

SB

30

SENATOR FRED DYSON

MEMORANDUM

April 17, 2003

To: Senator Ralph Seekins, Chair
Senate Judiciary Committee

From: Senator Fred Dyson

RE: Request for Hearing SB 30

I respectfully request a hearing in the Senate Judiciary Committee for SB 30 (Abortion: Informed Consent; Information). In addition to the attached materials, I would be glad to answer any questions that may arise, as would my staff, Jason Hooley (ext. 3762). Thank you for your consideration.



SENATOR FRED DYSON

SB 30 SPONSOR STATEMENT

"An Act relating to information and services available to pregnant women and other persons; and ensuring informed consent before an abortion may be performed, except in cases of medical emergency."

Since the early 1970's, Alaskan physicians who perform or induce abortions are required, in regulation, to inform patients "of the medical implications and the possible emotional and physical sequelae of the procedure" (12 A.A.C. 40.070). SB 30 raises these regulations into statute, and standardizes the information presented to the patients by means of a website maintained by the Department of Health and Social Services. This website will list accurate, objective information that explains resources available to a pregnant woman that may assist her in making and implementing her own reproductive decisions. This bill will enable women to make healthy, educated choices regarding their own individual and private circumstances.



SENATOR FRED DYSON

SB 30 SECTIONAL ANALYSIS (Version S)

"An Act relating to information and services available to pregnant women and other persons; and ensuring informed consent before an abortion may be performed, except in cases of medical emergency."

Section 1 FINDINGS language describes the interests and intentions of the Legislature's intervention in this issue. Interests include regulating medical practice, protecting the life and health and choices of pregnant women, and clarifying a physician's requirements to obtain informed consent, which will in turn, conserve legal and judicial resources.

Section 2 directs the Department of Health and Social Services to develop a website designed to assist a pregnant woman with her reproductive choices. This pamphlet will provide resources for women to use in order to make and implement these decisions. The material will include information specific to geographic region, adoption services, counseling, abortion, clinics, medical assistance benefits, requirements for doctors who performs abortions, the father's liability, fetal development, and medical risks/rewards for each procedure option.

Section 3 adds that abortion may not be performed unless informed consent is obtained, as outlined in Section 4. This elevates 12 A.A.C. 40.070 to statute.

Section 4 adds civil liability for a person who performs or induces an abortion without meeting the informed consent provisions. A doctor who prints the website's information and distributes it to the pregnant woman is not liable under this section.

Section 5 states the terms of qualification for consent to an abortion to be informed and voluntary. Medical emergency, as defined in this section, bypasses the informed consent requirements. The pregnant woman or her parent/guardian/etc. will certify the requirements in writing as met. Voluntary informed means: at least 24 hours before the procedure, in an individual and private and confidential setting, the physician will provide information on the women's individual circumstances including the physician's name, gestational estimation of the pregnancy, and the nature and risks of the procedure and its alternatives, and the availability of the website's information.

Section 6 adds to the current abortion reporting law. In preparing the report, the state registrar must require whether or not the pregnant woman received the website's information.

Section 6 provides severability of this legislation.

FISCAL NOTE

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CS3B 30(HES)
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 BRU: State Health Services
 Component: Maternal, Child, & Family Hlth

Revision Date/Time (Note if correction): _____
 Title: INFORMED CONSENT FOR ABORTION

Sponsor: DYSON
 Requester: _____

Component No. 290

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personal Services						
Travel						
Contractual	20.0					
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	20.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	20.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
TOTAL	20.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2003) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 This bill requires that information be prepared and made available via the Internet, to every woman seeking an abortion, on the medical risks of abortion, pregnancy, and where services can be sought, by geographic region. The Department of Health & Social Services already produces, procures and disseminates a range of materials regarding how to have a healthy baby and ways to keep the baby safe and healthy after birth. In addition, the Department maintains a 24-hour referral line for services. Ensuring the intent of this bill is addressed will require resources for the production of the additional informational materials on abortion.
CONTRACTUAL: \$20.0 for a professional services contract in Year 1 for the production and posting of the web-based materials required under this bill.

Prepared by: Doug Bruce, Director Phone 465-3090
 Division: Public Health Date/Time 04/16/2003
 Approved by: Joel S. Gilbertson, Commissioner Date 04/17/2003
 Agency: Department of Health and Social Services

FISCAL NOTE

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CSSB 30(HES)
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 BRU State Health Services
 Component Bureau of Vital Statistics

Revision Date/Time (Note if correction):
 Title INFORMED CONSENT FOR ABORTION

Sponsor DYSON
 Requester _____

Component No. 961

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personal Services						
Travel						
Contractual	30.0					
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	30.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	30.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
TOTAL	30.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2003) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill would add a requirement to the report of Induced Termination of Pregnancy (ITOP) program that the Bureau of Vital Statistics (BVS) collect and record data on whether or not each reported patient requested and received a written copy of information on reproductive options required to be maintained on the Internet.

CONTRACTUAL: \$30.0 in GF for contractual service costs would be required in Year 1 (one-time costs) to provide for 1) a contract to revise the BVS ITOP computer program (\$20,000); 2) to produce, print and distribute revised ITOP reporting forms to providers throughout Alaska (\$2,000); and 3) to contract for the drafting of regulations to implement AS 18.50.245(e) (\$8,000).

Prepared by: Doug Bruce, Director
 Division Public Health
 Approved by: Joel S. Gilbertson, Commissioner
 Agency Department of Health and Social Services

Phone 465-3090
 Date/Time 04/16/2003
 Date 04/17/2003

Subject: SB-30 North Carolina Version

Date: Fri, 25 Apr 2003 08:49:31 -0800

From: "Haase, Donald J." <HaaseDJ@alyeska-pipeline.com>

**To: "brian_hove@legis.state.ak.us" <brian_hove@legis.state.ak.us>,
"senator_ralph_seekins@legis.state.ak.us" <senator_ralph_seekins@legis.state.ak.us>,
"senator_scott_ogan@legis.state.ak.us" <senator_scott_ogan@legis.state.ak.us>,
"senator_Gene_Therriault@legis.state.ak.us" <senator_Gene_Therriault@legis.state.ak.us>**

Dear Judiciary Committee,

North Carolina is attempting to pass a bill similar to SB-30. I thought you might be interested in the polling data they are using.

Source: North Carolina Right to Life; April 24, 2003

A CNN/USA Today/Gallup

poll dated January 2003 reported that 78% of those polled favor a "law requiring women seeking abortions to wait 24 hours before having the procedure done." The same poll showed 88% supporting a "law requiring doctors to inform patients about alternatives before performing the procedure." A Wirthlin December 2002 poll asked, "In light of recent medical advances such as in-utero surgery and 3-D ultrasound technology, which reveals the unborn child's body and facial features in detail, are you in favor of restoring legal protection for unborn children?" 68% of those polled said "yes": 44% strongly and 24%, somewhat. Only 25% said "no": 13%, somewhat and 12%, strongly. 7% did not know.

The Abortion-Woman's Right to Know (H998) requires that 24 hours before a pregnant woman receives an abortion, she is told the name of the physician who will perform the abortion, the medical risks involved for the particular abortion procedure she will have, the medical risks in carrying her child to term, and the probable gestational age of her unborn child at the time when the abortion is to be performed. If the doctor uses an ultrasound in the performance of the abortion, then he is to offer the woman the option of viewing the ultrasound image of her unborn child. She must be told if the person performing the abortion does NOT have hospital privileges or malpractice insurance.

Additionally, the pregnant woman is offered additional information which includes fetal development and alternatives to abortion. The legislation does provide for medical emergencies and for civil remedies.

From: The Pro-Life Infonet <infonet@prolifeinfo.org>

Reply-To: Steven Ertelt <infonet@prolifeinfo.org>

DNA and CODIS Update

May 2003

Chris Beheim 269-5743
State Crime Laboratory

Biological Testing at the Alaska Crime Laboratory

- 1982 Blood and Semen Identification
- 1987 ABO Typing 1 in 20
- 1992 DQ-alpha Typing 1 in 100
- 1996 Polymarker Typing 1 in 1000
- 1999 STR Typing
1 in 2,111,000,000,000,000

STR Short Tandem Repeat

1997 13 Core Loci Selected by FBI

Consistent Technology to Allow Comparisons

Alaska's DNA Registration System

- AS 44.41.035 Directs DPS to establish a DNA registration system
- Individuals convicted of a felony crime against a person after January 1, 1996 must provide a blood or oral sample
- Burglary added as a qualifying conviction in September 2001

CODIS

Combined DNA Index System

- Convicted Offender
- Forensic (crime scene evidence)

CODIS

- **IDENTIFY SUSPECTS**

Compare DNA profiles from unknown crime scene evidence to convicted offender DNA profiles obtained locally and nationally.

- **LINK CASES**

Compare unknown DNA profiles collected as evidence from various crime scenes.

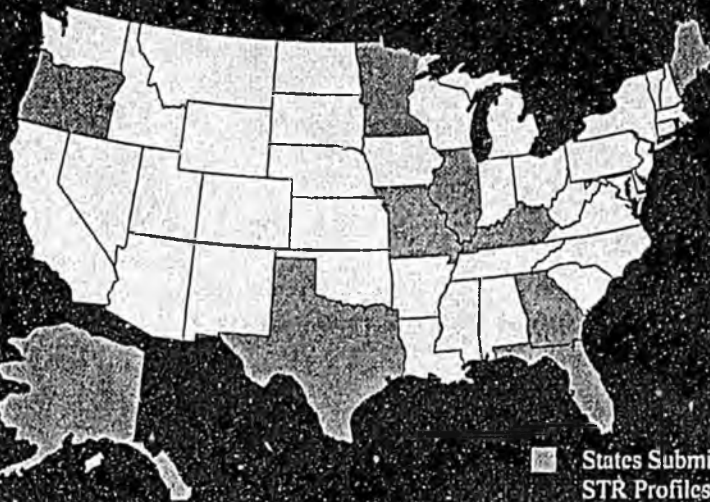
CODIS

- State DNA Index System
- National DNA Index System (NDIS)
NDIS opened October 13, 1998.

National DNA Index System

States Submitting STR Profiles to NDIS

October 1999 - 10 States



NDIS Status

January 2003

- 1,266,351 Offender STR profiles
- 42 States, 2 Federal Laboratories and Puerto Rico

Alaska CODIS Database

April 30, 2003

- 3,243 Convicted offender STR profiles
- 312 Forensic STR profiles
- 165 "no suspect" forensic STR profiles
 - 17 Homicides
 - 91 Sexual Assaults
 - 48 Burglaries
 - 9 Miscellaneous

Alaska CODIS Hits

April 30, 2003

30 Total Hits

15 Offender to Case

15 Case to Case Hits

40 Investigations Aided



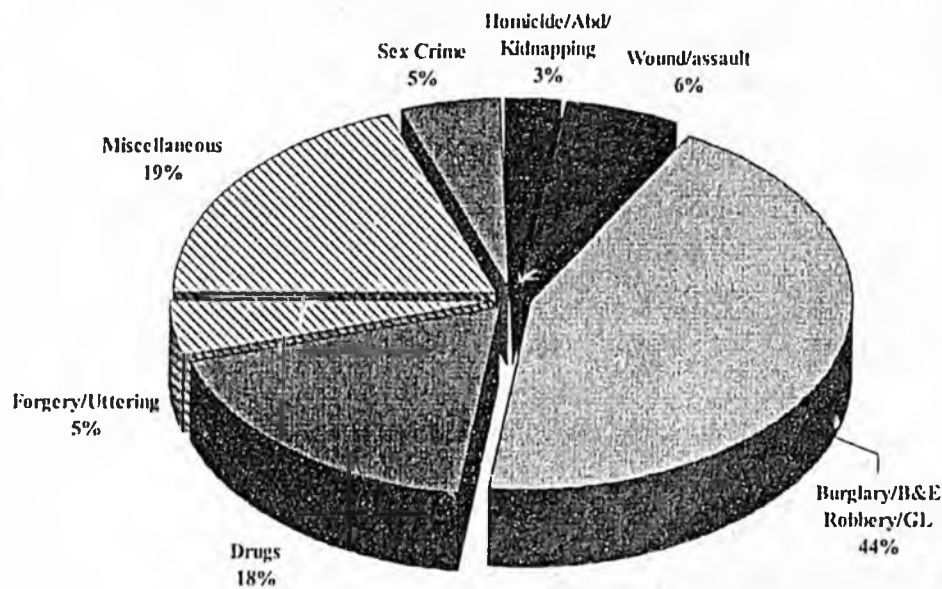
Should Alaska's Database Law be Expanded?

- 40 State & Federal database laws retroactive
- 26 States collect from all Felons
- Collect from all Registered Sex Offenders
- Increase penalty for refusing
- Increase penalty for unauthorized disclosure

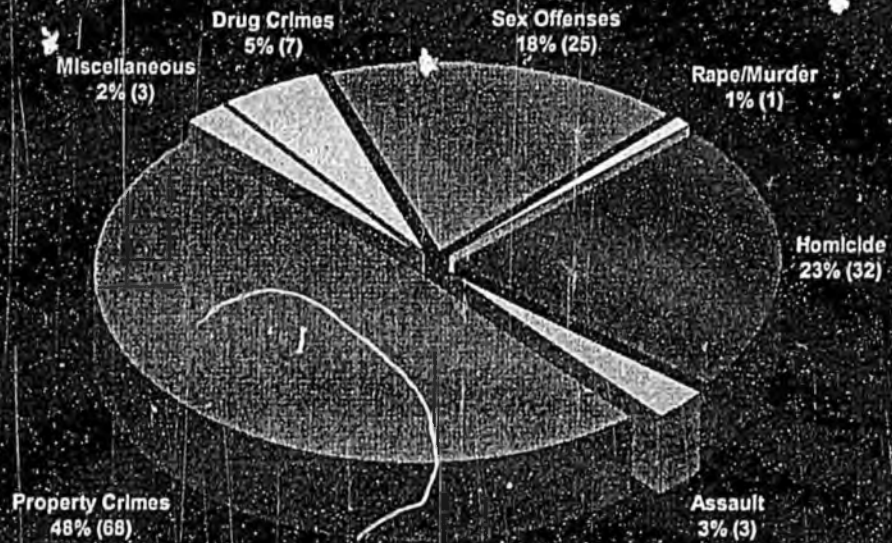
Virginia's DNA Database

- | | |
|--|--|
| <ul style="list-style-type: none"> • 1998 5 cold hits • 1999 74 cold hits • 2000 178 cold hits • 2001 308 cold hits • 2002 445 cold hits | <p>Crimes Solved/Assisted by Type</p> <p>Sex 266</p> <p>Sex/Homicide 12</p> <p>Homicide 125</p> <p>B+E/Burglary/GL/Robbery 618</p> <p>Miscellaneous 120</p> |
|--|--|

Virginia's "Cold Hits" on the DNA Database *Identified Offender's Prior Conviction*

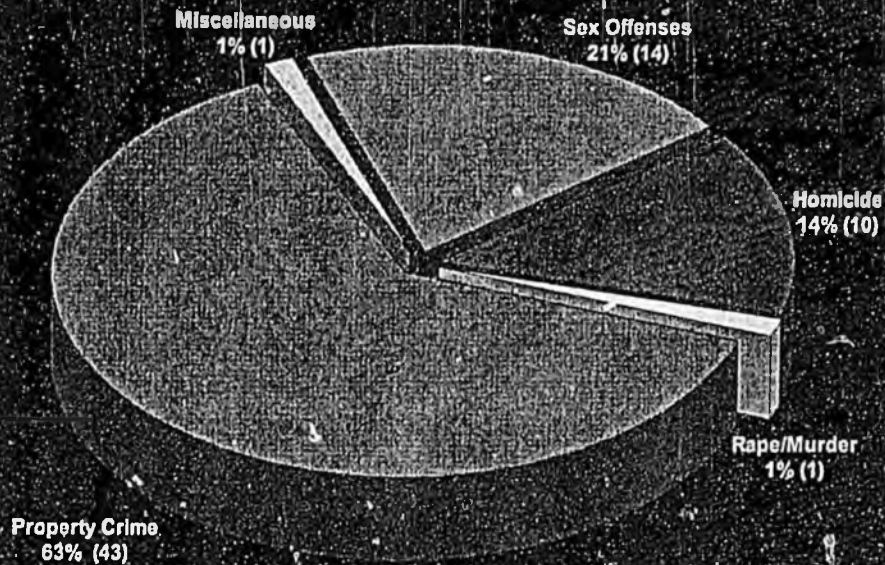


Virginia's "Cold Hits" on the DNA Database *Drug Possession Only to Type of Crime Solved*



* Numbers as of October 31, 2002

Virginia's "Cold Hits" on the DNA Database *Forgery to Type of Crime Solved*



* Numbers as of October 31, 2002

Virginia's DNA Database

- 82 % of "hits" would have been missed if the Databank was limited to only violent offenders
- Approximately 38% of violent crimes solved were perpetrated by individuals with previous property crime convictions
- DNA Databases are most effective with inclusion of all felons and applied to all forms of cases

Virginia DNA Database

1998	26,090	Samples	30 Hits
2003	191,017	Samples	1,131 Hits

Alaska DNA Database

2003	3,555	Samples	30 Hits
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Why Expand Offender Databases?

- Catch More Criminals
- Exonerate the Innocent
- Protect Public Safety
- Very Cost Effective

2003 Congressional Budget As Passed Congress Feb. 14 2003

✓ Crime Lab Improvement Program (CLIP)	\$40.538 M
✓ Coverdell Forensics Science Improvement	\$ 5.0 M
✓ Committed non-DNA "Soft" Earmarks	<u>(\$30.14 M)</u>
⇒ Funds Remaining for non-DNA Grants	\$15.39 M
✓ DNA Backlog Elimination Act	\$36.0 M
✓ Committed DNA "Soft" Earmarks	<u>(\$ 7.9 M)</u>
⇒ Funds Remaining for DNA Grants	\$28.1 M
Convicted offender	\$15 million
Unsolved Casework	\$13.1 million
✓ \$4 million to the FBI for four regional mitochondrial DNA labs	

President Bush's Proposed 2004 Budget DNA Provisions

President / Attorney General "DNA Initiative"

- ✓ \$232.6 Million for FY 2004
- ✓ Continued funding for five years
- ✓ Total commitment of over \$1 billion

Safeguards of DNA process

- Laboratories performing analyses are accredited
- Lab procedures are strictly controlled and reviewed
- All hits to convicted offenders are confirmed
- CODIS computers and lines are very secure
- DNA profiles provide no health or genetic information

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COPIES

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: Senate Judiciary Committee
From: Jennifer Rudinger, Executive Director
Date: Friday, May 2, 2003

Re: (CS)HB 49: DNA collection from persons convicted of a felony

The Alaska Civil Liberties Union opposes (CS)HB 49 and respectfully urges this Committee to put an end to the progressive expansion of DNA collection by the government. DNA collected from one person not only reveals personal information about that individual (much of which has nothing to do with serving the needs of law enforcement), but it also reveals very personal information about that individual's blood relatives. Unlike fingerprinting, which *only* reveals information that can be used for identification purposes, DNA gives the government control over a great deal of personal, private information about anyone related to the sample source. Therefore, expansion of the government's power to collect DNA from its citizens – even people convicted of crimes – should not be taken lightly. (CS)HB 49 proposes to invade the privacy of innocent people, and the government's only justification is that anyone convicted of a felony *might* later commit violent crimes in which they leave DNA evidence at the crime scene.

To give the Committee some background, DNA testing and profiling are becoming increasingly more common. States across the country and the federal government are expanding the scope of their DNA data banks as scientific knowledge about the content of this genetic material is growing by leaps and bounds.

In October 1998, the FBI opened a national database that brings together the DNA records from all 50 states and the federal government into one centralized system, known as CODIS (Combined DNA Index System). If this trend is allowed to continue, the most intimate and personal information about each individual could routinely become a matter of public record, to be used and abused at the state's discretion.

Initially, these DNA storehouses were created to house information about convicted sex offenders exclusively. The argument was that sex offenders were especially prone to recidivism, typically left DNA evidence at the crime scene, and hence, were important to identify. Whether or not that argument was sufficient, we were assured at the time that only convicted sex offenders would be tested, and the information gleaned from these tests would be used by law enforcement officials strictly for identification purposes.

But it is often the case that information initially collected for one, limited purpose is before long used for many other purposes. Slowly and inexorably, the pool of people being tested, and the range of uses for the data, has been expanding, raising grave

concerns for personal privacy. In just a decade, law enforcement officials across the country have gone from advocating collection of DNA from only convicted sex offenders, to all violent offenders, to all burglars, to all persons convicted of any crime, to all juvenile offenders. In many states, the DNA record is maintained even if a conviction is overturned.

Louisiana has gone a step further. A parish in Louisiana collects DNA data from everyone *arrested* for certain felonies -- before they have been convicted. In Louisiana, this record can be kept even if the person is found innocent. Former U.S. Attorney General Janet Reno asked the National Commission on the Future of DNA Evidence to look into the possibility of applying this concept across the country. In December 1998, New York City Police Commissioner Howard Safir jumped on the bandwagon, proposing the same idea. And New York's former Mayor Rudy Giuliani not only voiced his support for the proposal, but went so far as to say that he would support the collection of DNA samples from all babies at birth, giving the city a genetic database of all its citizens.

The collection of DNA samples and the creation of DNA data banks have legitimate and vital medical, scientific and forensic purposes. Research can lead to treatments and even cures for many genetic diseases. DNA can prove that an individual was at the scene of a crime. It can also prove the innocence of a suspect, preventing terrible miscarriages of justice. DNA can even be used to correct wrongful convictions based upon an erroneous identification (although law enforcement and prosecutors seem decidedly less enthusiastic about this use).

But it is equally clear that there is tremendous potential for abuse. The vast amount of information to be gleaned, the incredible longevity of DNA samples, and the ease with which DNA databases can be shared and accessed raise grave privacy, equality and due process concerns. Though DNA has been touted as a high-tech equivalent to fingerprints, this comparison is dangerously misleading. Where fingerprints can be used for identification purposes only, DNA samples (the actual blood, saliva or hair) can provide insight into a breathtaking wealth of singularly private information -- information about a person's ethnicity, family relationships, family history and the likelihood of getting some 4,000 genetic conditions and diseases. This information belongs to each individual, not the government. Further, geneticists are constantly increasing the database of information that can be gleaned from DNA -- some even claim that there are genetic markers for "criminal tendencies," sexual orientation, substance abuse, etc. The possibilities -- and thus the dangers -- are endless.

Today, the growing law enforcement databases raise the immediate specter of widespread discrimination. Given the over-targeting of Alaska Natives, African Americans, Latinos and other minorities within the criminal justice system nationwide, the government will have the disproportionate power to track millions of people of color.

Now the sponsor of (CS)HB 49 wants the Alaska Legislature to expand DNA sampling to include convicted felons, including felony shoplifters, felony DWI, felony weapons violations and forgery. This will help identify more violent criminals in the

future, proponents say. Claiming that this is a minor and necessary expansion of the present system, proponents ask, "What's the harm?"

Because genetic information pertains not only to the individual whose DNA is sampled, but to everyone who shares in that person's blood line, potential threats to genetic privacy posed by their collection extend well beyond the millions of Americans whose samples are currently on file. Moreover, there is no requirement in (CS)HB 49, in the Alaska Statutes, or in federal law that the DNA sample from which genetic information is taken ever be destroyed. This allows for the future possibility that all of the information could be used in other ways that we cannot even anticipate.

There is a long and unfortunate history of despicable behavior by governments toward people whose genetic composition has been considered "abnormal" under the prevailing societal standards of the day. While the FBI states that this information will be used for limited forensic purposes, the history in our country is that information compiled for one purpose will be used for another. For example, Social Security numbers were initially intended only for use as an aid tracking social security payments but are now a universal identifier. Another example, Census records created for general statistical purposes were used to round up innocent Japanese Americans and place them in internment camps during World War II.

Your constituents throughout Alaska are concerned about the government's ever-increasing control over their personal information, and their concerns cross party and ideological lines. The Alaska Civil Liberties Union fields inquiries virtually every week regarding the government's demand for personal information – Social Security numbers, Census information, background checks, DNA and genetic information, etc. Almost every week, Alaskans voice concerns that the government cannot be trusted to keep this information confidential or to limit its use to the initial purpose for which it is given. And we agree. Your constituents are right.

In conclusion, (CS)HB 49 does not "only" affect convicted felons – it affects their relatives, who are law-abiding citizens innocent of any crime. And the government's proposed justification for collecting DNA from such a broad array of people just doesn't fly in Alaska – we do not take DNA from people who have never committed a violent crime on the theory that someday they *might* commit a violent crime. If so, where will this end?

Please end it here and now. Please do not pass (CS)HB 49 out of Committee. But in the alternative, if you are going to expand the government's collection of people's DNA as broadly as this bill requires, please make two important changes to the bill to protect Alaskans' civil liberties and to address the privacy concerns raised by your constituents who contact the AkCLU daily:

1. **The bill should be amended at Section 7(f)(2) to delete the words "law enforcement purposes including" so that it reads only "criminal investigations and prosecutions;".** This section is intended to impose limits on what law enforcement can do with our DNA, to prevent abuses and to safeguard our privacy. But the phrase "law enforcement purposes including criminal investigations and prosecutions" imposes no real

limitations. This is analogous to saying "the alphabet including the letters H and Q." There are 24 other tools in that arsenal covered by the word "alphabet," and the fact that they are not listed does not mean that they may not be used. If there are other "law enforcement purposes" being authorized besides criminal investigations and prosecutions, the Legislature ought to know exactly what they are before authorizing this massive expansion of our DNA database. The current law gives law enforcement carte blanche to decide for itself what purposes it deems to be law enforcement purposes, and this does not allow for the Legislature or the people to hold law enforcement accountable for their use of our DNA.

2. **The bill should be amended to require the destruction of the DNA sample (the drop of blood, saliva or the strand of hair) within a reasonable period of time post-conviction, after the DNA has been coded and entered into the law enforcement database.** This does not mean that the data will be removed from the database. The identification markers would remain in the database permanently, as is currently the case. But once a person has been convicted and their DNA is entered into the database, there is no compelling justification for law enforcement to retain the actual samples forever. These samples contain the sensitive, private information not only about the sample source but also everyone related to that person by blood – and these relatives are innocent of any crime! The government should not have indefinite access to information about innocent people's genetic make-up. If the sample source were destroyed, this would go a long way toward alleviating Alaskans' concerns about personal privacy and the potential for future misuse of our DNA.

Thank you very much for your consideration of this important matter. Please feel free to contact me if you wish to discuss this further. I can be reached in Anchorage at 258-0044 or by email at akclu@alaska.net.



MAY - 7 2003

Alaska State Legislature

Please enter into the record my testimony to the Senate Judiciary Com.
 Committee name

Committee on SB30, dated 5-3-03
 Bill/Subject

17
 Double
 Sides
 PAGES



Legislative Information Office
 600 E. Railroad Avenue
 Wasilla, Alaska 99654

Signed: Karen Vosburgh
 Testifier 3400 Spenard Ste. 4
AK - Right to Life Anchorage, AK 99503
 Representing (Optional)

PO Box 1847 Palmer, AK 99645
 Address

907-746-6727
 Phone number

Karen Vosburgh

From: "Steven Ertelt" <ertelt@prolifeinfo.org>
To: "Pro-Life Infonet" <infonet@prolifeinfo.org>
Sent: Tuesday, April 23, 2002 11:08 PM
Subject: [Infonet-List] Pro-Life Infonet 4/24/02 #2694

Today's Headlines:

New Study Finds Abortion Risks Higher Than Expected
Media Bias on Adult Stem Cell Research Continues

From: The Pro-Life Infonet <infonet@prolifeinfo.org>
Reply-To: Steven Ertelt <infonet@prolifeinfo.org>
Subject: New Study Finds Abortion Risks Higher Than Expected
Source: The de Veber Institute; April 23, 2002

New Study Finds Abortion Risks Higher Than Expected

Toronto, CA ~~USA~~ Abortion complications are seriously underreported, leaving women who undergo abortion largely unaware of the range of physical and psychological risks they face, according to a new study by a Canadian bioethics institute.

Breast cancer, pelvic infection, infertility, life-threatening ectopic pregnancy, and subsequent premature births - with higher rates of children born with cerebral palsy - were found to be associated with abortion in a comprehensive review of the world medical literature. Abortion complications were not limited to physical health. While abortion is often regarded as a cure for the depression and stress of a crisis pregnancy, the study found that women are more likely to commit suicide after abortion than after giving birth to a child.

Current abortion rates of 114,000 in Canada and 1.4 million in the U.S. underscore the magnitude of this potential public health issue.

" In the absence of this knowledge, how can a woman give her informed consent to an abortion?" asks Ian Gentles, history professor at York University in Toronto, and one of the authors of the study entitled Women's Health after Abortion: The Medical and Psychological Evidence, published by the deVeber Institute, a nonprofit bioethics and social

research group based in Toronto. Elizabeth Fox-Genovese, Emory University professor of humanities and women's studies, calls the findings "compelling", and says the study "makes overwhelmingly clear [that] women who seek abortions in the United States and Canada are not even told of the risks they are running."

The study calls for a more accountable system of risk assessment where research data accurately reflect the true risks of abortion to their future health and fertility.

Key abortion risks

An extensive review of the world medical literature reveals abortion is associated with:

* Suicide risk

A woman's risk of suicide is up to 6 times higher after abortion than after giving birth to a child, according to three large worldwide studies.

Gissler M et al. Suicides after pregnancy in Finland 1987-94: register linkage study. British Medical Journal 1996 Dec. 7;313(7070):1431-4.

* Breast cancer

27 worldwide studies, including 13 U.S. studies, show the risk caused by the unprotected internal estrogen exposure a woman receives after an abortion. A young woman who aborts her first pregnancy nearly doubles her lifetime risk of developing breast cancer.

Daling JR et al. Risk of breast cancer among young women: relationship to induced abortion. Journal of the National Cancer Institute 1994 Nov(2);86(21):1584-92.

* Immediate complications

Pain, bleeding, infection, perforated uterus, and occasional death occur at rates higher than usually reported. True rates are often underestimated by inadequate hospital diagnostic coding.

*Such as
from an abortion-related categorized under
"maternity" deaths.*

Heisterberg L, Kringelbach M. Early complications after induced first-trimester abortion. Acta Obstetrica et Gynecologica Scandinavica, 1987;66(3):201-4.

* Infertility, prematurity, cerebral palsy

Subsequent infertility, life-threatening ectopic pregnancy, and premature delivery of subsequent children - which increases the risk of cerebral palsy 38 times in the earliest premature babies.

Escobar GJ et al. Outcome among surviving very low birthweight infants: a meta-analysis. Archives of Disease in Childhood 1991;66:204-211.

To order the study from the deVeber Institute visit the website:
<http://deveber.org/publications2.html#launch>

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From: The Pro-Life Infonet <infonet@prolifeinfo.org>
Reply-To: Steven Ertelt <infonet@prolifeinfo.org>
Subject: Media Bias on Adult Stem Cell Research Continues
Source: National Review; April 23, 2002

Media Bias on Adult Stem Cell Research Continues
by Wesley Smith

[Pro-Life Infonet Note: Wesley Smith is the author of Culture of Death: The Assault on Medical Ethics in America. His next book will be A Consumer's Guide to Brave New World, a discussion of the business, science, and morality of human cloning.]

The pattern in the media reportage about stem cells is growing very wearisome. When a research advance occurs with embryonic stem cells, the media usually give the story the brass-band treatment. However, when

John Kindley J.D.

[Biography](#)[AEC Facts](#)[Dr. Weldon's letter](#)[Executive Summary](#)[Wisconsin Law Review](#)[Litigation](#)[Links](#)[Wisconsin](#)

Author of 'The Fit Between the Elements for an Informed Consent Cause of Action and the Scientific Evidence Linking Induced Abortion with Increased Breast Cancer Risk,' 1998 Wisconsin Law Review, Pages 1595-1644.

The above article was distributed in August 1999 to every member of the House of Representatives by U.S. Rep. Dave Weldon, R-Fla., a physician who described it in an accompanying letter as making a "persuasive case for the potential legal liability of abortion providers who do not inform women about the prospect of increased risk for breast cancer following an induced abortion." An Executive Summary of this article as well as the complete article are posted on this site.

Scientists have long suspected that the hormonal disruption that occurs when a woman's pregnancy is artificially interrupted leaves the breasts with an abnormally high number of cells vulnerable to cancerous mutation. The first American study on abortion as a risk factor for breast cancer was published in 1981 and reported that abortion "appears to cause a substantial increase in risk of subsequent breast cancer." Almost two decades later, thirteen out of fourteen American studies bear out this early warning, but to this day women considering abortion are still not informed about this significant health threat.

In fact, the Red River Women's Clinic, an abortion provider in Fargo, North Dakota, was until recently not only failing to warn women about the abortion-breast cancer link, but actually distributing to prospective customers a pamphlet that included the following false statement: "Anti-abortion activists claim that having an abortion increases the risk of developing breast cancer and endangers future childbearing. **None** of these claims are supported by medical research or established medical organizations." (Emphasis in original.)

I am lead counsel in a suit filed in December 1999 to enjoin this clinic from its false advertising. This suit was brought on behalf of women considering abortion and the general public, and thus seeks prospective relief rather than money damages. A woman who has already had an abortion, without being told that it would increase her risk of breast cancer, may be able to sue the abortion provider for compensatory and/or punitive damages, even if she has not yet developed breast cancer. Indeed, women in several states are now considering suing their abortion providers for failing to warn them about the abortion-breast cancer link.

It is time for the American people to decide for themselves whether the evidence is such that it warrants disclosure. As noted by Marcia Angell, M.D., executive editor of the New England Journal of Medicine, it is a "false belief that medical research is somehow too

complex to be understood by nonscientists." I am convinced that once juries have the opportunity to hear fully both sides of this scientific controversy they will agree that women had a right to know about this evidence decades ago.

Please e-mail me with any questions or suggestions, especially if you:

1. know a woman who has had an abortion and might need a referral to a medical malpractice attorney in her state;
2. know an attorney who might be interested in taking cases based on the cause of action outlined in my law review article;
3. would like to help raise necessary funding for the costs of pending litigation;
4. are interested in spreading the word about these health and legal issues and would like to order informational materials for this purpose.

John Kindley is a Wisconsin licensed attorney. While the information on this site is about legal issues, it should not be construed as legal advice.

You may contact me at jkindley@johnkindley.com

Phone: (608) 294-6936

This page was last updated on 03/11/00

Fri, Aug 30, 2002 9:30 AM

From: Elliot Institute News <dreardon@mine4ever.net>
Reply-To: Larry Wilson <lwilson@xc.org>
To: Elliot Institute News <ei-news@ds.xc.org>
Date: Tuesday, August 27, 2002 7:51 PM
Subject: Abortion Elevates Women's Mortality Rate, New Study Shows

*Women, don't want to know about...
following abortion*

ABORTION MAY INCREASE WOMEN'S MORTALITY RATE

New Study Shows Women's Death Rate Following Abortion Much Higher than Previously Known

Springfield, IL A study published in the latest issue of the Southern Medical Journal reveals that women who have abortions are at significantly higher risk of death than women who give birth. This finding contradicts the widely accepted opinion that abortion is safer than childbirth.

Researchers examined death records linked to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. They discovered that women who had abortions were almost twice as likely to die in the following two years and that the elevated mortality rate of aborting women persisted over at least eight years.

During the eight year period studied, women who aborted had a 154 percent higher risk of death from suicide, an 82 percent higher risk of death from accidents, and a 44 percent higher risk of death from natural causes.

This is the second major record-based study to link abortion to elevated mortality rates. In 1997, a study of women in Finland sent a tremor of worry through family planning agencies when it revealed that in the first year following an abortion, aborting women were 252 percent more likely to die compared to women who delivered and 76 percent more likely to die compared to women who had not been pregnant.

This new study confirms the trend found in Finland. It is also the first American study to use a uniform and objective standard for associating deaths with prior abortions and births.

Critics of abortion have long complained about the inaccuracies of abortion mortality figures. There are no federal or state regulations requiring the reporting of abortion complications. Indeed, the international standard for identifying cause of death does not even provide a means for identifying surgical abortion as a cause of death.

Another recently published Elliot Institute study using the California data reveals that aborting women also seek more subsequent mental health care. A third Elliot Institute study, published last January in the British Medical Journal, reveals that subsequent long-term clinical depression is more common

*among those women who have had
abortion. Depressive symptoms were also
The abortion... rate...*

karen vosburgh

From: Adam Jezek <adamj@ifrl-pac.com>
To: IFRL Subscription List <listmaster@ifrl-pac.com>
Sent: Wednesday, April 25, 2001 8:23 AM
Subject: IFRL Newsletter Vol 010425 A – Special Report: Abortion Deaths - Baby and Mother

Illinois Federation For Right to Life Daily News

Date: Wednesday, April 25th, 2001

Volume: 010425 A

The report below has been split up into 5 separate sections, the information is great. I have visited sites all over the internet investigating deaths due to LEGAL abortions. Here is a summary of what I have found. Please take a few moments and read it, and then spread it. The normal news stories will be reported on a later newsletter (Vol 010425 B)

In this issue:

Special Report: Abortion Deaths - Baby and Mother

- Part 1: Death by Abortion
 - Part 2: Illinois Abortion Deaths
 - Part 3: Aborted Women: Silent No More
 - Part 4: Abortion Is Not The Answer
 - Part 5: Sources
-
-

Special Report: Abortion Deaths - Baby and Mother

Part 1: Death by Abortion

According to one medical study, "An unfortunate aspect of this procedure is the vast number of complications." The immediate life threatening conditions are heavy bleeding and infection. A British medical journal reports the following.

1. 17% of the patients lost over 500 ml of blood and 9.5% needed transfusions. (Source: 1)
2. 27% suffered infections and fever above 100.4(o), lasting more than 24 hours. (Source: 2)

3. Cervical lacerations occurred in 4.2%. (Source: 3)

4. Perforation of the uterus occurred in 1.2%. (Source: 4)

The article concludes, "This emphasizes that the termination of pregnancy is neither as simple nor as safe as some advocates of abortion would have the public believe. Moreover, the incidence of such complications as infertility, recurrent miscarriages, premature labor, ruptured uterus or emotional manifestations cannot be assessed at this stage."

The womb during pregnancy is designed to protect the new life growing there. During an abortion the mouth of the womb, the cervix, is forcibly stretched open. This can tear the cervix, making the woman far more likely to miscarry her next pregnancy.

The powerful suction used in first trimester abortion can scar the uterus, resulting in scarred fallopian tubes, tubal pregnancies or sterility. It can also cause placenta previa. If an abortionist is too gentle with the suction tube he will leave behind parts of the unborn child or placenta - causing infection. If he is too forceful he will tear a hole in the uterus and an emergency hysterectomy may be needed.

Several medical studies of legal abortion are summarized below.

* 4% of women having legal abortions will suffer from a damaged cervix. (Source: 6)

* 5-10% will become sterile. (Source: 7)

* Legalized abortion has resulted in:

a.) a 300% increase in first trimester miscarriages of later pregnancies.

(Source: 8)

b.) a 400% increase in second trimester miscarriages of later pregnancies.

(Source: 9) *Medical Journal of the United Kingdom*

c.) a 200% increase in premature births. (Source: 10)

d.) a 700% increase in placenta previsa. (Source: 11) *American Journal of Obstetrics and Gynecology*

e.) a 200% increase in tubal pregnancies. (Source: 12) *British Medical Journal*

One study estimates that one fourth of all aborted women will not be able to have a normal pregnancy again. After so many women have experienced abortion in this country, any feminist who fails to acknowledge the extent of abortion trauma can justly be accused of indifference to women's pain.

Journal of the American Medical Association 4/27/01

(Source: 13)

More and more, health researchers are noting a dramatic rise in sterility, tubal pregnancies and placenta previa.¹³ Vanderbilt University Medical Center noted an increase in placenta previa, a condition in pregnancy where the placenta covers the opening of the womb. This can lead to great blood loss to the mother during labor. It can cause death of the mother and death of the baby. Doctors on staff looked into the increase of this condition and found its cause to be the increase of legal abortions. The study concluded that aborted women were 7-15 times more likely to get placenta previa in later pregnancies. (Source: 14)

A doctor in private practice reported on 54 abortion patients ranging in age from 15-19. One of the ghastly stories included that of a 17-year-old girl who experienced bleeding and pain every day after a suction abortion. After four days she went into her bathroom and passed recognizable parts of her unborn child into the toilet. She then fainted and developed severe hysteria. (Source: 15)

Abortion advocates claim that things were worse when abortion was illegal. Some have claimed that 5,000 to 10,000 women died each year from illegal abortions. These unsubstantiated figures were advanced first by Dr. F. J. Taussig and then by Dr. Bernard Nathanson when he was co-founder of the National Abortion Rights League. Other abortion advocates admit that these figures are totally false and were used to make abortion acceptable to the public. (Source: 16)

The annual reports on vital statistics reveal the following.

* In 1965 there were 235 deaths from all abortions (legal, illegal and spontaneous). (Source: 17)

* In 1966 this number dropped to 189, in 1967 it was 160 deaths. (Source: 18)

* In 1968 there were 55 deaths from illegal abortions. (Source: 19)

* In 1972 (one year before Roe vs. Wade) there were 48 deaths from illegal abortions. In 1973 there were 33 deaths from induced abortions. (Source: 20)

David Reardon, author of *Aborted Women: Silent No More* (Loyola University Press, 1987), carefully tabulates statistics from the U.S. and Europe and finds a distressing portrait of female loss and pain. In three studies he

cites, ectopic pregnancies increase after abortion 200%, 300%, as much as 800%. For every 100,000 ectopic pregnancies, there are 300 rupture/hemorrhage deaths. Ironically, abortion advocates distort these figures to prove that pregnancy is dangerous.

Reardon's book further exposes the lie that abortion is safer than childbirth. It is no surprise that abortion providers have tried to set our minds to rest by providing the political push to eliminate uniform legal requirements for reporting abortion related deaths. In the years when there was an accurate reporting procedure, Oregon reported 14 deaths per 100,000 legal abortions, compared with 8 maternal deaths per 100,000 live births. Maryland reported 40 deaths per 100,000 abortions, compared to 23 maternal deaths per 100,000 live births. In Sweden and Denmark, abortion mortality rates are twice the maternal death rate and conditions are safer there.

Here are some specific cases of women who died from their legal abortions:

1. Women's Care Center in Miami killed four mothers and their babies from 1979-83. (Source: 21)
2. In Los Angeles, a 16-year-old Hispanic girl bled for five hours during an abortion of her six-month-old unborn baby and died of cardiac arrest. Her family filed a lawsuit against Dr. Edward Allred, charging that her death resulted from negligence caused by his anti-Hispanic bigotry documented in local newspapers. (Source: 22)
3. Dr. James Franklin of Denver left parts of an unborn child inside a 26-year-old patient. When she went home she was packed with gauze and was bleeding profusely. She died two days later of a massive infection. (Source: 23)

"Nearly 80% of the women surveyed believed they were denied information or were actively misinformed by their counselors prior to their abortions ... nearly 50% complained that they were not told about fetal development."

- David Reardon

FP is the largest abortion provider in the Nation!

On the IFRL Web Site at: <http://www.ifrl.org/newstory/667>

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Have them visit <http://www.ifrl.org/subscribe/index.htm>

Linda languished and died after an abortion performed New Years Day.

Kathleen Gilbert

Kathleen bled to death from a perforated uterus after her abortion.

Sylvia Moore

On New Years Eve, abortionist Arnold Bickham called the dying Sylvia "lazy" when she was too weak from hemorrhage to stand up after her abortions. He literally shoved her out the clinic doors to bleed to death.

Dorothy Muzorewa

Dorothy's husband didn't even know about her abortion. He came home to find her dead in a blood-spattered apartment.

Legalization was supposed to stop women from dying. The experiment failed.
(Source: 31)

On the IFRL Web Site at: <http://www.ifrl.org/newstory/668>

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Just visit either of the IFRL Web Sites at: <http://www.ifrl.org> or
<http://www.ifrl-pac.com>

Part 3: Aborted Women: Silent No More

The emotional impact of abortion can be as crippling as the physical risks. Some women never bring their grief or guilt to the surface, yet it still affects them. One study of these emotional effects found, "Unresolved feelings of grief, guilt and loss may remain long after an abortion."
(Source: 24)

Women may try to artificially numb the intense pain through drinking or drugs. Many go through unexplained depressions and often the relationship with the father of the baby is destroyed.

Women Exploited By Abortion (WEBA) was formed to help women overcome being silenced by their shame and to illuminate the reality of abortion as an assault on women at every level of their existence. WEBA is also a refuge and a source of spiritual and emotional healing where members turn their

pain and loss into personal growth and compassion for others.

Nancy Jo Mann, Founder of WEBA, remembers her saline abortion in *Aborted Women: Silence No More*: "For two hours I could feel her struggling inside me. But then as suddenly as it began she stopped. Even today I remember her very last kick on my left side. She had no strength left. Despite my grief and guilt I was relieved that her pain was finally over. But I was never the same again. The abortion killed not only my daughter, it killed a part of me."

The following accounts are of women that WEBA has helped. (Source: 25)

* Cindy, 28, was hospitalized for psychiatric disturbances numerous times in the four years following her legal abortion. Four of those times followed serious suicide attempts.

* Terry, 36, has a recurring nightmare in which a child cries out to her in a pleading voice, reaching with tiny arms, until the scalpel falls, leaving only bloody nubs still reaching.

* Lynda was 15 when her mother dragged her, begging and crying, into the abortion mill. She was sedated and her mother signed Lynda's name to a consent form. Lynda has never been emotionally stable enough to return to high school.

* Debbie became pregnant as a result of rape. Following her abortion she suffered complications which culminated in a hysterectomy. Worse than her physical trauma was the realization that, "the man who raped me took a few minutes of my life, but I took my baby's entire life ... I perpetuated the worse crime. How I wish there had been one person who had offered love, support and encouragement."

* Karen Sullivan experienced nightmares, depression and suicidal thoughts the months and years after her abortion. She remembers: "During the abortion I looked down and saw the bits and pieces of my baby floating in a pool of blood. When I screamed, "I killed my baby!" the counselor told me, "Shut up." Today she wonders, "Since when has death become good for us?"

Can the brutality of abortion be a benefit for pregnant teens? Reardon found that those for whom abortion seems therapeutically "indicated," i.e. victims of rape or incest, women too young or poor or troubled, seem to be the ones who suffer most from the trauma of abortion. This finding lays to rest the assumption that legal abortion might be tragic but necessary in the hard

cases.

On the IFRL Web Site at: <http://www.ifrl.org/newstory/669>

Doing some research? Try searching the IFRL Databases.

Just visit the IFRL Web Sites at <http://www.ifrl.org> or

<http://www.ifrl-pac.com>

The IFRL has hundreds of Pro-Life articles, stories and facts stored online waiting for you.

Part 4: Abortion Is Not The Answer

Abortion proponents often claim that a woman denied an abortion may attempt suicide. However, suicide among pregnant women has always been extremely rare. In Ohio there were only two maternal suicide deaths from 1955-1963.²⁶

>From 1938-1958, over 13,500 Swedish were denied abortion. Only three committed suicide. (Source: 27)

While maternal suicide is rare, women often attempt suicide after an abortion. A pediatric journal warned pediatricians to be on the lookout for young teenage girls who attempt suicide after legal abortion.²⁸ In 1981, Meta Uchtman, regional director of Cincinnati Suiciders Anonymous testified before the Cincinnati City Council, "Of over 4,000 that were seen by our group, 1,800 or more had had abortions. (Source: 28)

An American psychiatric journal recorded cases of women who suffered complete disintegration of personality after a legal abortion. (Source: 29)

Another claim we hear is that most women who are refused access to legal abortion will get abortions elsewhere, either out of the country or illegally. This is not true. In Canada, of 6,000 women who were denied abortion, only 13% of them got abortions anyway. The vast majority decided to keep their children. The study found that there were no major psychological problems associated with the women or children they gave birth to. (Source: 30)

Many good, well-intentioned people support abortion because of what the media and the pro-abortionists have been saying: "That it is good for women, that legal abortion is safe, illegal abortion is unsafe, that women will get

abortions anyway", etc.

This nation has been deceived and many of those who are committed to legal abortion do not know all of the facts.

On the IFRL Web Site at: <http://www.ifrl.org/newstory/670>

Questions, comments, ideas? Drop the editor a line. E-mail him at: adamj@ifrl-pac.com

Need more information on an article? Just ask, info@ifrl-pac.com

Part 5: Sources:

Pro-life people are not taking the easy way out. Brave and generous behavior can be stressful. Being right does not ensure personal peace.

Nobody should make moral judgments purely on the basis of the resultant pleasure or pain. Abortion is wrong not because it will bring pain, though it will. Protecting human life is right because it preserves what God creates for His eternal purpose.

Information for this Report taken from...

- 1 Court Records of the Superior Court of the District of Columbia.
- 2 Ibid.
- 3 Miami Herald (July 3, 1982).
- 4 D.K. Nemas, et al, "Medical Abortion Complications," *Obstetrics & Gynecology*, 51, (4/78), p. 433.
- 5 J. Stallworth, et al, "Legal Abortion: A Critical Assessment of the Risks," *The Lancet* (December 4, 1971), pp. 1245 & 1249.
- 6 G.J. Ratten, et al, "Effects of Termination of Pregnancy on Maturity of Subsequent Pregnancy," *Medical Journal of Australia* (6/2/79), pp. 479-480.
- 7 Thomas Hilgers, MD, *Induced Abortion, A documented Report* (1976).
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- 9 *Medical Journal of Australia* (6/2/79), pp. 479-80.
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- 11 *American Journal of Obstetrics & Gynecology* (December 1, 1981), pp. 769-772.
- 12 "Latent Morbidity after Abortion," *British Medical Journal* (March 3,

- 1973), p. 506.
- 13 Journal of the American Medical Association (4/1/83), American Journal of Public Health (6/82).
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- 16 Grisez, Abortion: Myths, Realities & Arguments (1971).
- 17 Vital Statistics : General Mortality, Deaths from 258 Selected Causes, (1965), pp. 1-148.
- 18 Ibid., (1966), pp. 1-90. Ibid., (1967), pp. 1-74.
- 19 Ibid., "Maternal Deaths & Maternal Mortality Rates for Selected Causes," (1968), pp. 1-31.
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- 23 Rocky Mountain News (December 4, 1981), and The Denver Post (May 22, 1981).
- 24 R. Kumar, et al, "Previous Induced Abortion & Ante-natal Depression in Primiparae," Psychological Medicine, 8, (1978), p. 714.
- 25 Patti McKinney, "Women Who Wish That ...," National Right To Life News (1/12/84), p. 24.
- 26 "Maternal Deaths Involving Suicide," Ohio State Medical Journal (December 1966) p. 1294.
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- 30 C. Del Campo, "Abortion Denied - Outcome of Mothers and Babies," Canadian Medical Association Journal (February 15, 1984), p. 361.
- 31 Life Dynamics' "Tombstone Project"
- 32 About.com

Some Reporting by Media House International

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Alaska State Legislature

Please enter into the record my testimony to the Judiciary Committee

Committee name

Committee on SB 30, dated 5-2-03

Bill/Subject

The creation of an unplanned pregnancy equally involves two people, a male and female. Yet, in effect, SB 30 only holds the female accountable. Until ~~the~~ public policy imposes comparable restrictions on male sexual behavior, abortion-restrictive policies on women are discriminatory.

When I say "No" on SB 30, that doesn't really mean "maybe."

Signed: Barbara McDaniel
Testifier

Representing (Optional)

PO Box 520324 Big Lake, AK 99652

Address

373-6977
Phone number



MAY - 7 2003 Alaska State Legislature

Please enter into the record my testimony to the S. JAD
Committee name
Committee on SB30, dated 5/2/03
Bill/Subject

I strongly endorse SB30!
I feel the women of Alaska have
been victimized, as well as the unborn
baby, who perhaps would have lived
if the mother (and parents of the
pregnant women) had known the true
implications of the abortion procedure!
Speaking as a "former fetus", I of
course would wish abortion to be
totally outlawed, except in cases of
medical emergency.

Signed: Celestine Johnson
Testifier
the unborn
Representing (Optional)
501 KNIK GOOSE BAY Rd.
Address
WASILLA ALASKA 99654
Phone number
907-373-1139

MAY - 7 2003

Page 1 of 2 (Ewig, May 2, 2003)

Please enter into the record our testimony concerning "A Woman's Right to Know" SB 30 and HB 292 on 2 May 2003...

We support these informed consent bills which are just common sense. People who consider themselves to be pro-choice are opposing these bills even though the bills would provide an informed choice. How can a woman make a choice whether or not to abort her preborn baby if it is not required that she have access to the information necessary before she makes the choice including a period of time to think about her choice.

Within all other surgeries there is a requirement to sit down and provide the information, the risks, a second opinion, and time to decide, but, this has not been required with abortion, an invasive surgery with great risks. And so-called pro-choicers do not want the woman to know her risks, etc. but to move forward blindly.

The risks of abortion have been researched and documented in many sources. The following is by Dr. Burns, D.O., Dr. Carroll, M.D. and Dr. Graeser, D.O. This information is documented at <http://www.ohiolife.org/> The title of their research is "You're Considering an Abortion...What Can Happen to You?" There are complications that have happened and can happen with an abortion including injury and death. Some of the injuries are bladder injury, bowel injury, laceration of the cervix, perforation of the uterus, retained products of conception, severe-rapid bleeding. Complication rates increase with younger, teen-age women. However, younger women who carry their babies to term have better births than older women if they get proper care. They can then adopt out the baby and be physically healthier.

Post-abortion syndrome is difficult to measure yet has caused havoc within families. Although pro-choicers and doctors deny this, frequently after an abortion, women suffer a range of mental and psychological problems. These may include recurrent dreams of the abortion experience, avoidance of emotional attachment, relationship problems, sleep disturbances, guilt about surviving, memory impairment, hostile outbursts, suicidal thoughts and actions, depression and substance abuse. These problems may occur days to years later.

page 2 of 2 (Ewig, May 2, 2003)

Sterility and abnormal deliveries have occurred after abortions as effects on future pregnancies. I have personally known people who have aborted their babies and can no longer bear children. One of the most serious aftereffects of abortion is the later occurrence of breast cancer. Pro-choicers and many doctors have been in denial concerning this but the documented evidence is increasing. Many women have died, others are waiting for this cancer to materialize. The medical problem is with the interruption in the pregnancy causing the mammary glands to stop growing, but material is leftover due to the interruption from abortion. With a miscarriage or natural birth, the body would naturally dissolve the tissue. Within this tissue cancer can occur. Women who have aborted have significantly higher rates of breast cancer later in life. Breast cancer has risen by 50% in America since abortion became legal in 1973.

Dr. Warren Hern, a world renowned abortionist states: *"In medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is the commonly held view that complications are inevitable."*

Sincerely, 
Jonathan and Ruth Ewig
2325-30th Avenue
Fairbanks, AK 99701
Phone/fax: 907-452-5538.



Margaret Seeley
#142
3875 Geist Road, Suite E
Fairbanks, AK 99709

TESTIMONY RE. S.B. 30 ENTITLED "A WOMAN'S RIGHT TO KNOW"

I would like to express my support for S.B 30 regarding informed consent. A woman and, especially young girls, must be provided both with complete information and time to think before undergoing an abortion. Any woman experiencing an unplanned and unwanted pregnancy is naturally in a very vulnerable emotional and mental state. Many women are pressured by their boyfriends, friends, or family into "*getting rid of the problem*" by undergoing a hasty abortion. This may solve the immediate "problem" of the unwanted child, but it may also result in long-term emotional and/or physical problems for the young woman.

Having an abortion is very serious business. It is a decision that should never be made in ignorance, fear or haste. Woman have a right to know all the possible consequences of such a serious matter.

Please vote yes on S.B. 30, A woman's right to know."

Sincerely,

Margaret Seeley



LEGISLATIVE INFORMATION OFFICE

PO Box 1189
Room 221, Jarvis Office Center
Delta Jct., AK 99737
Phone: 895-4236 Fax: 895-5017

MEMORANDUM

DATE: May 2, 2003
TO: Senate Judiciary Committee

FROM: Elizabeth A. Sarver *EAS*
Legislative Information Officer

SUBJECT: Testimony for Senate Judiciary Committee

Please accept the enclosed original(s) of written testimony for the House State Affairs committee hearing that was scheduled for 05/02/03.

Copies of this testimony were transmitted by fax on 05/02/03.

Thank you.

Enclosures: *2*



Alaska State Legislature

Please enter into the record my testimony to the Senate Judiciary
committee name
committee on SB 30, dated 5/2/03
bill/subject

SB30 is about empowering women to make informed choices. It is about respecting a woman's intelligence enough to give her the tools necessary to make an educated choice. Many women must resort to making the decision about having an abortion based on outside pressure rather than revelatory information. This pressure may come from a variety of sources, but it often comes from within the medical profession itself. I have heard many stories of women being coerced by members of the medical profession into having an abortion.

SB30 puts this very important decision back into the hands of the ones it most effects. I doubt there is any other medical procedure which we administer, while purposely withholding knowledge that would insure the patient is as informed as possible on the scietific facts, medical hazards, and emotional and psychological risks of the procedure. Anyone truly concerned about women's rights should be fighting for the support of this bill.

Thank you,
Ruth Abbott
Delta Jct.

Signed:

Ruth A. Abbott

Testifier

Representing (Optional)

HC 60 Box 4225 Delta Jct. AK

Address

(907) 895-2002

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Senate Judiciary
committee on SB30 / Informed consent, dated 5/2/03
bill/subject

I want to urge you to vote for SB 30. Even tho' this may be called the information age - not all of us know about medical procedures. I'm a housewife - never did want to go to medical school, but if I need a doctor's help with something I expect to be told all the angles and options. In fact 5 years ago my OB doctor saw a spot on my skin that concerned him so much that right then he himself escorted me to see another doctor in the building. Then he went out to the parking lot to bring my husband up and the second doctor wouldn't let us leave until we signed a paper saying we understood how serious skin cancer could be. They did not assume I knew about skin cancer but took the time to educate me a little. Ultimately, the patient makes the final choice and how much better if she can make an informed one?

Again, I urge you to pass SB 30. Thank-you

Signed:

Linda Bowdre

Testifier

Representing (Optional)

P.O. Box 1048 Delta Jct., AK

Address

895-4328

Phone No.