortion has a lower complication rate than any other surgery, but in fact, the mortality risk of full-term pregnancy and childbirth is more than 20 times greater than that of a first-trimester abortion. Rather, women are read a list of possible complications from the abortion procedure, which in reality occur very rarely. HB 329 does not require that women be told about the psychological effects of giving a child up for adoption or carrying an unwanted pregnancy to term – rather, HB 329 requires that women be told only that *abortions* pose risks of psychological injury. In fact, according to a 1987-88 investigation by the former Surgeon General of the United States, Dr. C. Everett Koop (who is no champion of choice), as well as a study by the World Health Organization, there is no medical evidence that abortion causes psychological injury. On the contrary, relief is the



Alaska State Legislature

Please enter into the record my testimony to the H. Hess
 committee on HB 329, dated 3/21/00
 bill/subject committee name

*I support women (all) have
 a right to be informed on
 all options before abortion.*

Signed:

Yonko H. St. John
W.C. St. John

 Testifier

Representing (Optional)

PO Box 39, Delta Jct, AK 99737

Address

895-4411

Phone No.

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Page 2 of 4

most common reaction to a voluntary abortion, whereas women who are forced to continue unwanted pregnancies suffer adverse and sometimes severe psychological consequences.

HB 329 requires physicians to tell their patients that abortion increases a woman's chance of developing breast cancer. This is a scientifically unsupported statement mandated not out of concern for women's health, but in order to scare women away from choosing abortion. In fact, the most recent and most conclusive research about abortion and breast cancer, a study of more than 1.5 million women in Denmark, found that "induced abortions have no overall effect on the risk of breast cancer."

2. Requiring That Physicians Deliver the Biased Lectures Makes Access to Quality Reproductive Health Care More Difficult and Expensive.

HB 329 prohibits a trained counselor, nurse, or other health care practitioner from providing the biased counseling to the patient, requiring instead that a doctor deliver the state's anti-choice message. This stipulation has a direct effect on women's health. Many clinics experience serious difficulty in finding doctors willing and able to perform abortions, and the few who are available often find themselves barely able to meet the needs of their patients. By prohibiting doctors from delegating counseling and related tasks to other trained professionals, these laws make it far more difficult for clinics to provide women with the quality health care they deserve. Furthermore, since a doctor's time costs much more than that of a nurse, clinician, social worker, or counselor, the doctor-only stipulation drives up the costs of abortion and other health services provided by clinics.

3. Informed Consent Is Already Required For Medical Procedures.

A woman must give her informed consent before undergoing any surgical procedure, including abortion. The standards of the medical profession, as well as state laws, ensure that health care practitioners provide women with accurate and unbiased information regarding the risks and benefits of their various treatment options, and obtain their informed consent. HB 329 singles out abortion from all other medical procedures. Implicit in the requirement of a biased lecture is the assumption that women do not adequately think through their abortion decision and that the state must do their thinking for them. This assumption reflects a lack of respect for women's moral decision-making. In fact, virtually all women have carefully considered their decision to have an abortion by the time they arrive at the clinic. Clinics in Alaska routinely refer for additional counseling the small number of women who remain ambivalent.

4. Biased Counseling Requirements Violate Standard Medical Practice and the Doctor/Patient Relationship.

HB 329 requires a doctor to supply all of the state-mandated information to every woman in every instance in order to avoid liability. This state-imposed litany may conflict with the doctor's ethical obligation to give the best medical advice to the patient, in view of her individual circumstances. For example, it is both pointless and cruel to "inform" a victim of rape or incest that the "father" of the "unborn child" is liable for financial assistance if she carries the

HB 329 Position Paper
Page 3 of 4

pregnancy to term, or to remind a woman carrying a fetus with impairments so severe that it could never survive outside the womb that her "unborn child" will be 20 weeks old at the time of the abortion. Moreover, doctors are forced to provide nonmedical information – about the availability of child support, for example – about which they may not be qualified to speak and which is totally irrelevant to the physician's ethical obligation to provide the best medical care and advice to the patient. Indeed, the American Medical Association has resolved to oppose these types of measures, finding that "informed consent requirements [for specific medical procedures] often are not medically indicated and never are appropriate areas for codification in law." [American Medical Association, "AMA Opposition to 'Procedure Specific' Informed Consent," House of Delegates Resolution 226 (A-99).]

HB 329 is a perfect example of why legislators should not insert themselves into the business of practicing medicine. The definitions of "conception", "fertilization", "gestational age", and "pregnancy" contained in the bill are medically inaccurate, and the definition and use of the term "unborn child" is both medically inaccurate and inflammatory. Furthermore, providing women with "information" about their legal rights to collect child support from the father is both insensitive and cruel in the case of rape or incest victims and unrealistic because in reality, the percentage of fathers who actually *pay* this support is appallingly low.

5. Waiting Periods Cause Medical Risks

There are fewer than a dozen abortion providers in Alaska, and they are concentrated in Anchorage and the Kenai Peninsula. Therefore, many women in rural Alaska and in the Interior must travel great distances at great personal expense in order to terminate their pregnancy. Alaska Women's Health Services, for example, one of a handful of clinics in the state that perform abortions, serves women from all over the state whose journeys are more often measured in days than hours. With the hardships that these women face in rescheduling work, family, or school responsibilities, compounded by the providers' scheduling problems, a 24-hour waiting period could result in a delay as long as two weeks. Given these realities, a waiting period poses significant health risks to women seeking abortions.

Such a delay can push a first-trimester abortion into a second-trimester abortion, making what would have been a routine procedure into a more complicated and dangerous one. The American Medical Association, in its report on abortion, states that "[m]andatory waiting periods [and other barriers] have the potential to threaten the safety of induced abortion. Each of these factors increases the gestational age at which the induced pregnancy termination occurs, thereby also increasing the risk associated with the procedure." After the twelfth week of pregnancy, abortions require more skill, and there is greater risk of uterine perforation, hemorrhage, and other complications. By compelling women to delay their abortions, forced waiting periods add a significant risk factor to the abortion procedure.

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Page 4 of 4

6. Waiting Period Laws Demean Women's Decision-Making Ability.

No other medical procedures, even much more dangerous and complicated surgeries, have legally required waiting periods. The forced delay implies that women who seek abortions do so without adequate reflection and are incapable of making reasoned, moral decisions regarding their health and future. In reality, a built-in delay already exists between the time a woman finds out that she is pregnant and the time she enters the clinic, during which period she has ample, time to think over her decision. As I have already pointed out above, clinics themselves routinely provide counseling and refer any uncertain patients for further counseling. For some, the mandatory delay is more than merely insulting – it is cruel to tell a woman who knows that her fetus is anencephalic (lacking the upper portion of the brain) or a woman who has become pregnant through rape or incest that she must wait 24 hours and reconsider her decision.

7. Conclusion: HB 329 Endangers Women's Health and Violates Women's Constitutional Right to Reproductive Choice.

HB 329 is not created to protect women's health. The purpose is clear: this bill is designed to make a woman's very personal decision even more difficult. HB 329 intimidates women and discourages them from exercising their reproductive rights. Fear of civil sanctions and the intrusive nature of the state-prescribed litany of propaganda also serve to deter doctors from performing abortions, further exacerbating the alarming present shortage of providers in Alaska.

The AkCLU respectfully urges this Committee not to place any further burdens on women's rights to choose abortion. Please feel free to call on me if you have any further questions or concerns. I can be reached at (907) 258-0044 most days, from mid-morning until mid-evening.

Thank you for your careful consideration.

MAR-20-00 FRI 06:08 PM

FAX NO.

P. 02/1

03/20/2000 12:43 5373454225

CLBO

PAGE 02



March 20, 2000

To Whom It May Concern:

Re: House Bill No. 329

I am writing this letter to ask for your support in opposition of House Bill No. 329 which is being introduced into the state legislature for committee hearing on March 21, 2000. As a physician in Anchorage, to be frankly honest with you I find this bill appalling. This bill mandates that the father of the child is liable for financial support, and I feel that this is very insensitive in the case of rape or incest victims, and to be quite frank, it is unrealistic because it does not address how low the percentage is of fathers who actually pay for that support. Also, in regards to requiring women to read pamphlets that show pictures of the developing embryo or fetus at various gestational ages is cruel and insensitive in the case of WANTED pregnancies where the woman is terminating the pregnancy to save her own life or health or where her particular fetus is severely deformed and could not survive outside the womb.

In regards to the adverse psychological effects of abortion, it has been quite proven by Pro Life Surgeon General C. Everett Coop that this is not substantiated. Likewise, in regards to the link between abortion and breast cancer, this has been largely disproven and has been publicized by the American College of OB/GYN.

I also feel that the mandated 24-hour waiting period before a woman can undergo an abortion is discriminatory in regards to the Native population living in rural Alaska as it will be much more troublesome and expensive for those patients to receive the procedure as opposed to the percentage of the Caucasian population receiving the same type of procedure who live in the urban areas such as Anchorage.

I do hope that you oppose House Bill No. 329 and that you realize it is nothing more than a ploy by pro life advocates to infringe upon women's rights in regards to obtaining a safe abortion.

Sincerely,


Craig E. Hinkle, M.D.

CC: clb

**LEGISLATIVE INFORMATION OFFICE**

PO Box 1189
Room 210, Jarvis Office Center
Delta Jct., AK 99737
Phone: 895-4236 Fax: 895-5017

MEMORANDUM

DATE: March 21, 2000
TO: House Health, Education & Social Services Committee

FROM: Jackie W. Becker
Assistant Legislative Information Officer

SUBJECT: Testimony Sheets for House Health, Education & Social Services
Committee Hearing 3/21/00

Please accept the enclosed original(s) of written testimony for the House Finance
Committee hearing that was scheduled for 3/21/00.

Copies of this testimony were transmitted by fax on 3/21/00.

Thank you.

Enclosures: 1

Public Opinion Message

Contact your nearest Legislative Information Office to send your public opinion message

This form must be completely filled out. You may phone, fax, or deliver your POM to any LIO.

From: Please PRINT the information below. This form must be signed by the sender.

Mr., Mr., Mrs...	First name Tammy	M.I. L	Last name Pound	Jr., Sr., III...
Mailing address PO Box 920942 Dutch Harbor AK			Zip code 99692	
Residence (street) address if different from mailing address 162 Kashega Unalaska AK			Zip code 99685	
Daytime telephone number 907)581-1463	Group affiliation (if applicable) NONE	Signature <i>Tammy Pound</i>		Date 03/28/00

To: Put a in the appropriate box(es).

	Committees	House members	Senate members
H or S			
<input type="checkbox"/>	Community & Regional Affairs (cra)	<input type="checkbox"/> Austerman (aus)	<input type="checkbox"/> Adams (ada)
<input type="checkbox"/>	Finance (fin)	<input type="checkbox"/> Barnes (bar)	<input type="checkbox"/> Donloy (don)
<input checked="" type="checkbox"/>	Health, Ed., & Social Services (hes)	<input type="checkbox"/> Berkowitz (ber)	<input type="checkbox"/> Ellis (ell)
<input type="checkbox"/>	Judiciary (jud)	<input type="checkbox"/> Brice (bri)	<input type="checkbox"/> Elton (elt)
<input type="checkbox"/>	Labor & Commerce (l&c)	<input type="checkbox"/> Bunde (bun)	<input type="checkbox"/> Green (gre)
<input type="checkbox"/>	Resources (res)	<input type="checkbox"/> Cissna (cis)	<input type="checkbox"/> Halford (hal)
<input type="checkbox"/>	Rules (ris)	<input type="checkbox"/> Coghill (cog)	<input type="checkbox"/> Hoffman (hof)
<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/> Cowdery (coy)	<input type="checkbox"/> Kelly, P. (kep)
<input type="checkbox"/>	Transportation (tra)	<input type="checkbox"/> Croft (cro)	<input type="checkbox"/> Kelly, T. (ket)
<input type="checkbox"/>	Other:	<input type="checkbox"/> Davies (dav)	<input type="checkbox"/> Leman (lem)
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		<input type="checkbox"/> Foster (fos)	<input type="checkbox"/> Miller (mil)
		<input type="checkbox"/> Green (grn)	<input type="checkbox"/> Pameli (par)
		<input type="checkbox"/> Grussendorf (grs)	<input type="checkbox"/> Pearce (peo)
		<input type="checkbox"/> Halco (hac)	<input type="checkbox"/> Phillips, R. (phl)
		<input type="checkbox"/> Harris (har)	<input type="checkbox"/> Taylor (tay)
		<input type="checkbox"/> Hudson (hud)	<input type="checkbox"/> Torgerson (tor)
		<input type="checkbox"/> James (jam)	<input type="checkbox"/> Ward (war)
		<input type="checkbox"/> Joule (jou)	<input type="checkbox"/> Wilken (whk)
			<input type="checkbox"/> Williams (wil)

Subject: Fill out the boxes below **OR** enter a Subject.

HB or SB HB	Bill number 329	and check one:	<input checked="" type="checkbox"/> Support		
			<input type="checkbox"/> Oppose	OR	enter a general Subject
			<input type="checkbox"/> Amend		(LIO staff may modify):

Message: Your PRINTED message cannot exceed 50 words or contain any vulgar language.

At	A	Time	when	Citizens ⁵
Are	Asking	for	less	Government ¹⁰
Interference;	THE	Alaska	legislature.	is ¹⁵
Working	to	ERODE	MY	FREEDOM ²⁰
OF	CHOICE.	I	AM	PERFECTLY ²⁵
CAPABLE	OF	MAKING	AN	INFORMED ³⁰
DECISION	WITH	MY	PERSONAL	PHYSICIAN ³⁵
WITH OUT	INTERFERENCE	OF	THE	STATE ⁴⁰
GOVERNMENT.	I	STRONGLY	OPPOSE	HB ⁴⁵
329.	THANK	YOU.		⁵⁰

The Bottom Line

As the battle over abortion shifts from retail surgical baby-killing to wholesale chemical baby-killing, pro-lifers must use precise and unchanging language and terms on the ever-changing battlefield. The babies cannot afford sloppy or imprecise language, because confusion and uncertainty always work to the advantage of the pro-abortionists.

Traditionally, pro-life activists have proclaimed: "life begins at conception."

In the Brave New World of silent abortions and shifting terminology, this statement, although it is true, is not specific enough to counter the shifting terminology of the anti-life forces.

The vast majority of pre born children who die at the hands of abortionists are not killed by vacuum machines and curettes, but by injections and pills.

In order to fight for all pre born children, pro-lifers must declare what has always been true, but which is now particularly relevant: "Life begins at fertilization!"

[from Clowes, Brian Ph.D. "Abortifacients," The Facts of Life. 1997. p . 68.]



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess
 Committee on Bill 329 Committee Name Dated 3-21-2000
Bill / Subject

See 3 page testimony that follows.

SIGNED: Aleatha Martin
 Testifier

Representing
15410 Scenic Loop, Fairbanks 99709 479-4773
 Address / Phone Number



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HILLS
 Committee on HB 329 Committee Name
Bill / Subject Dated 3/21/00

(INSERT TEXT OF 3-21-00)
 P.O.M.

SECTIONS	18.05.032	(a)(5)	18.16.060	(b)(1)(G)
SHOULD	READ:	"BOTH PARENTS ARE	E. LIABLE"	
AND EITHER PARENT		IF HE OR SHE	IS A	
NON-CUSTODIAL	PARENT,	THE (S) LIABLE"		
GENERAL	ALSO,	PARENTS AND	THE	
THAT	PUBLIC	SHOULD BE	INFORMED	
AT	PARENTS	AND CHILDREN	ARE	
UNCHECKED,	RISK	DUE TO	THE	
AND ITS	ILLICIT POWER	OF D.F.Y.S.		
	AND ITS	COHORT AGENCIES.		

SIGNED: [Signature]
 Testifier
P.O. 75011 FBKS 99707
 Representing
474-0174
 Address / Phone Number

immediate attention required!



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Rep. Coghill + Committee
Committee on Bill 329 re. Dr. Esada's Dated 3-21-2000
Bill / Subject Committee Name

Mr. Coghill,

When I arrived at Providence hospital Dr. Esoda did my ultrasound. He told me there was a good chance my 23 week child was likely to have down syndrome. I was in preterm labor and we did not know if he would live or die. I did not need this information at that time. I am 5 feet tall, my boy is short! I was not happy with Dr. Esada's skill and requested that his partner do subsequent ultrasounds. She reassured me that he was fine. I believe he is not an expert with regards to which information should be ~~disc~~ given and when this information should be shared. A woman needs the facts and all the information for any informed decision she must make.

SIGNED:

Allytha Martin
Testifier

Representing

479-4773

Address / Phone Number



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the SSHB 329

Committee on INFORMED CONSENT Committee Name
Bill / Subject Dated 3/21/00

I DISAGREE WITH THE BILL. I believe it is punitive to women and their physicians to FORCE THEM TO LOOK AT PICTURES AND DISCUSS INFORMATION THEIR LEGISLATOR MANDATES. MOST WOMEN SEEKING TERMINATION WHO CARE ABOUT LEARNING THE GROWTH OF THE EMBRYO/FETUS HAVE DONE SO ON THEIR OWN. OTHER WOMEN, NOT WISHING TO KNOW, SHOULD NOT BE FORCED BY THE GOVERNMENT.

I HAVE ASSISTED WITH 1,000 (approx) ABORTIONS IN FAIRBANKS. I HAVE NEVER SEEN OR TALKED WITH ANY OF OUR PATIENTS BEFORE OR AFTER THE ~~LEGISLATIVE~~ PROCEDURE WHO WOULD HAVE BENEFITTED FROM THIS LEGISLATION.

THERE ARE ONLY A FEW ABORTION PROVIDERS IN THIS STATE. A WOMAN'S DESIRE TO TERMINATE A PREGNANCY IS A MATTER BETWEEN A WOMAN, HER FAMILY, HER RELIGION AND HER DOCTOR.

ABORTION SHOULD NOT BE A POLITICAL ISSUE. AS A REGISTERED NURSE I PRACTICE UNDER A PROFESSIONAL CODE OF ETHICS - THAT INVOLVES NOT IMPOSING MY MORAL JUDGEMENT ON MY PATIENT. WHEN, AS A NURSE, I AM UNABLE TO ABIDE BY THIS CODE, I NEED TO CHANGE MY JOB OR MY CAREER. I WOULD RECOMMEND THAT LEGISLATORS SUCH AS REPRESENTATIVES COGILL AND DYSON, UNABLE TO LEGISLATE LEGALLY OR RESPONSIBLY, THAT YOU SHOULD CONSIDER YOUR CODE OF ETHICS.

SIGNED: Kay Kindt
Testifier

Self
Representing

PO BOX 71952 466-1687
Address / Phone Number



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess
Committee on Bill 329 3-21-2001
Committee Name Dated
Bill / Subject

See 3 page testimony that follows.

SIGNED: Aleatha Martin
Testifier

Representing
1540 Scenic Loop, Fairbanks 99709 479-4773
Address / Phone Number

Fairbanks Information Office
119 N. Cushman St. Suite 101
Fairbanks, AK 99701
452-4448

facsimiletransmital

To: House HESS Cmte. **Fax:** 907-465-4587
Representative Fred Dyson,
Chair

From: Legislative Information Office **Date:** 03/21/00

Re: Written Testimony – HB 329 **Pages:** 2 7

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Written Testimony for HB 329 teleconferenced 3/21/00. The original
will be mailed to the committee chair

Thank you,

Fran/Fbx LIO

CONFIDENTIAL



COVER SHEET

Anchorage Legislative Information Office
Office - (907) 269-0111 Fax - (907) 269-0229

To: House HSS

Atten: _____ Fax: 465-4587 Phone: _____

From: _____ Phone: _____

Instructions: Testimony
HB 329

Sent: _____ Date: _____ Time: _____

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3/21/00

Rep. Strain

Sharon Began

Anchorage Crisis Pregnancy Center
Thelma Hartman
Director Of Client Services

*to Council On Moral Values
Stann on Janice of HB 329 Defense Council*

The local Crisis Pregnancy Center is able to help women and men who have experienced an abortion. We have found that 75% of women regret the abortion experience. There are 1.5 million abortions annually in the United States 75% is 1.1 million. So we have 1.1 million women who are wounded with emotional problems. They are told, "emotional problems are uncommon, and usually go away quickly" (Facts About Early Abortion, Planned Parenthood, handout)

I have a survey that was conducted by an organization called Open Arms. They surveyed 1,410 women. This survey confirms the statistics that 75% of women experience emotional trauma. 1,104 experienced guilt, 949 crying and depression, 972 regret and remorse, 827 could not forgive themselves.

*also
of personal
conviction*

- 826 could not remember the doctor's name
- 811 said they did not feel adequately informed about the baby
- 761 stated they were not adequately informed about complications
- 805 said they would liked to have had pro-life information

Of this 1,410 women 1047 stated they would not have another abortion.

I agree with ~~this~~ Bill HB329. The woman who feels abortion is her only alternative needs more information. It is sad they are only told a limited amount of information. Following is an account of one woman's experience.

When she was in college she became pregnant. Feeling her only option was abortion she went to the local clinic had her abortion. Felt different about it, but could not identify any emotion. Two years later she became pregnant again and felt that she was just not ready for a family. She had a second abortion at this time, but told herself that she would not do this again. Many years went by, 15 to be exact. She was teaching a Sunday school class; she arrived early to prepare for the students. She knelt before the chalkboard to pray for the morning session. She looked up and above the board was a set of pictures depicting the growth of a fetus from 1 month to 9 months. She looked in horror as she realized that she had aborted a baby at 11 weeks. She saw the fetus had arms, legs, eyes, actually was perfectly formed. She started to sob and then thought I need to control myself, the little children will be here soon. Not long after this experience she sought help through her local Crisis Pregnancy Center.

Because abortion is a negative experience many women never disclose they had one. Some women do share with a select group of people.

if she would have been given this information that this child before her death is being sold

With this bill in place, more information will be given so women can truly make that informed decision. They may decide to place this baby for adoption. They do have other options and they need to be informed of these choices.

*Sharon Nakamura
Dir. Humana Health*

Stretching Forth

with Open Arms

Abortion Information Survey

The Open Arms' "Abortion Information Sheet" (AIS) Project is an on-going post-abortion statistical survey which began in 1986. The early surveys were primarily gathered from women who had contacted Open Arms for post-abortion help and support.

Currently, several crisis pregnancy centers (CPCs) are asking their post-aborted clients to participate in the survey. This brings a balance to our sampling because these clients are typically coming to the pregnancy center to find out if they are pregnant, not for post-abortion counseling.

Although the survey is not conducted under strict scientific methods, it offers evidence of trends to look for in the post-aborted. We first released our survey results in January of 1993, with data collected from 650 women. Now, three years later, our data represents 1,410 women.

Total Number of Surveys	1,410	Could remember doctor's name:		
Averages:		Yes	300	21%
Age when they filled out the survey	29	No	826	59%
Age when they had their abortion	21	Felt were adequately informed about the baby:		
Weeks along when abortion was performed	10	Yes	509	36%
Cost of abortion	\$311	No	811	58%
		Not Sure	35	3%
Type of Abortion:		Felt were adequately informed about complications:		
Suction	949	Yes	534	38%
D & C	143	No	761	54%
D & E	29	Not Sure	46	3%
Saline	39	Would have liked pro-life information then:		
Hysterotomy	4	Yes	805	57%
Other	21	No	323	23%
Can't Recall	216	Not Sure	122	9%
Number of Abortions:		Was the abortion illegal:		
One	1001	Yes	77	5%
Two	244	No	1397	99%
Three	76			
Four or more	41			
Reason for Abortion:		If Not—Would they have an illegal abortion:		
Social	1155	Yes	127	9%
Economic	120	No	927	66%
Health	67	Not Sure	135	10%
Life	16			
Rape	18	Would they have this abortion again:		
Incest	5	Yes	207	15%
		No	1047	74%
		Not Sure	60	4%
Abortion Paid By:		Did the relationship with the father of the baby end soon after abortion:		
Mother of baby	487	Yes	776	55%
Father of baby	443	No	611	43%
Grandparents of baby	308			
Government	118	If the relationship did not end, how was it affected:		
Insurance	91	Became closer together	78	13%
Other	82	Increased their problems	297	49%
		Did not have any effect	168	28%
Client's Income Bracket (Family's):				
Low (Under 15K)	576			
Middle (15K-35K)	343			
Upper (Above 35K)	62			

(Continued on p.4, see "Abortion Survey")

This survey is copyrighted by the Open Arms National Office, but may be reprinted if the following information is included:
The "AIS Project" is an on-going national post-abortion statistical survey. If anyone has had an abortion and would like to participate, or if a crisis pregnancy center would like to help collect data, please contact Open Arms for official survey forms. Open Arms National Office, P.O. Box 9792, Colorado Springs, CO 80932, (719) 573-3790

Abortion Survey

(Continued from p.1)

Psychological/Emotional Problems:

Guilt	1104	78%
Lower self esteem	766	54%
Nightmares	417	30%
Crying/depression	949	67%
Regret/remorse	972	69%
Frigidity	281	20%
Hostility/hatred of men	397	28%
Promiscuity	291	21%
Feeling dehumanized	379	27%
Abusive to Children	48	3%
Despair/helplessness	588	42%
Eating Disorders	242	17%
Can't make decisions	449	32%
Suicidal impulses	335	24%
Can't forgive self	827	59%
Preoccupied w/ doath	230	16%
Anger/rage	661	47%
Preoccupied w/aborted baby	438	31%
Drug/alcohol abuse	390	28%
Desire to get pregnant again	484	34%
Desire others to abort	67	5%
Suicide attempts	184	13%
Thwarted maternal feelings	175	12%
Other	130	9%

Physical Complications Reported:

Hemorrhage	130	9%
Infection/high fever	107	8%
Neo-natal death & Stillbirth	21	1%
Perforated Uterus	12	1%
Long/difficult labor	133	9%
Cervical Lacerations	21	1%
Sterility	22	2%
Damage to Bowels	12	1%
Infertility	101	7%
Peritonitis	2	0%
Cervical Damage	33	2%
Shock/Coma	27	2%
PID-tubal Infection	37	3%
Blood Clotting Defect	57	4%
PID-uterine infection	64	5%
Intense pain	347	25%
PID-tubal/ovarian abcess	27	2%
Incomplete abortion	39	3%
PID-unspecified	68	5%
Adherent Placenta	17	1%
Scarred uterus	64	5%
Placenta previa	27	2%
Menstrual Disorders	211	15%
Tubal Pregnancy	18	1%
Rh problems	18	1%
Abdominal pain	232	16%
Premature birth	62	4%
Miscarriage	193	14%
Other	110	8%

News Briefs

Livers For Monkeys

Researchers took liver tissue from aborted preborn children and implanted it in the fetuses of baboons to test "transplantation engraftment," which occurred in one animal. "All the animals survived the in utero procedures," reported the study. —The babies died. (*communiqué*, January 12, 1996)

Ohio Barrs Late-Term Abortions

Ohio became the first state to pass a law barring late-term abortion. The law forbids abortions after 21 weeks of gestation if the fetus can survive outside the mother's body. A test to determine fetal viability would be required unless the abortion is necessary to save the mother's life or preserve her physical health. (*Religion Report*, September 4, 1995)

D.C. Abortions Restricted

The House Appropriations Committee voted "to impose the tightest restrictions ever on abortion in D.C." (*communiqué*, January 12, 1996)

Open Arms

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Crisis Pregnancy Center
1900 W Bensch Blvd
Anchorage AK 99517-1913

3/31/00

Dear Ladies and Gentlemen of the
House of Representatives,

I would like to give a brief account of my
life as a post-abortionive woman in the
80's, 90's and present.

In the summer of 1984, I was raped, (He
used a chemical seduction and it rendered me
helpless.) I did not find out that I was
pregnant until October 1984 at a routine
physical exam. In the part of the lower 48
that I lived in, abortions were not performed
past 18 weeks gestational age. I was at least
16 weeks gestation and decisions were made in
less than 8 hours. The pressures from parents and
my doctor were overwhelming. So I went ahead
with the steps to get the abortion procedure done.
The seaweed was placed inside to open the cervix.
The following day was the actual abortion procedure.
There was a "counseling session" about the
procedure and a few of the common risks and
side effects were mentioned. But nothing about
long-term risks and health side-effects. Nor
alternatives were not mentioned. I forced the
issue to see my baby after the procedure
knowing how old he was. If I had not done
that they would have never shown me pictures/
graphs of how he looked. I did not know
that you could reverse and stop the

procedure at the "seaweed" level. I learned that at P.A.C.E. through CFC, 3 years ago, I have gone through P.A.C.E. twice, (Post-Abortion Counseling & Education)

The mental/emotional trauma has healed through that Bible study and the prayers of my husband, all of which are centered on God and Jesus Christ. I still have little bouts of "memory" hardships, but God and I are working together on that.

The physical challenges may lie ahead of me. As of right now, today, my body is not functioning correctly like a "normal" female. This could be due to my abortion 16 years ago. Time will tell.

This is why I am a strong supporter of HB 329. I would have liked to have had the chance to think for 24 hours, after knowing all the facts and alternatives available. Please give young women of Alaska this choice.

A concerned constituent,
Sincerely,

Sarah Johanson

Sarah Johanson

March 21, 2000

Re: SSHB 329-Informed Consent

To the Honorable Committee Members,

No one knows for sure what additional information would have caused us to make a different past decision. This is true for minor decisions as well as for those decisions that shape our future. But we do know that the best decisions, with the fewest regrets, are made when we have all the information available.

Women choosing abortion are often doing so without all the available information. Much information is available---fetal development; alternatives to abortion; physical, emotional, and psychological risks of abortion---but it is not provided to the abortion patient. For other medical procedures medical personnel are required to inform the patient of alternatives and possible risks and complications. Abortions are exempt. Why? Those undergoing all medical procedures should be well-informed before choosing to proceed.

It takes time to digest information that is unfamiliar, sometimes mind-boggling, and emotional. Medical information can be all of these: unfamiliar as medical terms and procedures are new to us, mind-boggling as we are not all medically astute, and emotional as our bodies are near and dear to us. A waiting period is reasonable and often needed simply to digest all the information and make an informed decision.

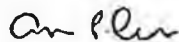
Who seeks to gain from keeping the abortion patient from being well-informed? Not the patient.

As a lay post-abortion counselor I have worked with over 45 women who have experienced abortion. Most would have made different decisions "if [they] had only known..." Often the missing information concerned fetal development or the physical and emotional side effects they experienced as a result of abortion.

I believe this legislation is reasonable and an important step toward making reasonable and well-informed decisions about abortion.

Thank you for your consideration.

Sincerely,



Ann Pilch
1205 Old Klatt Rd.
Anchorage, AK 99515
344-7865

Phrase
 Typed "Dr. Jerome Lejeune" into search engine
 (from American Life League)

Printed 3 pages...

ABORTION

The development of the preborn child

Definitions

Baby is defined as "an extremely young child; the youngest member of a group" (Webster's Third New International Dictionary, G & C Merriam Co., Toronto, 1981, p. 156).

Child is defined as "infant; baby, an unborn offspring; fetus" and derives from "gelf; a swelling up of the womb" or, in Gothic, "Kilthei; womb" (Webster's New World Dictionary, 3rd College Edition, Simon & Schuster, Inc., New York, 1988, p. 243).

Mother is defined as "that which gives birth to something, is the origin or source of something, or nurtures in the manner of a mother" (Webster's New World Dictionary, 3rd College Edition, Simon & Schuster, Inc., New York, 1988, p. 886).

"Human Being" Defined

According to Dr. Jerome Lejeune, the world-renowned French geneticist who discovered the extra chromosome in children who have Down's syndrome, a human being is "the he/she who belongs to our species . . . no matter the amount of kilograms and no matter the amount of differentiation of tissue." 1

Fertilization and the First Week of Life

The life of every human being begins at fertilization. Numerous scientific texts and scholars have affirmed this fact.

Dr. Keith L. Moore, in Essentials of Human Embryology states:

The fertilized ovum, known as a zygote is a large diploid cell that is the beginning of a human being . . . 2

and again in Before We Are Born, he states:

*Citations
 continued on
 next page.*

Human development begins at fertilization when a male gamete or sperm fuses with a female gamete or ovum to form a zygote. The zygote is the first cell of a new human being.³

Dr. T. W. Sadler in Langman's Medical Embryology states:

The development of a human being begins with fertilization.⁴

Dr. Raymond F. Gasser in Beginning of Individual Human Life from a Biological Perspective states:

[E]very human being . . . began his or her unique existence in this manner, as one cell.⁵

In Developmental Anatomy Leslie Arey writes:

Fertilization: the formation, maturation and meeting of a male and female sex cell are all preliminary to their actual union into a combined cell, or zygote, which definitely marks the beginning of a new individual.⁶

And in Human Embryology Bradley M. Patten states:

It is the penetration of the ovum by a spermatozoan and the resultant mingling of the nuclear material each brings to the union, that constitutes the culmination of the process of fertilization and marks the initiation of the life of a new individual.⁷

Dr. Jerome Lejeune, world-renowned geneticist, testified:

[W]hen the information carried by the sperm and by the ovum has encountered each other, then a new human being is defined because its own personal and human constitution is entirely spelled out.

If a fertilized egg is not by itself a full human being, it could never become a man, because something would have to be added to it, and we know that does not happen.⁸ In the United States Tennessee circuit court case of Davis v. Davis, Dr. Lejeune reported that fertilization as the beginning of the life of a human being is now an experimentally demonstrated fact in light of three findings over the last four years.⁹

1. The manipulation of DNA: a special DNA probe was invented by Dr. Alec Jeffreys, in England. The probe, when used to analyze a thread of DNA, would reveal a minute bar code. The probability of finding the code, only a piece of an individual's DNA, identical to another person's is less than one in a billion. It is no longer a theory that each human being is unique from fertilization onwards.

2. Using a system called PCR, one molecule from one cell can be reproduced into billions. In doing so we can see again a complete "demonstration of uniqueness" in one cell—one nucleus of an individual.

3. An understanding was obtained of why methyl (CH₃) is on the DNA base cytosine. Cytosine transforms in methyl. With methylation one gene is "knocked out" but if demethylated on the next cell division it communicates information again. Lejeune describes the process by stating:

[In] the expansion of the primary formula which is written in the early human being, nothing is learned but progressively a lot of things are forgotten. The first cell knew more than the 3-cell stage and the 3-cell stage knew more than the morula, than the gastrula, than the primitive streak, and the primitive nervous system. In the beginning it was written not only what is the genetic message we can read in every cell, but it was written the way it should be read from one sequence to another one.

It cannot be said that the first cell is a non-differentiated cell. It must be said now the first cell is knowing how to differentiate the cell progeny.¹⁰

These and other findings are detailed in various texts and studies.¹¹⁻¹⁷ (Several of these studies have shown that androgenetic-parthenogenetic chimaeras do not develop since they lack the genetic constitution of a new individual human being.)

Within a day from the moment the human father's sperm contacts the human mother's ova, a fusion of the two sets of 23 chromosomes occurs and the information of the young individual is complete in reality and existence.¹⁸ This information reveals that the individual is of the species homo sapiens and that he or she is unique, with a fully defined physical constitution including hair, eye colour, skin pigmentation, facial features and body type.¹⁹

The first cell division occurs approximately 30 hours after the sperm enters the ova—the first of many that will occur in the lifespan of the young human being.²⁰

Implantation to Six Weeks

By the end of the first 7 days of life the young human being sinks into the nutrient wall of the uterus where she implants herself.²¹

At the end of two weeks a primitive streak appears; it distinguishes the different germ layers of the individual. Over the next three weeks these layers give rise to specialized tissue and organ systems.

a) The ectodermal layer gives rise to the organs and structures that maintain contact with the outer world:

Alaska State Legislature

Interim:
119 N. Cushman, Suite 211
Fairbanks, AK 99701
(907) 456-5081 - Phone
(907) 456-8245 - Fax



Session:
State Capitol, Room 416
Juneau, AK 99801
(907) 465-3719 - Phone
(907) 465-3258 - Fax

Representative John Coghill

SSHB 329 - Informed Consent Sponsor Statement

I have introduced SSHB 329 for the purpose of protecting the health of women. SSHB 329 requires Alaska physicians to provide women seeking elective abortions information regarding the potential physical and psychological risks of the procedure, as well as alternatives to abortion.

The U.S. Supreme Court noted in *H.L. v. Matheson* (1981) that "the medical, emotional, and psychological consequences of abortion are serious and can be lasting." Speaking to the issue of a woman's informed consent, the U.S. Supreme Court also observed in *Planned Parenthood v. Danforth* (1976) that a decision to have an abortion "is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences."

Recognizing the need for women to exercise an informed choice about an elective medical procedure, Alaska regulations since the early 1970s have required physicians to advise patients seeking abortion of the "medical implications and the possible emotional and physical sequelae of the procedure." (12 AAC 40.070). However, Alaska's informed consent provision lags behind other states because it exists only in regulation and not in statute. It also lacks specificity and is not uniform in its application. More than twenty-five other states have laws requiring informed consent before abortions are performed, and detailing specific information that physicians must provide. States with the most comprehensive informed consent statutes include Indiana, Kansas, Kentucky, Michigan, Mississippi, Nebraska, North Dakota, Ohio, Pennsylvania, South Dakota, Utah, and Wisconsin.

SSHB 329 elevates the informed consent requirement from regulation to statute, and it requires the Department of Health and Social Services to develop a standard information brochure that physicians will make available to women considering abortion. The brochure will include information on public and private agencies that provide services to assist pregnant women, including adoption services. The brochure will include objective information and photographs depicting the anatomical and physiological characteristics of a typical unborn child at two-week gestational increments. In addition, the brochure will describe the specific potential health risks of abortion, including infection, hemorrhage, breast cancer, danger to subsequent pregnancies, and infertility.

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 16, 2000

FURTHER REFERRALS:

Judiciary
Finance

Date of Committee Action: _____

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

SSHB 329

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 329

INFORMED CONSENT FOR ABORTION

"An Act relating to services and information available to pregnant women and other persons; and requiring informed consent and a 24-hour waiting period before an abortion may be performed unless there is a medical emergency."

recommends it be replaced with the following committee substitute _____ the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dep/Date) _____

fiscal note(s) _____ fiscal note(s) _____

zero fiscal note(s) _____ zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>			<input checked="" type="checkbox"/>	
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>		<input checked="" type="checkbox"/>		
<i>[Signature]</i>	<input checked="" type="checkbox"/>			

CHAIR'S SIGNATURE _____

Subject: Fw: HB 329 /sorry that I gave you the 'Senator' title originally!

Date: Wed, 29 Mar 2000 15:14:18 -0900

From: "Erik and Laura" <sparkplug@gci.net>

To: <Representative_Fred_Dyson@legis.state.ak.us>

----- Original Message -----

From: Erik and Laura

To: Senator Fred Dyson@legis.state.ak.us

Sent: Wednesday, March 29, 2000 2:57 PM

Subject: HB 329

Hello Senator Dyson:

I am writing to stress my strong objection to HB 329 "An Act relating to the pregnancy and abortion of women' etc. This attempt at further limiting a woman's right to choose, her medical health and incredibly complex decisions which no man can understand, is just unconscionable. The language of the amended bill is full of medical errors, falsehoods and is quite clear in its aim to make young women (and yes, girls) go through the dangers of pregnancy. Pregnancy is actually much more dangerous than an abortion is, except when they were done in disreputable doctors' offices, so-called 'back alley abortions'.

As someone who has worked extensively in rural Alaska, being a natural resource anthropologist, I can tell you that this 24-hour waiting period will pose an undue burden on the most economically-challenged of Alaskans. As you well know, air costs to the cities are very high, and these girls often come from homes where the last thing any concerned legislator should want is an unwanted child! There are enough current youth problems with Native youths, and forcing pregnancies on girls, who are also doing illegal drugs, is not looking forward into the future.

Yet, as an adult woman, no one takes an abortion lightly or with great throughout. But it is not the government's place to interfere with this most basic human and civil right. As a Republican, your party should be at the forefront of keeping government out of private lives, for that is the history of Jefferson, Lincoln and Reagan. So, why are the Republicans always introducing this type of incredibly 'Big Brother' legislation at attempts to infringe on half of Alaska's population?

I do know personally what an abortion is like, and my life is not screwed up today, but is quite wonderful. Now that HB 329 has been moved out of your committee, I will make every effort to stop it and encourage people who value individual freedoms, whether they be the right to bear arms, kill wolves or have internet privacy. They are from the same pot-American individual liberties, and constitutionally protected. Sincerely, Laura Jurgensen

File ABORTION

Subject: Thanks for supporting HB 329

Date: Fri, 31 Mar 2000 00:05:18 -0900

From: "heather harvey" <harvey@mosquionet.com>

To: <Representative_Fred_Dyson@LEGIS.state.ak.us>

This is a very good bill! I am a Licensed Practical Nurse and have been a Certified Nursing Assistant, as well as a Healthy Pregnancy/Healthy Baby instructor for the American Red Cross. It is amazing to me how ignorant many patients are of their body, the child developing in utero, and what resources are available to them. A woman without all the information has no choice, she is a woman backed up against a wall that sees only one way out. I believe many women are guided to see abortion as the only way out and this is not true. Please do not let the abortionist and people in the fetal parts industry win this one!

Heather Harvey
3209 Pickering Drive
Fairbanks, AK 99709