

ALASKA LEGISLATURE COMMITTEE FILES

1997-1998

8672

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HOUSE JUDICIARY

prerequisites for recovery of punitive damages, quoting from *Barber v. National Bank*, 815 F.2d 857, 864 (Alaska 1991) (citations omitted):

[T]he plaintiff must prove that the wrongdoer's conduct was outrageous, such as acts done with malice or bad motives or reckless indifference to the interests of another. Actual malice need not be proved. Rather, reckless indifference to the rights of others, and conscious action in deliberate disregard of them . . . may provide the necessary state of mind to justify punitive damages. Punitive damages require proof by clear and convincing evidence.

Analyzing the construction of the sentence reveals that "malice" is distinguished from "bad motives", which, in turn, is distinguished from "reckless indifference". In no way is "malice" equated with "reckless indifference." Consequently, HB 58's requirements for punitive damages do not permit recovery based on a reckless act. This means that drunk drivers, among others, do not have to pay punitive damages when they cause accidents. If the federal court had used the standard proposed in HB 58, Exxon and Joe Hazelwood would not be on the hook. Finally, it would be reckless, not malicious, to endorse HB 58.

CORRECTION

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State of Alaska

Alaska State Legislature

House of Representatives

Alaska State Capitol
Juneau, Alaska 99801-1182
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716 West 4th Avenue
Anchorage, Alaska 99501-2133
1-907-258-8195

Representative Ethan Berkowitz
District 13

*Lisa
F.I.
Very logical
Presentation*

Date: April 8, 1997
To: Majority Legislators
From: Ethan Berkowitz
Re: Standards for Punitive Damages

You recently received a circular from the House Majority Leader urging support of his "Tort Reform", HB 58. While I take issue with many sections of the bill, the section of the circular describing punitive damages merits a response, because the opinions stated appear to result from a misinterpretation of case law.

Section 10 of HB 58 describes that punitive damages may not be awarded unless supported by "clear and convincing evidence of malice or conscious acts showing deliberate disregard of another person's rights by the person from whom the punitive damages are sought." I and other opponents argue that HB 58 precludes punitive damages when the cause of action stems from a reckless act. The importance of this distinction is that "malice" requires a higher state of mind -- intent -- than is required to prove recklessness: "[R]ecklessness clearly does not require malice. . . . Reckless misconduct differs from intentional wrongdoing in a very important particular. While an act to be reckless must be intended by the actor, the actor does not intend to cause the harm which results from it. Restatement (Second) of Torts, Section 500, comment f (1964)." *Clary Ins. Agency v. Doyle*, 610 P.2d 194 (Alaska 1980).

In his circular, the Majority Leader wrote:

The assertion that HB 58 will not permit punitive damages where reckless conduct causes an environmental disaster is [wrong]. HB 58 requires a showing of "malice" for punitive damages. The Alaska Supreme Court interprets "malice" to include "reckless indifference to the rights of other [sic]." If that is not reckless conduct, what is? *Cummings v. Sea Lion Corporation*, 924 P.2d 1011 (Ak. 1996).

Closer scrutiny of the case shows that "malice" and "reckless conduct" are two entirely separate legal creatures. In *Cummings*, the Alaska Supreme Court described the

E-mail: Representative_Ethan_Berkowitz@legis.state.ak.us



prerequisites for recovery of punitive damages, quoting from *Barber v. National Bank*, 815 P.2d 857, 864 (Alaska 1991) (citations omitted):

[T]he plaintiff must prove that the wrongdoer's conduct was outrageous, such as acts done with malice or bad motives or reckless indifference to the interests of another. Actual malice need not be proved. Rather, reckless indifference to the rights of others, and conscious action in deliberate disregard of them . . . may provide the necessary state of mind to justify punitive damages. Punitive damages require proof by clear and convincing evidence.

Analyzing the construction of the sentence reveals that "malice" is distinguished from "bad motives", which, in turn, is distinguished from "reckless indifference". In no way is "malice" equated with "reckless indifference." Consequently, HB 58's requirements for punitive damages do not permit recovery based on a reckless act. This means that drunk drivers, among others, do not have to pay punitive damages when they cause accidents. If the federal court had used the standard proposed in HB 58, Exxon and Joe Hazelwood would not be on the hook. Finally, it would be reckless, not malicious, to endorse HB 58.

HB

65

HOUSE COMMITTEE REPORT

3/12/97
Rules

(7)
Date Referred to Committee: February 21, 1997

FURTHER REFERRALS:

Date of Committee Action: 3/10/97

The JUDICIARY Committee considered:

HB 65

HOUSE BILL NO. 65

PARTIAL-BIRTH ABORTIONS

"An Act relating to partial-birth abortions."

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: _____ (Dept/Date)

fiscal note(s) _____

⁽¹⁾
 fiscal note(s) ADMIN. (INDETERMINATE)

2/21/97

zero fiscal note(s) _____

⁽¹⁾
 zero fiscal note(s) DHSS

2/21/97

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
CROFT			✓	
ROKEBERG			✓	
PORTER			✓	
GREEN	✓			
JAMES	✓			
BERKOWITZ		✓		
	(2)	(1)	(3)	

CHAIR'S SIGNATURE _____
Green

Robert G. Thompson, M.D., F.A.C.O.G.

Reproductive Surgeon - Society of Reproductive Surgeons
Diplomate - American Board of Obstetrics and Gynecology

FAX: (907) 465-2819

Catherine A. Thompson, R.N., M.S.N.

Advanced Nurse Practitioner

March 7, 1997

The Honorable Pete Kott
Representative - State of Alaska
Juneau, Alaska

ATTENTION: George Dozier

Re: House Bill 65
Partial Birth Abortion

Dear Sirs:

I am sending this letter in support of your HB 65 which outlaws "partial birth abortions" as specified in the bill. I've reviewed the bill and the arguments of other physicians, including those of the American College of Obstetrics and Gynecology, Physicians Ad Hoc Coalition for the Truth (PHACT), Doctors Susan Lemagie, Cynthia Brook, and Jan Whitefield.

I feel that the testimony of the PHACT is, in fact, the most accurate with regards to the conflicts and issues expressed by the present forces opposed to the bill; there are procedures that are much safer, including the use of prostaglandin medications.

While the use of prostaglandins takes more time, it stresses the patience of the abortionist, it is imminently more safe, and has had more significant peer review, literature, research, and medical data to support its application in appropriate circumstances. The restrictions in House Bill 65 are very specific, and in my opinion, as well as those of the physicians of the PHACT, those specifications do not encompass other abortion procedures as they are currently practiced.



The Honorable Pete Kott:
March 7, 1997

Page Two

Once again, however, with regards to the specifications of the abortion procedure as specified, there are no known situations which have been published or peer reviewed for which this procedure would be necessary, nor is it taught in any obstetric or gynecologic residency program in the United States, to the best of my knowledge and that of the professors and physician members of the PHACT.

In summary: I hope you will continue on your course to ensure passage of this bill. There are far safer procedures when medically indicated that pose less of a threat of infection, retained products of conception, uterine perforation, hemorrhage, or death to the patient.

If I can be of further assistance in clarifying these issues, please contact me at your earliest convenience.

Thank you.

Sincerely,



Robert G. Thompson, M.D., FACOG
Reproductive Surgeon

League of Women Voters

of Anchorage P.O. Box 101345, Anchorage, Alaska 99510 (907) 274-8477

February 28, 1997

House Judiciary Committee
Chair Joe Green
Juneau, AK 99801-1182

RE: Letter to be entered into the official record for HB 65.

Dear Honorable Representatives:

The League of Women Voters of Anchorage opposes HB 65 and we urge you to defeat it.

The League of Women Voters of Anchorage affirms the constitutional right to privacy. This legislation would be additional government intrusion into the private lives of citizens. The doctor/patient relationship should not include the government. Abortion should be a decision made by a woman with her family, her physician and her God.

By removing the safest and most widely available method of late second trimester abortions our state would be placing undue burden on a woman's right to terminate her pregnancy. In addition, this would be denying women access to quality health care, best determined by the medical community and not government. (We may be forcing a woman to carry a dead or deteriorating fetus to term. Alternative medical procedures have increased risk of infection, infertility or death.)

The League of Women Voters of Anchorage believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.

Sincerely,



Mary Lou Lawhorn
President

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Sincerely,



Mary Lou Lawhorn
President



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY
 committee name
 HB65
 committee on PARTIAL BIRTH ABORTIONS dated MARCH 5, 1997
 bill/subject

The Partial-birth abortion bill is now before you and you must decide whether this procedure should to continue to be legal in Alaska.

This procedure is not rare and used only to save the life of the mother as we heard President Clinton espouse last year when he vetoed the bill in Congress. We learned just last week that one of foremost proponents of partial birth abortion lied when he testified about how often this atrocity occurs. Can you continue to believe the rhetoric the pro-aborts are putting forth on this matter? They have lost their credibility and it is time to face the bitter truth about how awful and tragic this procedure is for that unborn child.

Just think, minutes before the child would be born, the baby is turned around while still in the uterus so that the feet are born first. Then while those little feet are kicking, scissors are plunged into the back of the child's head and the brain is sucked out, leaving the baby dead. How can this type of procedure possibly be for the benefit of the mother's health? Everyone knows that a breach birth is more difficult and potentially more dangerous so why would anyone take the extra time to turn the baby around just to kill it? Any doctor concerned for the mother would take that baby in the most expeditious manner, probably by cesarean section and not allow the baby to pass through the birth canal.

This brutal procedure must stop. Babies should not be allowed to be slaughtered in this way any longer. Please use your common sense and compassion and make a decision to outlaw this procedure. Thank you.

Thank you.

Signed: Mary Jo McDrally
 Testifier

SEZF

Representing (Optional)
608 SAWMILL Ck., RD., SITKA, 99835

Address

907-747-3877

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
 committee name
 committee on HB 65, dated March 5, 1997.
 bill/subject

I strongly urge the House Judiciary committee to support HB65, banning all Partial Birth abortions. This procedure is cruel, barbaric and now is being used as a form of birth control. This is murder and a very cruel form of murder. Do what is morally right and support HB 65 and ban all partial birth abortions.

Thank you.
 Stephanie A. Vieira

Signed: Stephanie A. Vieira
 Testifier
Unborn Children
 Representing (Optional)
611 Birko St
 Address
747 3698
 Phone No.

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Judiciary Committee on HB 65, an act relating to a ban on "Partial Birth Abortions", dated March 5, 1997.


I support HB 65 which would ban partial birth abortions. That any legislation would even be considered which would destroy life at a stage which is acknowledged by the medical profession to be "viable" is beyond comprehension. The term for that is murder, specifically infanticide, and to label it anything else is dishonest.

The entire subject of human life at any stage being controlled by government or laws enacted by humans is in direct opposition to the most fundamental concept of the sacredness of life. Legislatures, composed of human beings do not breathe life and spirit into new beings. That breath of life is reserved to a greater power, as is the end of human life.

Who, in our limited wisdom, will be the final judge of who will be allowed to be born and who will be destroyed? Do you, the House Judiciary Committee, wish to determine that and to take full responsibility for the decision? Next year or next decade will you also determine which of the elderly, terminally ill, infirm, poor or mentally defective will be destroyed?

I strongly believe your authority includes levying taxes, enacting laws to preserve law and order and addressing the well-being and "life, liberty and pursuit of happiness" of the citizens. It does not, I also believe, in any way extend to determining who lives and who dies. To presume that it does displays an arrogance exceeding your job description.

I respect your positions as elected officials and would not wish to make the hard decisions you have to make during each term. I appreciate that the majority of legislators do the job at considerable personal sacrifice and with little personal gain. I urge you to not attempt to involve yourselves in matters which are beyond your jurisdiction.

Signed: 
Testifier

Representing (Optional)

3501 Halibut Pt. Hwy. Sitka, AK 99835
Address

(907) 747-6718
Phone Number

3-6-97

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HOUSE JUDICIARY
COMMITTEE ON HB65 DATED March 7, 1997:

My name is Ruth Ewig and I am a mother and an advocate of the Right to Life at all ages including the pre-born babies and the elderly. I completely without any hesitation support HB65, a bill banning the hideous partial birth abortions.

There is something wrong with this picture. We hear on the news of the public outcry to protect laboratory rats, yet the killing of baby humans is not worthy of defense or media coverage. Right now animal rights groups are breaking Alaskan law to protect wolves. This is front page news. What about the baby humans? This month's LIFE magazine features animals that are endangered. What about the endangerment of the value of HUMAN life? Today there was coverage in the newspaper of dogs dying while on the Yukon Quest. Just consider the public outcry if the owner of a Yukon Quest dog decided to jab scissors into the dogs head, and suck out its brains in order to kill it.

Recently in our local newspaper (February 28, 1997) an article reported that an alleged murderer could be found guilty of a double murder because he had killed a woman who was pregnant. If this is the case then what about abortion also being murder?

I am ashamed and embarrassed that the Alaskan Medical Association is opposing the right to life. The newsletter advises members, our medical experts, to oppose HB65 "because [it] interferes with the physician/patient relationship and [will] criminalize activities...engaged by physicians." A physician treating a pregnant woman has TWO patients. Doctors who execute their patients, morally are criminals. Physicians are supposed to save lives and should have led the charge to stop the killing.

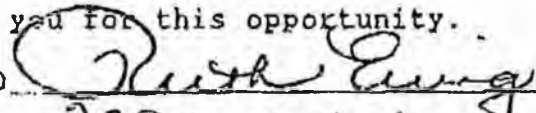
Research has proven that these babies in the womb can hear their mother's voice, and other familiar voices. They can feel pain and do feel pain when they are aborted. When the procedure is done you may not hear the screams because their heads are still inside the vagina but the physician and nurses can see the baby struggling as their arms and legs wave around.

It doesn't take a medical degree to realize that human life is being destroyed. The AMA should be advising physicians to refuse to participate in this American holocaust. Since abortion was legalized in 1972, 32,000,000 babies have been killed. In dollar bills we would consider that quite a bit of money.

I would like to express my appreciation to the legislators down there who have the courage to help put our state in a position to lead the nation back to understanding right from wrong. We need gatekeepers like you to help us get off this slippery slope.

Thank you for this opportunity.

SIGNED


2325-30th Avenue, Fairbanks, AK 99701



ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE Judiciary
COMMITTEE NAME

COMMITTEE ON HB 65 DATED 3/7/97
BILL/SUBJECT

All abortions are morally and ethically wrong. The partial-birth abortion procedure, however, is a particularly egregious type of abortion not only because it kills a viable unborn baby but because it is potentially very dangerous for the mother.

Consider the dangers inherent in p.b. abortion. A woman's cervix is forcibly dilated over several days, which risks creating an incompetent cervix, the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. A p.b. abortion is essentially a breach birth. Sometimes physicians avoid whenever possible. But in this case it is done intentionally at great risk to the mother's uterus. The abortionist then forces scissors through the baby's skull which remains lodged just within the

SIGNED Peggy Feeley
TESTIFIER

Interior Right to Life
REPRESENTING (OPTIONAL)

P.O. Box 61661 Fairbanks Ak 99706
ADDRESS/PHONE NUMBER

479-5902

birth canal - again risking injury to the uterus and laceration of the cervix or lower uterine segment. This could result in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason, as many ob/gyn's have verified. If vaginal delivery is not possible, a doctor performs a Caesarian section. But in no case is it necessary to partially deliver an infant through the vagina, and then kill the infant.

Former Surgeon General C. Everett Koop, has testified that the p-b procedure is never medically necessary for either the mother & certainly not the baby. Women who thought they underwent p-b abortions for "medically necessary" reasons have been tragically misled. Ron Fitzsimmons, spec. director of the New England Coalition of Abortion Providers, told the N.Y. Times that he lied on ABC's Nightline last week that p-b abortions are rare.

I am very disappointed that the Alaska State Medical Assn. is opposing HB 65. According to the Jan/Feb 1997 "Heartbeat," the Committee stated it is improper to legislate medical treatment which should be left to good science & appropriate medical care." No abortion, but especially the p-b abortion is "good science" or "appropriate medical care." In fact, it is perverted & dangerous science.

My name is Anna Scheller and I am a resident of Fairbanks. Thank you for taking the time to read my testimony in support of HB 65, the Ban on Partial Birth Abortion. I urge the legislature to vote in favor of the ban. I believe this issue transcends party lines and even the abortion debate. That a doctor may deliver a baby's body outside the mother, cut a hole in the base of the infant's skull, then vacuum the child's brain out is inhumane and gruesome. If such a procedure were applied to the offspring of animals, the outcry would be great, yet it is done to children who could survive birth. We are a country that fights child abuse, will not buy products if they have been tested on animals, but we will pull a child from it's mother's womb and kill it before it can take a breath. If we will prosper as a state, as a country, we must begin fulfilling our responsibility to protect those who cannot speak out for themselves. Those who believe abortion should not be restricted under any circumstance are blind to the truth of the procedure. I believe to support the HB 65 is the only reasonable course of action for people who seek to protect the quality of life for all people. The reason I must submit this written testimony instead of speaking at a mike is because I have 5 young children who would have to sit with me during the teleconference. My husband and I were concerned that medical testimony in favor of HB 65 would be emotionally terrifying to them.

To those who sponsored this bill, you are courageous. May you continue to fight on behalf of those who cannot defend themselves.

DATE: 4-19-96
PAGE: 422

Partial-Birth Abortion Is Bad Medicine

By NANCY ROMER, PAMELA SMITH,
CURTIS R. COOK AND JOSEPH L. DeCOOK

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a woman's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 50% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among

our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors

across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the woman) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—with a huge crouplocele (a sac containing the baby's organs) much bigger than her head—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers or, what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these, medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-entertainers who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's All Saints Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Eastern Michigan Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 200 members.

TO: H. Jud.

FROM: DEBRA JOSLIN



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
 committee name
 committee on HB 605 dated 3/7/97
 bill/subject

I strongly oppose HB 605 banning certain types of late-term abortions. Not only is the bill poorly worded and could potentially limit many types of abortions, but I don't think think the government's job lies in mandating health care.

Signed: Jules Magwood
 Testifier

Representing (Optional)
Box 6071 Sitka, 99835

Address
907) 747-2667
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Judiciary
 committee name
 committee on #37 HB, dated 3/6/97
 bill/subject

Please oppose HB 37, Parental Consent for Minor Abortions.

I don't believe the government can mandate health / medical procedures, nor is it the government's role to mandate communication.

Please oppose HB 37.

Signed: _____

Testifier

Representing (Optional)

Address

Phone No.

Julie Magruder

Box 6074 Sitka, AK 99835

907) 747-2667

To The Alaska State Legislature

Please enter into the record my testimony to the **House Judiciary Committee on HB 65**, dated March 7, 1997.

Since the 1960's, we've all witnessed a steady decline in the moral standards of our country. Then, with the passage of Roe v Wade, a Pandora's box was literally opened up.

In our quest for "freedom" I believe those individuals who passed Roe v Wade lost their sense of determining right from wrong. Abortion at any stage of pregnancy is repugnant, but this partial birth abortion procedure is beyond belief. We as a nation are being strangled by "Our Freedoms". When will it end?

AFTER reading and or seeing pictures in which that tiny, helpless little human is being yanked out of the safe haven of his or her mother's womb by someone who supposedly has dedicated their life to the healing arts (not the killing arts). Having that "person" - and I use the term loosely - deliver all but that little baby's head and proceeds to cut open the back of the skull with blunt scissors, inserting a device that literally sucks out the baby's brain.

Those of you who are not in favor of passing this bill, are you able to sleep at night? If you have children, are you able to look at them and NOT think about how those other precious, tiny innocent victims of partial birth abortions met their demise? If you say that you are unaffected, I feel very sorry for you.

Please take a step in 'righting' a wrong by trying to put the lid back on this Pandora's box by saying **YES** to the passage of this bill.

Sincerely,



Linda G. Smith
P. O. Box 3726
Palmer, Ak 99645
(907) 746-7232



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Com-
 committee name mittee
 committee on HB 65, dated Mar 7, 1997
 bill/subject

Partial Birth abortion needs to be renamed partial birth infanticide - for indeed, it is a deliberate, premeditated act of infanticide. It is an act of murder. And the fact that the baby is kept alive while extricating organs is downright disgusting and barbaric. It's not even civilized! And under the guise of harvesting organs for research, big money is paid. It's about creating another income source for the abortionist, it's about perpetuating the appalling practice of fetal tissue research, a government funded program, it's about saving the abortionist from the embarrassment of accidentally delivering a live baby that the saline method of abortion can produce. There is no good reason to ever justify a partial birth act of infanticide.

Signed: Rebecca L Perry/Rebecca L. Perry
 Testifier

Kenai/Soldotna Right to Life
 Representing (Optional)

P.O. Box 3623, Soldotna, AK 99669
 Address

907-260-3887

Phone No.



Susan Lemagic, M.D., F.A.C.O.G.
Chariman, ACOG Alaska Section District VIII
425 E. Dahlia, Suite J
Palmer, Alaska 99645
907-745-8379 fax:907-745-0153

Thank you for the opportunity to testify on HB65 "an act relating to partial birth abortions."

My name is Susan Lemagic. I am a board certified physician in the private practice of obstetrics and gynecology in Palmer, Alaska, where I have lived and worked for the last 14 years. I am a clinical instructor at the University of Washington and I serve on the State Review Committee for Maternal and Infant Mortality. I am currently Chairman of the Alaska Section of the American College of Obstetrics & Gynecology (ACOG),

Women come to me for help in prenatal care, in delivering their babies, in diagnosing and treating cancer, in surgery related to infertility, in counseling for the stresses of their lives, and in selecting appropriate contraception. I see women with illnesses ranging from sore throats and bladder infections to terminal cancer and AIDS, women in healthy loving families to women in relationships of longstanding verbal abuse and domestic violence. And I see women with unexpected pregnancies, or wanted pregnancies where something is terribly wrong, who desire to terminate their pregnancies.

Partial Birth Abortion is a political term, not a medical term. I am enclosing a statement of policy from the American College of Obstetrics & Gynecology relating to this, that was passed January 12, 1997.

The procedure incorporates standards of care for our field that have been used for centuries, when women would have otherwise died in childbirth.

Intact dilatation and extraction was developed to assist mothers whose fetuses had severe anomalies. Genetic testing, through maternal blood screening tests, ultrasound, or amniocentesis, is used to identify fetuses who are nonviable, that is, fetuses that would die before or shortly after birth. Intact dilatation and extraction allows the mother to avoid the risks of labor, allows better confirmation of the birth defects to improve testing, and enhances parental grieving with an intact fetal body.

While I have never personally seen it done, I have referred women, on occasion, to one of the few centers in the United States where this procedure is available. These were women who were hoping against hope that their babies were normal, that they would be able to give birth to healthy children. After future consultation confirmed the serious abnormalities, and nondirective counseling was performed, they chose to end the pregnancies, and grieved their losses.



Most states, Alaska included, already have limits as to the gestational age at which an elective abortion can be obtained. Alaska's limit is 21 weeks 3 days, well below potential fetal viability. Terminating a pregnancy prior to this limit is a woman's private matter, with physician consultation. She is free to follow her conscience, her morals, and her religious beliefs. Attempting to restrict abortion using any method, at this stage, violates her legal rights in America.

Pregnancy termination at later gestational ages in the vast majority of situations involves attempting to save the life of the baby while preserving the mother's health. Women may develop cancer or heart disease, have strokes, or preeclampsia a disease which is unique to pregnant women. Labor is induced early; if the fetus is viable, resuscitation and neonatal intensive care units are available. Some babies survive this early delivery, some develop permanent handicaps, some die. But no babies survive if the mothers die first.

In some rare cases late in gestation the fetuses are the ones newly identified with the life threatening conditions: they have the wrong number of chromosomes, they have severe cardiac problems, they have tumors, they have no brains or too much fluid on the brain, or they may have already died in utero. Intact dilation and extraction allows delivery of these babies that are nonviable in a manner that may be safest for the mother. She may not have to have a cesarean section for a baby that is dead or will die soon. She will not experience an obstructed labor, or an amniotic fluid embolism with resulting heart and lung problems and bleed to death because her blood has lost the ability to clot.

With any empathy you can get a hint of the agonizing position this mother may be in. Imagine then her horror at being told that she may not receive the best medical care available because the government—or more specifically you, as a legislator—have decided that you understand medicine better than her physician, that you understand her religious beliefs better than she does, that you understand what is best for her and her family. This attitude is profoundly disrespectful to her bodily and spiritual integrity, and to her physician's medical knowledge and professionalism. This is government intrusion into the most private concerns that a woman has.

As the American College of Obstetrics and Gynecology has stated "the intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous." It is very likely that this type of legislation would not survive a court challenge. Please do not waste our taxpayer monies on your personal religious agenda.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
 committee name .
 committee on HB 65 , dated March 5, '97 .
 bill/subject

The truth is now out. This procedure is not only used to save the lives of mothers or because of abnormal babies. There should be some way of stopping this killing of babies. What must it do to a mother to participate in directly killing her child? While it might be possible to make folks think an unborn, early term, baby isn't a real baby - with this act we have a child only seconds from birth, a fully formed infant. As one whose give birth I can't imagine the trauma of having a baby turned and then killed. At least with the usual trauma we forget when we hold that little one.

Signed: Martha Lou Braun

Testifier

Representing (Optional)

Sitka, Alaska

Address

747-3688

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the All House Members
committee name .

committee on HB 63 / Partial Birth Abortion dated 3/3/97
bill/subject

*It occurs to me that the trend is going
toward if the umbilical cord is attached abortion
is still an option.*

*Do Not Allow Partial Birth, or any other
type of Abortions.*

Signed: M. W. Laburre M. W. Laburre
Testifier

Representing (Optional)

Box 6369 Sitka AK 99835

Address

907 747-4850

Phone No.



LEGISLATIVE AFFAIRS AGENCY

DIVISION OF PUBLIC SERVICES

Jane Perisson
Legislative

Information Office

P.O. Box 845

Tok, AK 99780

Phone (907) 883-5020

Fax (907) 883-5021

DATE: ~~Feb~~ March 4, 1997

Please accept the enclosed original(s) of written testimony
for the HJWD (HB 65) teleconference hearing that was
scheduled on 3-4-97.

A copy of this testimony was transmitted to your committee via
fax on 3-4-97.

Thank you,

Jill L. Lyana

I support the intent of this bill if it is to ban partial birth abortions. I am very concerned with the wording of line ~~6 & 7~~ ^{8 & 9} in Section 2(a). I believe if you want to allow abortions to save the physical life of the mother you need to say just that "... a physical disorder, illness or injury..." does not mean & only mean to save the life of the mother. To me it could ~~be~~ leave the door open to mean episiotomy as an injury or mental deress caused by raising children as an illness.

I would like this language changed to be more specific to include only avoiding physical death.

My name is Ann Cray and I am a mother of four children, two living grandchildren, two grandchildren who have died, and another that is in my daughter-in-law's womb. I have experienced the joy of holding two tiny babies that were born prematurely. Jessie was 2 pounds, two ounces and seven and a half months into gestation when he was delivered by caesarian section. Christian was one pound, one ounce and seven months into gestation when he was delivered.

Have any of you even seen let alone held a two to three pound baby? I have, and one thing I'll never forget is how sweet and precious these perfectly developed babies were, with their tiny little toes and fingers, with their tiny little mouths looking like they were trying to whistle, and their tiny little eyes looking all around.

Have you ever had a three pound baby look at your face and listen to you while you were holding them and talking to them? I have, and I will never forget it. I remember when Christian or Jessie would cry, you could see by their faces that they were crying but you did not hear them because they were so little. There was no sound.

Because of my experience of having watched my tiny grandbabies, there is no doubt in my mind that babies go through alot of pain during partial birth abortions or any abortion for that matter. These babies may have been tiny but they were still human beings with feelings and a need to be cuddled and loved. I was not holding some embryo, some piece of tissue, or fetus but a living baby, a tiny human being.

I wish you could all go to the neo-natal intensive care unit at Providence hospital in Anchorage and see these babies and how tiny and sweet and precious they are. They deserve a chance at life too.

I am asking you to support HB65 and ban partial birth abortions. I know in my heart that if you could only see these babies you would not want them to go through an abortion of any type. They are just so sweet.

Ann Cray
1103 JOHN KALINAS
FBIAS. AK. 99712
907-488-6821



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
 committee name
 committee on HB 65 & HB 37, dated 3/5/97
 bill/subject

HB 65: I have enjoyed life for over 70 years. I would like to see others enjoy that same privilege. It is time now for all to take responsibility to see this happens for all. I am apposed to partial birth abortions.

HB 37: There are many laws that require parents to be responsible for their minor children. We do not need laws that circumvent any area of parental responsibility to their children. I oppose abortions performed on minor without parental consent.

Signed: Francis J. Mackin
 Testifier

Representing (Optional)
P.O. Box 2095
 Address

907-747-7816
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
committee name

committee on HB65/partial birth abortions dated 3/5/97
bill/subject

Partial birth abortion (p.b.a) is a commonly used barbaric procedure. I'm not talking about Auschwitz or the past, I'm talking about USA, today. There is NO medical condition of the mother that would call for the fetus to be bodily delivered, stabbed in the back of the head and have its brains sucked out, in order to physically save the life of the mother. There is NO POSSIBLE way a "birth" as barbaric as this would save anyones life. It is just NOT possible.

The truth is: p.b.a does not EVER save the life of the mother. What COULD save the life of the mother? What you, the legislators + we the people deem "politically correct"?

What COULD save the life of the mother is how we define the boundaries of justice globally and locally. How we care for each other on a small planet called Earth. How we work together to pass just laws which show respect for each other, no matter what side of the fence we sit on. We all need each other.

IF I learn, via the media, that our state says it's OK to kill a child during birth, then should I reason that it must be OK to kill at other times for other reasons?

Would p.b.a. bring justice to our state?

In order to determine what is false, we need to know the TRUTH. For that we must each look inside, beyond our hearts and into our own souls.

We then need to re-establish boundaries of mutual respect, instead of erasing them bill by bill, House by House, Senate by Senate.

Lets support HB65 AND each other.

Signed: Mary A Soltis
Testifier

Representing (Optional)

405 Verstovia Sitka, AK 99835

Address

747-5624

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Judiciary
committee name
 committee on HB 65, dated 3/5/97
bill/subject

The decision to have or not have an abortion needs to be a decision which a woman makes ~~with~~ on her own. This is a personal decision which a woman may make with the help of her doctor.

I am opposed to House Bill No. 65 as the decision to have an abortion needs to remain a personal decision.

Signed: Jennifer A. Mason
Testifier
self and Sitkans for Choice
Representing (Optional)
1701 Halibut Point Rd. #5 Sitka, AK 99835
Address
(907) 747-4897
Phone No.

Alaska State Legislature

Please enter into the record my testimony to the House State Affairs Committee on H.B. 65, an Act Relating to a Ban on Partial Birth Abortions, dated Tuesday, February 18 at 8am.

We have reached a point in our nation where we need to say enough before it is too late to turn back.

The horror of partial birth abortion is nothing less than infanticide (homicide) and a painful homicide at that.

I support H.B. 65 for the good of the future of our great state.

Signed Kathryn L. Johnson
Testifier

Representing(Optional)

110 Finn Alley Sitka
Address

907 747-8368
Phone Number



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY
 committee name
 committee on HB-65 / PARTIAL- BIRTH TOP, dated 03-07-97
 bill/subject

IT IS AMAZING THAT SOME MEMBERS OF THE MEDICAL COMMUNITY INSIST THAT EVEN THE D&X PROCEDURE "IS A DECISION BETWEEN THE PATIENT AND HER DOCTOR. PLEASE SUPPORT HB-65 AND MAKE IT VERY DIFFICULT TO OBTAIN D&X IN ALASKA.

IT IS PRESUMPTUOUS TO THINK IT NECESSARY TO KILL ~~FETUSES~~ INFANTS WITH "GENETIC" OR "PHYSICAL" ANOMOLIES - IT MAY BE A GOOD THING THAT SOME DOCTORS ONLY "THINK" THEY ARE GOD.

PLEASE SUPPORT HB-65

THANK YOU.

Signed: _____

Teresa Lundy TERESA LUNDY

Testifier

Representing (Optional)

P.O. BOX 2975 SITKA AK 99835

Address

907-966-2204

Phone No.

Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
on H.B. 65, an Act Relating to a Ban on Partial Birth Abortions,
dated Wed. March 5. from 1-4pm

I support H.B. 65 because the procedure used in Partial birth Abortions are detrimental to the woman's physical and mental health. Because a breach birth is so hard on the mother's body every effort is made to turn the baby before birth. If they fail to turn the baby a cesarean section is performed for the *health* of the *mother* and the *life* of the *baby*. Why is our nation *victimizing women* and *torturing* and *killing innocent human babies*? O, yes, I forgot, this is an expensive procedure and some people are getting rich, very rich indeed.

Would you allow this procedure used on your pet cat, dog, horse, or even a rat, or anyone's animal? The human rights activists for animals would be up in arms at the very suggestion. I am asking you to be up in arms for the humane and ethical treatment of women.

Please vote for H.B. 65. Thank You.

Signed Virginia C. Phillips
Testifier

Representing(Optional)

write-4-life, NATY Right TO Life Spokesperson
404 LAKE ST, 2D SITKA, AK 99835
For Anti-abortion Tribunal + ALASKA NATIVES

Address

907-747-8024

Phone Number



Alaska State Legislature

Please enter into the record my testimony to the Judiciary
 committee name
House Bill 65
 committee on Partial Birth Abortions, dated March 5, 1997
 bill/subject

It is my belief that partial birth abortion is wrong. I support legislation that would ban this practice. Legislation should include requirements that alternative information be provided to the mother, such as adoption if pregnancy is unwanted. I would support tax dollars being spent to provide more information and services to these mothers.

Signed: Richard M. Sege
 Testifier

Representing (Optional)
307 Islander Drive Sitka AK 99835
 Address
907-747-5185
 Phone No.



ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HOUSE JUDICIARY
 COMMITTEE ON PRIVATE PRISON COMMITTEE NAME
HOUSE BILL 53 DATED _____
 BILL/SUBJECT

HB 53 IS NOT IN THE BEST INTEREST OF THE PEOPLE OF ALASKA. HB 53 IS PUTTING THE CART BEFORE THE HORSE IN THAT HB 150 WHICH IS PENDING IS THE CORRECT AND FINANCIALLY RESPONSIBLE SOLUTION. THE FACILITIES CURRENTLY AVAILABLE, FUNCTIONALLY SUPPORT COMMUNITY NEEDS AND SAFETY ISSUES TO THE PUBLIC. YEARS AGO THE FACILITIES WERE BUILT WHICH COULD SERVE INCARCERATION NEEDS AND BE EXPANDED AS NEEDED IN THE FUTURE. WELL THE FUTURE IS UPON US AND THE PLANS SIT IN CABINETS WHY REWRITE A PLAN SUCH AS HB 53 AND CREATE A FISCAL DEFICIT FOR FUTURE ALASKANS CHILDRENS EDUCATION NEEDS FOR EDUCATION A PRIVATE PRISON, AND PUBLIC SAFETY AND TRUST CAN NOT BE EASILY REGAINED ONCE AN ALL DOLLAR AND NO SENSE DECISION IS MADE. THE GRASS ISNT ALWAYS GREENER WHEN IT COULD IMPACT ON PUBLIC SAFETY. SPRING CREEK AND OTHER PRISONS NEED THE UPGRADES, AND WE NEED TO COMPARE AND CONTRAST THE COST OF SPRING CREEK IMPROVEMENT COSTS BEFORE REINVENTING THE WHEEL.

SIGNED Richard E. Crandall
 TESTIFIER
COMMUNITY MEMBER
COMMUNITY OF FAIRBANKS
 REPRESENTING (OPTIONAL)
2204 THIRD STREET FAIRBANKS AK 99701
 ADDRESS/PHONE NUMBER



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Committee
committee name

committee on HB 37, dated March 4, 1997.

This nation ^{bill/subject} was founded on freedom and equality for all her citizens. How foolish it seems that we now hold meetings to discuss the fate of the most innocent and purest of our citizens, the unborn. Their blood cries out against us, Hypocrites. The Bible speaks to us telling us to speak out for those who cannot speak for themselves. Our unborn have no voice, no rights, and no freedom. We must speak for them or we forfeit our own rights to speak for ourselves. When one group of citizens takes away the rights of others they will soon lose their own rights. Not since slavery has an issue faced this nation of this magnitude. We must see through ~~the~~ the hypocrisy. Once slavery was legal but it did not make it right. The courts have ruled that abortion is legal but again we error. It is time we turn back to our true constitutional rights. I oppose all abortion, and therefore I am against a bill that gives a minor the right to have an abortion without parental consent. Thankyou for hearing this testimony and may God grant us his wisdom in this matter.

Signed: Kelly P. Lundy Kelly P. Lundy
Testifier

Representing (Optional)

205 Uitskari Street Sitka, AK. 99835

Address

907 - 747 - 3746

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
committee name

committee on H.F. - 37, dated 3/5/97
bill/subject

I wish to express my opinion in favor of the upcoming Parental Consent bill. If a minor can't have their ears pierced or take an aspirin in high school without their parents consent, something as life changing + traumatic as having a abortion should certainly be included. No judge, scholar, government official would in the majority of cases have child's best interest at stake, more than parents. At a time when the traditional family is under attack, we as a people should stand to strengthen it and not pass laws that would lessen its positive influence. I would appreciate your voting in favor of this bill.

Signed:

[Signature]

Testifier

[Signature]
Representing (Optional)

311 Westwood Loop - Sitka
Address

907-241-8189
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Members of The House
committee name
committee on HB 35/ , dated 3/3/97
bill/subject

THE FAMILY IS THE CORE UNIT OF THIS GREAT COUNTRY! IT IS THE RESPONSIBILITY OF THE PARENT(S) TO GUIDE THE UNEMANCIPATED MINORS WITHIN THE FAMILY UNIT. IF THE GOVERNMENT TAKES AWAY ANY OF THE RESPONSIBILITIES ASSOCIATED WITH THAT PARENTAL GUIDING POWER, INCLUDING BUT NOT LIMITED TO CHILDREN HAVING SURGERY, THIS CORE UNIT WILL BE DIMINISHED AND THE COUNTRY AS A WHOLE WILL SUFFER.

PLEASE VOTE TO PRESERVE THE FAMILY UNIT. VOTE TO INSURE THAT PARENTAL CONSENT IS NECESSARY FOR MINORS TO HAVE AN ABORTION.

SINCERELY,

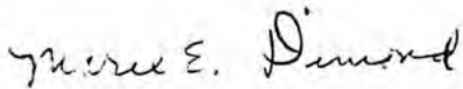
Michael Lagure
MICHAEL LAGURE
BOX 6369
SETKA, ALASKA

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Judiciary Committee on House Bill No. 37, dated March 4, 1997.

At this time, I would like to extend my support toward the passing of HB No. 37. I feel that we must expedite the passing of this Bill because of the suffering that Abortion brings not only to the young woman, but their parents and relatives as well. I also believe that the Judges should not have control over a young women's life, they don't care about the lasting affect that such a heinous act produces in the heart of any age women.

Thank you for your considering my testimony.



Marie E. Dimond

P.O. Box 1101

Sitka, Ak. 99835

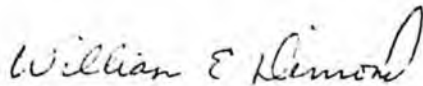
(907)747-5621

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Judiciary Committee on House Bill No. 37, dated March 4, 1997.

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Thank you for your considering my testimony.



William E. Dimond

P.O. Box 1101

Sitka, Ak. 99835

(907)747-5621

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Judiciary Committee on HB37, an act relating to parental consent before a minor receives an abortion, dated March 5, 1997.

I support HB37, which would require parental consent before a minor obtains an abortion. I consider that a decision as important as whether to seek an abortion one with such serious and long term impact not only on the young woman but also on close family members and the father of the child that it deserves serious consideration and discussion among those most intimately involved.

Even dispensing of headache medication at the local high school requires parental permission! Will not an abortion have more far-reaching effects than a headache?

Please support HB37, helping insure that parents of teens accept their parental role and responsibility and that teens understand that an abortion rates right up there with headaches!

Signed:

Miss Farrell
Testifier

Representing (Optional)

3501 Halibut Pt. Hwy. Sitka, AK 99835
Address

(907) 747-6718
Phone Number

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM

March 10, 1997

SUBJECT: Effect of Certain Amendments (HB 65)

TO: Representative Ethan Berkowitz
Attn: Patrick

FROM: Terri Lauterbach
Legislative Counsel *TLauterbach*

You have asked whether the amendments you faxed me would, if added to HB 65, make the bill more defensible if it were challenged in court as being unconstitutional. One amendment would restrict the bill to third trimester abortions, one amendment gives a detailed definition of "partial-birth abortion," and the other amendment adds protection of the health of the pregnant woman as an exception to the prohibition against partial-birth abortions.

There is no doubt that any one of these amendments would help bring HB 65 in line with U.S. Supreme Court decisions on the subject of abortion. All three together would address the three most important constitutional flaws in the bill.

The amendment that would add a detailed definition of "partial-birth abortion" would significantly reduce the chance that the bill would fail because of vagueness in that definition.

The amendment that would restrict the definition of "partial-birth abortion" to those occurring in the "third trimester" would further reduce the vagueness of the definition and would also ensure that the legislature stayed within the constitutional boundaries established by U.S. Supreme Court decisions that allow states to prohibit abortions (with exceptions) or restrict the procedures that may be used for abortions only after the viability of the fetus.

The amendment that would add "health" considerations as an exception to the prohibition of partial-birth abortions would bring the bill in line with the U.S. Supreme Court requirement that abortion prohibitions or restrictions on the procedures that may be used, even after viability, must contain exceptions based not only on preserving the pregnant woman's life but also her health.

Representative Ethan Berkowitz

March 10, 1997

Page 2

The U.S. Supreme Court decisions on which this memo is based are Roe v. Wade, 410 U.S. 113 (1973) and Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992), which affirmed the basic trimester framework of Roe. If you need copies of these cases or if I can be of further assistance on this matter, please let me know.

TML:jdr

97-158.jdr

0-LS0246B

Lauterbach

3/4/97

CS FOR HOUSE BILL NO. 65()**IN THE LEGISLATURE OF THE STATE OF ALASKA****TWENTIETH LEGISLATURE - FIRST SESSION****BY****Offered:****Referred:****Sponsor(s): REPRESENTATIVES KOTT, Kohring, Ogan****A BILL****FOR AN ACT ENTITLED****1 "An Act relating to partial-birth abortions."****2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:****3 * Section 1. LEGISLATIVE FINDINGS. The legislature finds that****4 (1) partial-birth abortions are not necessary to preserve the life or health of**
5 pregnant women;**6 (2) partial-birth abortions are potentially more injurious to the health of a**
7 pregnant woman than other abortion procedures;**8 (3) partial-birth abortions are cruel and gruesome;****9 (4) partial-birth abortions are inherently disrespectful of the dignity that should**
10 be accorded human life;**11 (5) partial-birth abortions tend to blur the distinction between constitutional**
12 persons and nonpersons and between infanticide and legal abortions;**13 (6) partial-birth abortions, because of their gruesome nature and because they**
14 incorporate two disparate roles of physicians, the role of healer and the role of abortionist,
15 tend to undermine public confidence in the medical profession; and

1 (7) the state has a compelling interest in protecting the health of pregnant
2 women, preventing cruelty to human life, protecting the dignity of human life, ensuring public
3 confidence in the medical profession, and maintaining a clear distinction between infanticide
4 and legal abortions.

5 * **Sec. 2.** AS 18.16 is amended by adding a new section to read:

6 **Sec. 18.16.050. Partial-birth abortions.** (a) Notwithstanding compliance
7 with AS 18.16.010, a person may not knowingly perform a partial-birth abortion unless
8 a partial-birth abortion is necessary to save the life of a mother whose life is
9 endangered by a physical disorder, illness, or injury and no other medical procedure
10 would suffice for that purpose. Violation of this subsection is a class C felony.

11 (b) A woman upon whom a partial-birth abortion is performed may not be
12 prosecuted under this section.

13 (c) In this section, "partial-birth abortion" means an abortion in which the
14 person performing the abortion partially vaginally delivers a living fetus before killing
15 the fetus and completing the delivery.

AMENDMENT

CROFT

OFFERED IN HOUSE JUDICIARY

TO: CS HB 65 () work draft dated 3/4/97

Page 2, line 8 following "save the life":

Insert "or health"

Page 2, line 8 following "mother":

Delete "whose life"

Insert "who"

Alaska State Legislature House of Representatives

COMMITTEE ASSIGNMENTS:

LABOR & COMMERCE, CHAIRMAN
MILITARY & VETERANS AFFAIRS, CHAIRMAN
COMMUNITY & REGIONAL AFFAIRS
RESOURCES
INTERNATIONAL TRADE / TOURISM
LEGISLATIVE COUNCIL



INTERIM:
10928 EAGLE RIVER ROAD, SUITE 141
EAGLE RIVER, AK 99577
PHONE (907) 694-8944 45
FAX 694-8949

SESSION:
STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE (907) 465-3777
FAX (907) 465-2819

SECTIONAL ANALYSIS HB 65

Section 1: Makes partial-birth abortions illegal, except where necessary to save the life of the mother; exempts the mother from prosecution; defines "partial-birth abortion as the act of partially vaginally delivering a living fetus before killing it and completing the delivery.



Representative Pete Kott



Alaska State Legislature House of Representatives

COMMITTEE ASSIGNMENTS:

LABOR & COMMERCE, CHAIRMAN
MILITARY & VETERANS AFFAIRS, CHAIRMAN
COMMUNITY & REGIONAL AFFAIRS
RESOURCES
INTERNATIONAL TRADE / TOURISM
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PHONE (907) 694-8944-45
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SESSION:
STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE (907) 465-3777
FAX (907) 465-2819

SPONSOR STATEMENT HB 65

Partial-birth abortions, which typically occur in late-term pregnancies, involve the following steps: First, the abortionist locates the baby's leg and pulls it into the birth canal; Second, the entire baby is delivered except the head; Third, scissors are inserted into the live baby's head and the hole enlarged; Fourth, a suction catheter is inserted into the hole and the baby's brains are sucked out, thereby collapsing the skull; Finally, the dead baby is completely removed.

In testimony before the US House of Representatives Judiciary Committee, Nurse Shafer described her experience of partial-birth abortions as follows:

"...His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside. [The doctor takes] a pair of scissors and insert[s] them into the back of the baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out."

This gruesome and hideous procedure, which but for a few centimeters would be punishable as infanticide, would be outlawed by HB 65, as unworthy of civilized people. Such behavior coarsens our society, undermines people's trust in the medical profession, and blurs the legal distinction between abortion and homicide.

HB 65 makes it a felony for a person to perform a partial-birth abortion, except where necessary to save the life of the mother. While leaving intact the right to all other types of abortion procedures, HB 65 punishes the abortionist but not the mother.

Partial-birth abortions are not something that we need in the State of Alaska. Your support of HB 65 is urged.



Representative Pete Kott



FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

BILL NO. HB 65

Revision Date: _____
 Title: "An act relating to partial-birth abortions."
 Sponsor: Representative Kott
 Requestor: (H) STA

Department Affected: Administration
 BRU: Public Defender Agency
 Component: Public Defender Agency
 COMPONENT SERIAL NO. 1631

EXPENDITURES/REVENUES:

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	**	**	**	**	**	**
CAPITAL EXPENDITURES	**	**	**	**	**	**
CHANGE IN REVENUES ()	**	**	**	**	**	**

FUND SOURCE:

(Thousands of Dollars)

FUND SOURCE	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	**	**	**	**	**	**

Estimate of any current year (FY 97) cost: \$ **

POSITIONS:

POSITIONS	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

This bill would make performing a "partial-birth abortion" in Alaska a class C felony offense. It creates a new crime, and may result in additional cases and additional work for the Public Defender Agency. Although (presumably) only physicians would be prosecuted and it would be highly unusual for a physician to be a public defender client, other persons could be prosecuted as aiders or abettors. There is even the potential that people who form an agreement to have such a procedure outside the state could be prosecuted under the conspiracy laws. However, without an accurate prediction of the numbers of prosecutions expected, fiscal impact is impossible to quantify.

Prepared by: Barbara K. Brink, Director
 Division: Public Defender Agency

Phone: (907) 264-4414
 Date: _____

Approved by Commissioner: Mark Boyer
 Agency: Department of Administration

Date: 2/17/97

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FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

BILL NO. HB 65

Revision Date: _____
Title: Relating to partial-birth abortions
Sponsor: Kott
Requestor: House State Affairs

Dept. Affected: Health and Social Services
BRU: Medical Assistance
Component: Medicaid Non-Facility
COMPONENT SERIAL NO. 229
See also (SN#): _____

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY98	FY99	FY00	FY01	FY02	FY03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

CHANGES IN REVENUES ()						
-------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY97) cost: \$0.0

ANALYSIS: (Attach a separate page if necessary)

The Division assumes that a partial-birth abortion refers to a third trimester abortion of a viable fetus, and therefore does not believe this bill would have any affect on the cost of abortions for the Medicaid and General Relief Medical Assistance Programs. There would be no way to identify a partial-birth abortion procedure on a medical claim form, but the division believes that facilities in Alaska, and those out-of-state facilities commonly used by Alaskans, do not perform third trimester abortions.

Prepared by: Nancy Weller
Division: Medical Assistance
Approved by Commissioner: Karen Perdue, Commissioner
Agency: Department of Health & Social Services

Phone: 465-3355
Date: 01/16/97
Date: 2/5/97

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Alaska Perinatology Associates



FEB 27 1997

February 17, 1997

Representative Ethan Burkowitz
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: Senate Bills #'s 12 & 14

Honorable Representative Ethan Burkowitz:

I would like to take this opportunity to express my concern as a provider of medical services to pregnant women and their fetuses. As a brief introduction, my name is Sherrie Richey, and I am a board-certified Obstetrician/Gynecologist with sub-specialty training in Maternal Fetal Medicine (Perinatology). This sub-specialty deals with high-risk and medically complicated pregnancy, prenatal diagnosis, including high resolution ultrasound to diagnose fetal abnormalities, and intrauterine fetal therapy, such as fetal blood sampling and fetal blood transfusions. As the first, and now one of only three perinatologists in the State of Alaska, I am in a unique position to comment on the effect that Senate Bills 12 & 24, if enacted, would have on health care for women in our state.

My partners and I spend hundred of hours a week attempting to diagnose and treat genetic and structural abnormalities in unborn children. We do this for several reasons: We firmly believe that knowledge of these abnormalities will provide for opportunities to prepare the parents to care for a child with an abnormality, to provide for optimal early newborn care including informing the sub-specialists required to be present at the birth of a child with an abnormality, and in some cases, to perform life-saving intrauterine therapy. Unfortunately, several times a month we have the tragic responsibility of informing a couple that their child has a lethal abnormality, and that there is nothing that we can do to change that outcome. We attempt to provide the best support possible, both medically and emotionally, during this most difficult time.

There is a wealth of scientific data supporting the fact that termination of pregnancy at any gestational age is safer for the mother than being pregnant. In many cases, if the mother's affected fetus is allowed to continue gestation, it will be born only to add the horror of watching the child die in the first few hours of life; often a painful death for the infant, the parents, and the health care providers. From a medical standpoint, it makes no sense to allow a pregnancy to continue, increasing the mother's risk of hemorrhage, pre-eclampsia (toxemia), anemia, and other complications which occur more commonly in later gestation, when a fetus has no chance of living. Additionally, the emotional trauma of carrying a child that will not live, having to endure the comments of well-meaning, but uninformed friends, acquaintances, and even strangers on the street, is no trivial matter.

There are many different methods of terminating a pregnancy, with advantages and disadvantages, indications and complications of each one. Obstetricians/gynecologists are uniquely trained to individualize each patient's case to determine the safest method for her as a individual. It appears that Senate Bill No. 12, banning so-called "partial-birth" abortions, was intended to prohibit a type of pregnancy termination which actually takes place very infrequently in the United States, and one that is virtually always chosen because it is the safest way to terminate a pregnancy complicated by a lethal fetal abnormality or a life threatening maternal medical complication. Specific examples of such cases are available if desired. To deprive even one grieving mother and family of the safest

DR. DAVID E. BURRIS
DR. NELSON B. JINADA
DR. SHERRIE D. RICHEY

option available to her in these circumstances is unethical and immoral. I cannot, for this reason support Senate Bill No. 12.

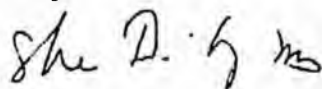
Senate Bill No. 24 would seek to require that the legal parents or guardians of minors give consent prior to abortion. I wish to add my voice to that of The American Academy of Pediatrics, The American Academy of Family Physicians, and the American College of Obstetrics and Gynecology, of which I am a member, opposition to this bill. The majority of teenage women voluntarily seek the counsel of a trusted adult when faced with an unwanted pregnancy. Those who do not generally have experienced violence in their family and fear that it will recur. Others believe that parental knowledge would damage their relationship, escalate conflict of coercion in their family, or subject a vulnerable parent to stress and disappointment. The fact that I have to face as a perinatologist, is that regardless of the law, the vast majority of these young women will terminate their pregnancies, many under desperate circumstances. Enactment of this bill will only ensure that more of them will have the pregnancy terminated at a later gestational age, in an unsterile, unsafe, and unregulated environment, and some will lose their fertility, and even their lives in the process.

All it takes is one telephone call to any of my mentors at the University of Texas Southwestern Medical School in Dallas, several of whom are co-authors of the leading obstetrical textbook "Williams Obstetrics", who will recount the days prior to the legal termination of pregnancy, when wards of women were gravely ill and dying, or rendered incapable of bearing children due to complications of "back-alley" abortions. Regardless of one's personal moral beliefs about abortion, no physician who remembers those days would choose to relive them.

As a physician who spends many of my waking hours fighting to preserve and improve the lives of unborn children and save the lives of women with complicated pregnancies, I must in all good conscience, strongly urge you to oppose these dangerous pieces of legislation, as I believe they will do nothing but jeopardize the lives and well-being of a particularly vulnerable and unfortunate group of women.

Thank you for allowing me to express my professional views on bills no. 12 & 24 and I will be looking forward to talking with you in Washington on March 18th regarding these and other health care issues.

Sincerely,



Sherrie D. Richey MD
Alaska Perinatology Associates

cc: Cynthia Brooke MD
Jan Whitefield MD
Susan Lemagie MD
Ethan Burkowitz MD



Alaska Women's Lobby

P.O. Box 210685 Anchorage 99521
211 Fourth Street Suite 108 Juneau 99801

phone: 907-586-1107
fax: 907-586-1097

POSITION PAPER

HB 65: Partial Birth Abortion

The Alaska Women's Lobby opposes HB 65. It is the wrong thing to do.

First, a few facts as we understand the situation from reviewing literature and talking to health care providers:

1. Late term abortion is used in the late second and third trimesters of pregnancy. It is a rare event: 99% of abortions occur in the first half of pregnancy; only four one hundredths of one percent (0.4%) are performed in the third trimester.

2. Only three doctors in the entire United States, located in California, Colorado and Kansas, are known to offer abortion services during the last three months of pregnancy as a regular part of their practice.

3. Doctors we have talked to tell us they have never met a patient who did not want and was not completely bonded to her baby by the third trimester, nor have they known a health care provider who was not equally concerned about the health of the baby and the mother by the third trimester.

4. There are many circumstances besides the saving of the life of a mother when delivery of a late term pregnancy are indicated. This procedure may be used when a woman's health (but not life) is seriously compromised, where there is a dead fetus with a healthy mother, where there is a healthy fetus in the body of a dead

suffering from a devastating chromosomal disorder and would not live. Knowing that the fetus was going to die, the Watts made the most difficult decision of their lives, and Tammy had the type of procedure that would be banned by this bill. Commenting on her family's tragedy, Tammy said, " Until you've walked a mile in my shoes don't pretend to know what it's like for me. Everybody has a reason for what they have to do. Nobody should be forced into having to make the wrong decision..."

7. Limiting this procedure as proposed will place women's health at risk. Delays that result from having to travel outside the state for necessary treatment exacerbate this problem.

8. Finally, American Medical Association policy adamantly opposes attempts to interfere with the freedom of communication and choice between a physician and patients: "It is the policy of the AMA...to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient... [and] to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients.

Madame Chair, these facts tell us that this rare and proper medical procedure should not be the subject of yet another restrictive law that will have a chilling effect on a physician's exercise of discretion in determining the best course of treatment and that unduly burdens a women's right to choose by unnecessarily compromising her life and health.

As is always the case in this arena, professional judgment and individual considerations must govern actions taken over the broad spectrum of medical possibilities. Families and their physicians, not politicians, must be permitted to make the difficult decisions posed by the rare and heartbreaking circumstances of wanted

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
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Alaska Women's Lobby

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4. There are many circumstances besides the saving of the life of a mother when delivery of a late term pregnancy are indicated. This procedure may be used when a woman's health (but not life) is seriously compromised, where there is a dead fetus with a healthy mother, where there is a healthy fetus in the body of a dead

mother, and when the fetus has been diagnosed with severe disorders. Factors that the doctor must consider when choosing a medical option in such cases are the length of gestation, the patient's previous obstetrical history and current presenting condition, the facilities available and the availability and amenability of various techniques.

5. While there is a broad spectrum of possibilities, specific examples of late term delivery include: the baby has no lungs or no brain and will not be able to survive after birth; early delivery would reduce the risk to the mother of C-section, pre-eclampsia and hypertension; the baby has a proven fatal congenital disorder and the mother has medical problems made worse by pregnancy (e.g. kidney disease, liver disease, breast cancer); or where the baby is normal and extremely premature but the mother is extremely ill and her condition may soon make the baby ill (e.g. malignant hypertension; and juvenile diabetes out of control) - in these situations, labor and delivery may kill the baby or save the baby, and no one can tell ahead of time which course is absolutely best for either baby or mother.

6. This procedure is the safest available for some women. Consider the case of Vikki Stella. At 32 weeks into her much-wanted pregnancy, she learned that her fetus had nine serious disorders. Vikki and her husband, the parents of two children, consulted a series of specialists. None of them could offer any hope. For Vikki, the safest procedure to protect her health and preserve her fertility was this late term procedure. "As a diabetic...this surgery was...safer for me than induced labor or a C-section, since diabetics don't heal as well as other people...I've been told mothers like me all want perfect babies...[My son] wasn't just imperfect - he was incompatible with life. The only thing that was keeping him alive was my body." Because Vikki's procedure preserved her fertility, she and her husband were able to have another child.

Last Fall, Tammy Wats and her husband were elated by the news of her pregnancy. An ultrasound in the seventh month, however, revealed that the fetus was

suffering from a devastating chromosomal disorder and would not live. Knowing that the fetus was going to die, the Watts made the most difficult decision of their lives, and Tammy had the type of procedure that would be banned by this bill. Commenting on her family's tragedy, Tammy said, " Until you've walked a mile in my shoes don't pretend to know what it's like for me. Everybody has a reason for what they have to do. Nobody should be forced into having to make the wrong decision..."

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As is always the case in this arena, professional judgment and individual considerations must govern actions taken over the broad spectrum of medical possibilities. Families and their physicians, not politicians, must be permitted to make the difficult decisions posed by the rare and heartbreaking circumstances of wanted

pregnancies gone tragically awry.

This bill is unnecessary, may result in harm to Alaskan women and only serves to further polarize concerned Alaskans. For these reasons, the Alaska Women's Lobby strongly opposes HB 65.

Statement of Brenda Pratt Shafer, R.N.

Before the

Subcommittee on the Constitution

Committee on the Judiciary

U.S. House of Representatives

Hearing on The Partial-Birth Abortion Ban Act (HR 1833)

March 21, 1996

Mr. Chairman and honorable members of the Judiciary Committee, I am Brenda Pratt Shafer. I am here before you, at the request of the Committee, to relate to you my experience as an eyewitness to what is now known as the partial-birth abortion procedure.

I am a registered nurse, licensed in the State of Ohio, with 14 years of experience. In 1993, I was employed by Kimberly Quality Care, a nursing agency in Dayton, Ohio. In September, 1993, Kimberly Quality Care asked me to accept assignment at the Women's Medical Center, which is operated by Dr. Martin Haskell. I readily accepted the assignment because I was at that time very pro-choice. I had even told my teenage daughters that if one of them ever got pregnant at a young age, I would make them get an abortion. They disagreed with me on this, and one of them even wrote an essay for a high school class that mentioned how we differed on the issue.

So, because of the strong pro-choice views that I held at that time, I thought this assignment would be no problem for me.

But I was wrong. I stood at a doctor's side as he performed the partial-birth abortion procedure-- and what I saw is branded forever on my mind.

TESTIMONY OF BRENDA SHAFER, R.N.. PAGE 2

I worked as an assistant nurse at Dr. Haskell's clinic for three days-- September 28, 29, and 30, 1993.

On the first day, we assisted in some first-trimester abortions, which is all I'd expected to be involved in. (I remember that one of the patients was a 15-year-old-girl who was having her third abortion.)

On the second day, I saw Dr. Haskell do a second-trimester procedure that is called a D & E (dilation and evacuation). He used ultrasound to examine the fetus. Then he used forceps to pull apart the baby inside the uterus, bringing it out piece by piece and piece, throwing the pieces in a pan.

Also on the first two days, we inserted laminaria to dilate the cervixes of women who were being prepared for the partial-birth abortions-- those who were past the 20 weeks point, or 4½ months. (Dr. Haskell called this procedure "D & X", for dilation and extraction.) There were six or seven of these women.

On the third day, Dr. Haskell asked me to observe as he performed several of the procedures that are the subject of this hearing. Although I was in that clinic on assignment of the agency, Dr. Haskell was interested in hiring me full time, and I was being given orientation in the entire range of procedures provided at that facility.

I was present for three of these partial-birth procedures. It is the first one that I will describe to you in detail.

The mother was six months pregnant (26½ weeks). A doctor told her that the baby had Down Syndrome and she decided to have an abortion. She came in the first two days to have the laminaria inserted and changed, and she cried the whole time. On the third day she came in to receive the partial-birth procedure.

Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen, I could see the heart beating. As Dr. Haskell watched the baby on the ultrasound screen, the baby's heartbeat was clearly visible on the ultrasound screen.

TESTIMONY OF BRENDA SHAFER. R.N., PAGE 3

Dr. Haskell went in with forceps and grabbed the baby's legs and pulled them down into the birth canal. Then he delivered the baby's body and the arms-- everything but the head. The doctor kept the baby's head just inside the uterus.

The baby's little fingers were clasping and unclasping, and his feet were kicking. Then the doctor stuck the scissors through the back of his head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks that he might fall.

The doctor opened up the scissors, stuck a high-powered suction tube into the opening and sucked the baby's brains out. Now the baby was completely limp.

I was really completely unprepared for what I was seeing. I almost threw up as I watched the doctor do these things.

Mr. Chairman, I read in the paper that President Clinton says that he is going to veto this bill. If President Clinton had been standing where I was standing at that moment, he would not veto this bill.

Dr. Haskell delivered the baby's head. He cut the umbilical cord and delivered the placenta. He threw that baby in a pan, along with the placenta and the instruments he'd used. I saw the baby move in the pan. I asked another nurse and she said it was just "reflexes."

I have been a nurse for a long time and I have seen a lot of death-- people maimed in auto accidents, gunshot wounds, you name it. I have seen surgical procedures of every sort. But in all my professional years, I had never witnessed anything like this.

The woman wanted to see her baby, so they cleaned up the baby and put it in a blanket and handed the baby to her. She cried the whole time, and she kept saying, "I'm so sorry, please forgive me!" I was crying too. I couldn't take it. That baby boy had the most perfect angelic face I have ever seen.

I was present in the room during two more such procedures that day, but I was really in shock. I tried to pretend that I was somewhere else, to not think about what was happening. I just couldn't wait to get out of there. After I left that day, I never went

TESTIMONY OF BRENDA SHAFER, R.N., PAGE 4

back. These last two procedures, by the way, involved healthy mothers with healthy babies.

I was very much affected by what I had seen. For a long time, sometimes still, I had nightmares about what I saw in that clinic that day.

That's why, last July, I wrote a letter to Congressman Tony Hall of Dayton, in support of the bill, telling what I had seen. And that led to me being asked to tell others what I'd seen, just as I am doing here today.

Mr. Chairman, since I wrote that letter to Congressman Tony Hall, I have been subjected to some strange attacks on my credibility, and I would like to address these briefly.

Last July 12, I sat in the audience as the full Judiciary Committee debated this legislation, and I heard Congresswoman Schroeder read a letter from Dr. Haskell to the Judiciary Committee (also dated July 12) in which he said, "I have examined our records and found no evidence of a Brenda Shafer working for us during 1993."

Fortunately, I had previously provided the Constitution Subcommittee with the pertinent payroll records from Kimberly Quality Care, including their invoice to Dr. Haskell's clinic. After these documents were circulated, Congresswoman Schroeder withdrew that particular allegation, explaining it away as resulting from confusion over my married name. But it seemed peculiar to me at the time that neither she nor her staff had contacted me, or the subcommittee staff, to request documentation, before she basically called me a liar in front of everybody. But there was much more of that sort of thing to come.

In his July 12 letter, Dr. Haskell said also said that my account was "inaccurate," because "she describes procedures at 26 1/2 weeks and 25 weeks... This is contrary to my own self-imposed and established limit of 24 weeks." But in recent times I've seen an article published in *American Medical News* for July 5, 1993-- just a few months before I worked for him-- in which Dr. Haskell said that he performs the procedure "up until about

25 weeks." which conflicts with his letter to the Judiciary Committee.

Also, in Dr. Haskell's 1992 paper describing the partial-birth procedure, "Dilation and Extraction for Late Second Trimester Abortion," which you have all seen, he wrote, "This author routinely performs this procedure on all patients 20 through 24 weeks LMP [i.e., from last menstrual period] with certain exceptions. The author performs the procedure on selected patients 25 through 26 weeks LMP." Keep in mind that this 26½-week little boy had Down syndrome, so this was a "selected patients" case.

Later, I learned another letter had been produced by Dr. Haskell's operation, dated July 17, this one signed by Christie Gallivan, a nurse. This letter was cited by opponents of the bill before and during the House and Senate floor debates, and was even entered into the *Congressional Record* by Senator Barbara Boxer.

In this letter, Christie Gallivan acknowledged that I had worked at the clinic for three days, but went on to claim that since I was a temporary nurse, I "would not have been present" at such a procedure-- *or*, then again, in the alternative, that if I *did* see such a procedure, then my memory must be faulty, or else that I must be deliberately "misrepresenting" what I saw.

Well, as I've said from the beginning, although I was assigned by a temporary agency, Dr. Haskell needed another surgical nurse-- I was told that he was having a hard time keeping them-- and he seemed to be interested in hiring me on a permanent basis. He wanted me to observe the procedure.

Christie Gallivan was the surgical nurse and she spent those three days giving me an "orientation," as it says on the Kimberly Quality Care invoice. But what is striking to me is how blatantly inconsistent Nurse Gallivan's letter is, not only with what I saw, but with what Dr. Haskell himself has written and said elsewhere.

Christie Gallivan wrote, "Dr. Haskell does not use ultrasound in the performance of second-trimester procedures." Then she went on, regarding my account, "Therefore, her entire description of her experience with viewing the second-trimester abortion, which

TESTIMONY OF BRENDA SHAFER, R.N., PAGE 6

includes Dr. Haskell using the ultrasound while doing this procedure, is clearly questionable."

Yet, in Dr. Haskell's paper explaining how he performs the procedure, he clearly states that the surgical assistant "places an ultrasound probe on the patient's abdomen and scans the fetus, locating the lower extremities." And a little further on, referring to the forceps, he wrote, "When the instrument appears on the sonogram screen, the surgeon is able to open and close its jaws to firmly and reliably grasp a lower extremity."

So when Christie Gallivan writes that I could not have seen a baby moving, you can evaluate that statement in the light of her other statements on these points on which there is such a clear written record. And, you should notice that she never tries to explain, in this letter, why anyone should believe that these babies supposedly don't move. I've been given a copy of a transcript of the tape-recorded interview with Dr. Haskell conducted by the *American Medical News* in June, 1993-- only three months before my time at his clinic-- in which he explicitly acknowledged that most of these babies are alive when he pulls them out.

On November 17, I testified before the Senate Judiciary Committee. Senator Kennedy asked me why it had been reported, in a nursing newsletter, that I was employed by the National Right to Life Committee. As replied, and I tell you know, I've never been a member of, or a donor to, that organization, and certainly in no sense an employee.

Certainly, since last summer I have cooperated with National Right to Life in their efforts to make my experience more widely known, because I think it's important that people know the truth about this matter. But National Right to Life has not paid me for anything, and nobody else has paid me for anything in connection with this subject either, beyond reimbursing travel and accommodation expenses. By the way, the editor of the nursing newsletter subsequently retracted the erroneous claim.

Most recently, I got a copy of a letter sent to a constituent by Congresswoman Lynn Rivers of Michigan, written in longhand, in which this distinguished member of

TESTIMONY OF BRENDA SHAFER, R.N.. PAGE 7

Congress claimed that I "was unwilling to testify under oath or submit herself to cross-examination in front of Congress-- even though she was sitting in the hearing room while testimony was being taken. "

Of course, Mr. Chairman, that is all pure fiction. By the time I heard of your bill and wrote my letter to Congressman Hall, on July 9, you had already concluded the hearing on your legislation. I was present for the July 12 markup, and spoke with various members of the committee and the press informally, but of course there was no opportunity for me to formally testify on that occasion, although I certainly would have welcomed the opportunity.

In November, when Senator Hatch invited me to testify before the Senate Judiciary Committee, I accepted immediately and without qualification. During the question period, Senator Kyl asked me if I would be willing to testify to these things under oath and I replied, "Yes, sir, I would. Or under a lie detector or anything else I need to do." [Senate hearing record, p. 63] And I tell you the same thing.

Mr. Chairman, thank you for indulging me in unburdening myself on these points. It is been frustrating to hear, and hear of, these attacks on my truthfulness, and not be able to respond.

It is still amazing to me that certain individuals who hold high elective offices, offices for which I hold great respect, have been so willing to publicly spread this kind of blatant misinformation about me, without making the slightest effort to investigate or look at any of the documentation.

Mr. Chairman, these people who say I didn't see what I saw-- I wish they were right. I wish I hadn't seen it. But I did see it, and I will never be able to forget it. That baby boy was only inches, seconds away from being entirely born, when he was killed. What I saw done to that little boy, and to those other babies, should not be allowed in this country.

Thank you.

Pratt is Brenda Shafer's maiden name. Below are her social security number and RN license number listed on her Ohio driver's license and Ohio Board of Nursing card, respectively. Both numbers are listed on the bill submitted by the nursing agency to Dr. Haskell's clinic. Nurse Shafer worked as an assistant nurse at Dr. Haskell's abortion clinic for three days in September, 1993, an experience she described in a letter to Congressman Tony Hall and in the attached testimony.

DRIVER OHIO LICENSE

BRENDA R SHAFER
 300 TAMARACK TR
 SPRINGBORO OH 45066

LICENSE OR TITLE: RC50 ENDORSE: 2

SIGNATURE: [Signature] CLASS: D

BIRTH DATE: 06/27/1957 SEX: F HT: 5'05" WT: 125 HAIR: BLD EYES: GRN

EXPIRES ON BIRTH DATE: 97/23/88

W. R. DODD, JR.
 REGISTERED SECRETARY
 BUREAU OF MOTOR VEHICLES

OHIO BOARD OF NURSING
 77 South High Street, 17th Floor
 Columbus, Ohio 43266-0316
 614/466-3947

LICENSE

This is to certify that **BRENDA R SHAFER** **1997**
 License Number: **RN-217051**
 SSN: **029-992-0486**

has met the requirements of the Law Regulating the Practice of Nursing, is fully licensed, and is entitled to practice nursing in OHIO as a REGISTERED NURSE until AUGUST 31, 1997.



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INVOICE DATE 10/01/93

FEDERAL TAX I.D. #480773965

Your KQC Staffing services are like no other you receive. Cash has been advanced on your behalf and payment is due upon receipt of invoice.

Please return one copy of this invoice with your check. Late payment may result in service charges to your account.

SERVICES	\$	474.00
	\$	
	\$	
	\$	
	\$	
TOTAL DUE	\$	474.00

410.00

VOUCHERED INVOICE
ACCT.# - 219 002 01735

WOMENS MED+ CENTER
ATTN: CHRIS
1401 E. STROOP ROAD
DAYTON, OH 45429

REMIT TO

KIMBERLY QUALITY CARE, INC.
P.O. BOX 60410
CHARLOTTE, N.C. 28260

PATIENT NAME WOMENS MED+ CENTER PLEASE CALL WITH QUESTIONS CONCERNING THIS INVOICE.

	PERFORMED BY	SKILLS	LICENSE NO.	DATE	SHIFT	FROM	TO	NO. OF HOURS	RATE	AMOUNT
1	PRATT, BRENDA	REGNUR		9 29 93	1	1030	1500	4 50	20 00	90 00
2	PRATT, BRENDA	REGNUR		9 29 93	1	930	1730	8 00	20.25 00	160.92 00
3	PRATT, BRENDA	REGNUR		9 30 93	1	930	1730	8 00	20.25 00	160.92 00

EMPLOYEE TIME CARD

EMPLOYEE NAME (Last Name, First Name) Pratt, Brenda SOCIAL SECURITY NO. 236-93-8686 LICENSE NO. 21-7060

CLIENT NAME (Last Name, First Name) WMC CLASSIFICATION CODE (SEE REVERSE) 06 OFFICE USE ONLY (CLIENT ID) 1735

DAY	DATE	CIRCLE SHIFT WORKED	AREA WORKED					TIME		TOTAL HOURS TO BE BILLED AND PAID	CLIENT MUST SIGN EACH DAY
			1 HOSP PVT	2 GEN STAFF	3 ICU CCU	4 SUP CHG	5 ICU CHG	IN	OUT		
SAT		4 5 6									
SUN		4 5 6									
MON		1 2 3									
TUES	9/28	① 2 3		✓				10:30	3:00	4 1/2	orientation
WED	9/29	① 2 3		✓				9:30	5:00	8	
THUR	9/30	① 2 3		✓				9:30	5:00	8	
FRI											

EMPLOYEE SIGNATURE Brenda Pratt GRAND TOTAL HOURS TO BE BILLED AND PAID 20 1/2 CLIENT MUST SIGN THIS RECEIPT

BILLABLE EXPENSE TRAVEL - NO BILL CHECK NUMBER INSTANT PAY NUMBER I AGREE TO TOTAL HOURS AND HAVE READ AND AGREE TO TERMS AND CONDITIONS ON REVERSE SIDE

HANDLING CHARGE PAYROLL DED AMT TCK ATION WEEK ENDING 11/1/93

KQC 691 32815

*** CRITICAL ***

*** CRITICAL ***

PYRG35 10/06/93
PAGE 17
CO/DIV: 219-002

KIMBERLY QUALITY CARE
PAYROLL REGISTER
KIMBERLY QUALITY CARE, INC.

PERIOD ENDING 10/01/93
PAY DATE 10/06/93

HOURS		CURRENT PERIOD			GROSS			CURRENT PERIOD DEDUCTIONS				YEAR TO DATE TOTALS			CHECK#	
TOTAL	YACATR	REGULR	REIMBRS	GRS PAY	FICA-O	SICK	DIS	GARNISH	OTHER	GROSS	FICA-O	SICK	SOL	GARNISH	ADJST	CHECK#
OVRTM	PERSNL	OVRTM	BONUS	TAX GR	FICA-M	LIT		MISC		TOTAL	FICA-M	LIT	TOT HRS	NET PAY		
SICK		SICK	GRS-ADJ		FIT			ADVANCE		SICK	FIT					

PRATT, BRENDA				236-92-9686												
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PRATT, BRENDA				236-92-9686	06	H										
PATIENT NAME										HOURS	RATE	H.E DATE	PAYOR			
WOMENS MED+ CENTER										4.50	10.00R					
WOMENS MED+ CENTER										8.00	16.20R					
WOMENS MED+ CENTER										8.00	16.20R					

CONGRESSIONAL RECORD—SENATE

November 7, 1995

S-16743

THE WOMEN'S MEDICAL CENTER.

Dayton, July 17, 1995.

DEAR CONGRESSWOMAN SCHROEDER: I am a registered nurse and have worked since July, 1993, in the Dayton office of Dr. Martin Haskell. In this capacity, I was the nurse that supervised the training of Brenda Pratt during her brief temporary employment at the Women's Medical Center of Dayton. As you know, we initially conducted a search of our employment records under the name "Brenda Shafer," as this was the name she signed to the letter which was given to us. When provided with the correct last name, we did in fact find the record of her three-day employment at our Dayton facility.

The information provided by Ms. Pratt as to our practices at the Women's Medical Center of Dayton is largely inaccurate. First, she describes Dr. Haskell performing one 25-week and one 26-week abortion procedure. Dr. Haskell does not perform abortions past 24 weeks of pregnancy. This is a self-imposed limit to which he has scrupulously adhered throughout the time I have worked for him.

Second, Dr. Haskell does not use ultrasound in the performance of second-trimester procedures. We use ultrasound only to determine the pregnancy's gestation. Therefore, her entire description of her experience when viewing a second-trimester abortion, which includes Dr. Haskell's using the ultrasound while doing the procedure, is clearly questionable.

Finally, at no point during a dilatation and extraction or intact D&E is there any fetal movement or response that would indicate awareness, pain or struggle. Ms. Pratt absolutely could not have witnessed fetal movement as she describes. We do not train temporary nurses in second trimester dilatation and extraction, since it is a highly technical procedure and would not be performed by someone in a temporary capacity. If, indeed, Ms. Pratt entered the operating room at any point during D&X procedure, she clearly either is misrepresenting what she saw or remembers it incorrectly.

If you have any further questions, please feel free to contact our office.

Sincerely,

CHRISTIE GALLIVAN, RN.

Rep Jeannette James

As a retired health care professional I believe the issues of abortion should be in the hands of those professionals who deal with the issue on a regular basis rather than by those who may be politically or religiously motivated. In none of the text books that I have ever read is the phrase "partial birth abortion" listed. Abortion is a safe procedure where pre and post counseling and exams are given whether to minors or adults. Inquiry at the time of counseling addresses parental involvement when counseling minors. Please oppose SB24 and HB 37 and 65.

Elinore Jacobsen
225-3395 p
247-3395 JH
2125 Second Ave
Gettysburg

FACT SHEET: PARTIAL-BIRTH ABORTIONS MEDICALLY NECESSARY?

Those who oppose the Partial Birth Abortion Ban Act (HR 1833) sometimes claim that partial birth abortions are necessary to preserve a mother's health or future ability to have children. The medical evidence to the contrary is overwhelming:

-- Dr. Pamela E. Smith, Director of Medical Education, Department of Obstetrics and Gynecology, Mt. Sinai Hospital, Chicago testified before the U.S. Senate: "There are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the life or health of the mother." [Senate hearing record, p. 82].

--Dr. Harlan R. Giles, a professor of "high-risk" obstetrics and perinatology at the Medical College of Pennsylvania, performs abortions by a variety of procedures up until "viability." In sworn testimony in the U.S. Federal District Court for the Southern District of Ohio (Nov. 13, 1995), Professor Giles said:

[After 23 weeks], I don't think there are any maternal conditions that I'm aware of that mandate ending the pregnancy that also require that the fetus be dead or that the fetal life be terminated. In my experience for 20 years, one can deliver these fetuses either vaginally, or by Cesarean section for that matter, depending on the choice of the parents with informed consent. . . But there's no reason these fetuses cannot be delivered intact vaginally after a miniature labor, if you will, and be at least assessed at birth and given the benefit of the doubt. [transcript, p. 240].

...
And I cannot think of a fetal condition or malformation, no matter how severe, that actually causes harm or risk to the mother of continuing the pregnancy. I guess one extremely rare example might be a partial hydatidiform mole. But that's a one in a million situation. In most cases mothers [are] carrying an abnormal fetus such as with Down's syndrome, anencephaly, the absence of a brain itself, dwarfism. Other severe even lethal chromosome abnormalities, those mothers if you follow their pregnancy have no higher risk of pregnancy complications than for any other mother who's progressing to term for a delivery. [transcript 241-42]

--Some claim partial birth abortion is needed when a baby suffers from severe hydrocephalus (enlargement of the head due to excess fluid on the brain). But an eminent authority on such

matters, Dr. Watson A. Bowes, Jr., professor of obstetrics and gynecology at the University of North Carolina, and co-editor of the *Obstetrical and Gynecological Survey*, wrote to Congressman Canady:

Critics of your bill who say that this legislation will prevent doctors from performing certain procedures which are standard of care, such as cephalocentesis (removal of fluid from the enlarged head of a fetus with the most severe form of hydrocephalus) are mistaken. In such a procedure a needle is inserted with ultrasound guidance through the mother's abdomen into the uterus, and then into the enlarged ventricle of the brain (the space containing cerebrospinal fluid). Fluid is then withdrawn which results in reduction of the size in the head so that delivery can occur. This procedure is not intended to kill the fetus, and, in fact, is usually associated with the birth of a live infant.

--Dr. James Jones, chairman of the department of obstetrics and gynecology at the New York Medical College, has stated that he "can't think of any situation where you would have to carry out a specific, direct attack on the fetus." With regard to the partial birth procedure, he said that he "can't imagine that being an indicated procedure for the saving of a life or well-being of the mother." [*Catholic New York*, 5/2/96]

--In an article in the *American Medical News* ["Outlawing abortion method," 11/20/1995], Dr. Warren Hern, late-term abortion provider and author of the nation's most widely used textbook on late-term abortions said of the partial birth procedure: "You really can't defend it. . . . I would dispute any statement that this is the safest procedure to use." He noted that turning the fetus to a breech position is "potentially dangerous," and added: "You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."

--The American Medical Association's legislative council voted unanimously to recommend that the AMA endorse the Partial Birth Abortion Ban Act. While the entire AMA remained neutral on the act, the council concluded that the procedure is "not a recognized medical technique," "almost does not exist in the medical literature," and is a "basically repulsive" procedure. [*Congress Daily*, 10/10/95, p. 1].

June 1996

AMERICAN MEDICAL NEWS

Published by the AMA ↘

American Medical

NEWS

Published by the American Medical Association/515 North State Street/Chicago, Illinois 60610/(312) 464-5000
Barbara Bolsen, Editor

July 11, 1995

The Hon. Charles T. Canady
Chairman, Subcommittee on the Constitution
Committee on the Judiciary
U.S. House of Representatives
2138 Rayburn House Office Bldg.
Washington, D.C. 20515-6216

Material on
Dr. Martin
Haskel!

Dear Representative Canady:

We have received your July 7 letter outlining allegations of inaccuracies in a July 5, 1993, story in American Medical News, "Shock-tactic ads target late-term abortion procedure."

You noted that in public testimony before your committee, AMNews is alleged to have quoted physicians out of context. You also noted that one such physician submitted testimony contending that AMNews misrepresented his statements. We appreciate your offer of the opportunity to respond to these accusations, which now are part of the permanent subcommittee record.

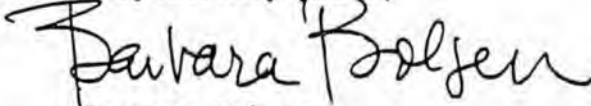
AMNews stands behind the accuracy of the report cited in the testimony. The report was complete, fair, and balanced. The comments and positions expressed by those interviewed and quoted were reported accurately and in context. The report was based on extensive research and interviews with experts on both sides of the abortion debate, including interviews with two physicians who perform the procedure in question.

We have full documentation of these interviews, including tape recordings and transcripts. Enclosed is a transcript of the contested quotes that relate to the allegations of inaccuracies made against AMNews.

Let me also note that in the two years since publication of our story, neither the organization nor the physician who complained about the report in testimony to your committee has contacted the reporter or any editor at AMNews to complain about it. AMNews has a longstanding reputation for balance, fairness and accuracy in reporting, including reporting on abortion, an issue that is as divisive within medicine as it is within society in general. We believe that the story in question comports entirely with that reputation.

Thank you for your letter and the opportunity to clarify this matter.

Respectfully yours,



Barbara Bolsen
Editor

Attachment

American Medical News transcript - page 1

Relevant portions of recorded interview with Martin Haskell, MD:

AMN: Let's talk first about whether or not the fetus is dead beforehand...

Haskell: No it's not. No, it's really not. A percentage are for various numbers of reasons. Some just because of the stress -- intrauterine stress during, you know, the two days that the cervix is being dilated. Sometimes the membranes rupture and it takes a very small superficial infection to kill a fetus in utero when the membranes are broken. And so in my case, I would think probably about a third of those are definitely are (sic) dead before I actually start to remove the fetus. And probably the other two-thirds are not.

AMN: Is the skull procedure also done to make sure that the fetus is dead so you're not going to have the problem of a live birth?

Haskell: It's immaterial. If you can't get it out, you can't get it out.

AMN: I mean, you couldn't dilate further? Or is that riskier?

Haskell: Well, you could dilate further over a period of days.

AMN: Would that just make it... would it go from a 3-day procedure to a 4- or a 5-?

Haskell: Exactly. The point here is to effect a safe legal abortion. I mean, you could say the same thing about the D&E procedure. You know, why do you do the D&E procedure? Why do you crush the fetus up inside the womb? To kill it before you take it out?

Well, that happens, yes. But that's not why you do it. You do it to get it out. I could do the same thing with a D&E procedure. I could put dilapan in for four or five days and say I'm doing a D&E procedure and the fetus could just fall out. But that's not really the point. The point here is you're attempting to do an abortion. And that's the goal of your work, is to complete an abortion. Not to see how do I manipulate the situation so that I get a live birth instead.

AMN, wrapping up the interview: I wanted to make sure I have both you and (Dr.) McMahon saying 'No' then. That this is misinformation, these letters to the editor saying it's only done when the baby's already dead, in case of fetal demise and you have to do an autopsy. But some of them are saying they're getting that information from NAF. Have you talked to Barbara Radford or anyone over there? I called Barbara and she called back, but I haven't gotten back to her.

Haskell: Well, I had heard that they were giving that information, somebody over there might be giving information like that out. The people that staff the NAF office are not medical people. And many of them when I gave my paper, many of them came in, I learned later, to watch my paper because many of them have never seen an abortion performed of any kind.

AMN: Did you also show a video when you did that?

American Medical News transcript - page 2

Haskell: Yeah. I taped a procedure a couple of years ago, a very brief video, that simply showed the technique. The old story about a picture's worth a thousand words.

AMN: As National Right to Life will tell you.

Haskell: Afterwards they were just amazed. They just had no idea. And here they're rabid supporters of abortion. They work in the office there. And...some of them have never seen one performed...

Comments on elective vs. non-elective abortions:

Haskell: And I'll be quite frank: most of my abortions are elective in that 20-24 week range... In my particular case, probably 20% are for genetic reasons. And the other 80% are purely elective...

IRENE S. LOHKAMP, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE



1200 AIRPORT HEIGHTS DRIVE, SUITE 278
ANCHORAGE, ALASKA 99508
TELEPHONE: (907) 272-3366
FAX: (907) 272-0269

February 16, 1997

Regarding: H.B. 65

Dear Representative Kott:

I am a physician in private practice specializing in family medicine. I agree that partial birth abortions should be outlawed in Alaska as stated in Section 18.16.050. This is not the only method available for inducing abortion in the 2nd and 3rd trimester.

As you already know, this procedure is used in late term pregnancy just prior to and beyond gestational age viability. It probably is not successful earlier because the baby's sinews are too delicate to tolerate the traction required to pull the lower extremities and trunk out of the uterus and vaginal canal. The baby is intentionally rotated into breach position, extracted through the birth canal, with the head last remaining within the canal (often forcibly held within) to perform the cranial evacuation that terminates the baby's life functions.

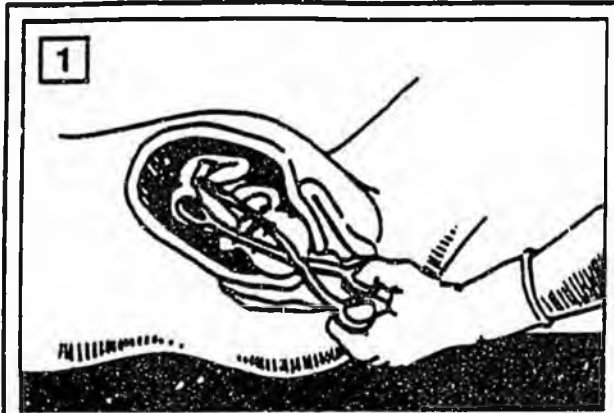
This procedure has met with profound controversy by medical professionals and the general public alike because of its shocking violence and appearance of being infanticide. This procedure is not the sole method of achieving late term abortion. There are other methods available which have been practiced for many years before this procedure was developed. These are as safe, and possibly safer, for the mother. Banning partial birth abortions would still preserve the health of the mother and be protective of her rights.

Please sustain a ban on partial birth abortion in Alaska.

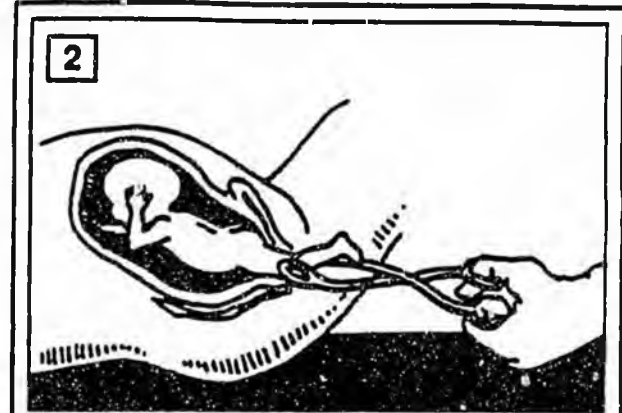
Sincerely yours,

Irene Lohkamp
Irene Lohkamp, M.D.

PARTIAL-BIRTH ABORTION



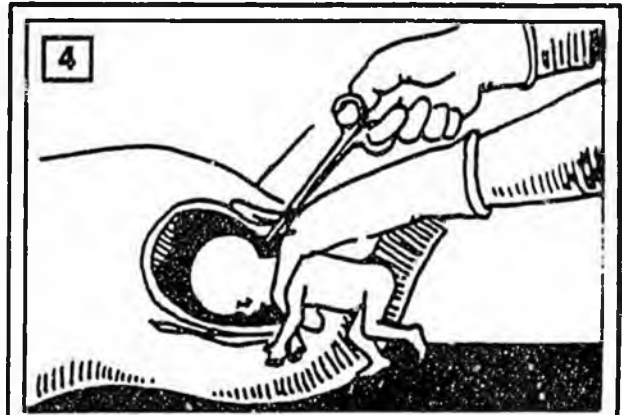
Guided by ultrasound, the abortionist grabs the baby's leg with forceps.



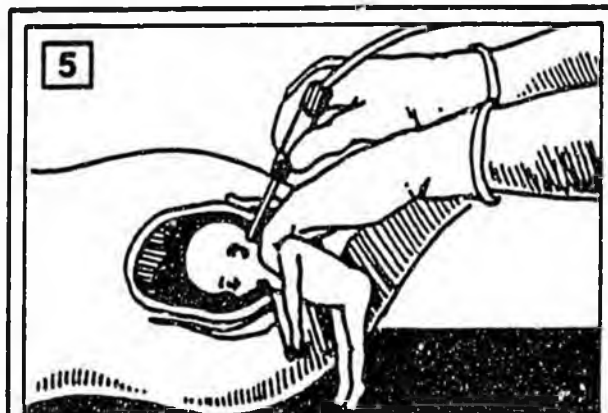
The baby's leg is pulled out into the birth canal.



The abortionist delivers the baby's entire body, except for the head.

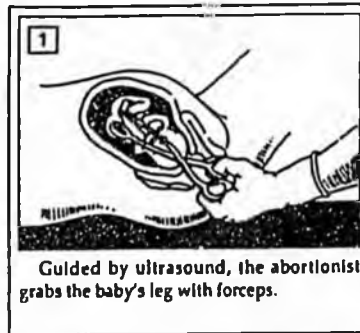


The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.

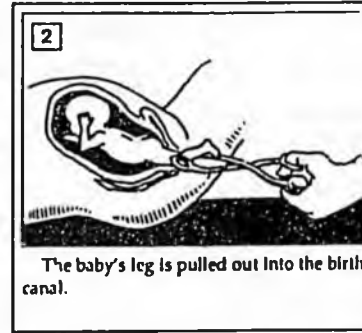


The scissors are removed and a suction catheter is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed.

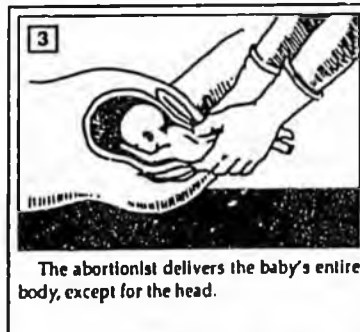
PARTIAL-BIRTH ABORTION



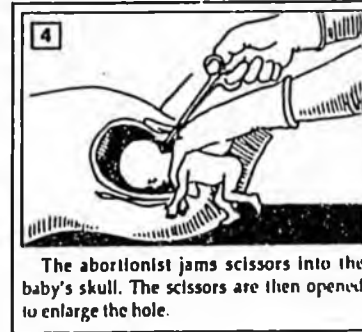
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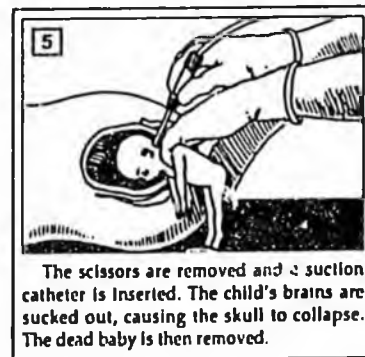
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The scissors are removed and a suction catheter is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed.

PARTIAL-BIRTH ABORTION— COLD BLOODED KILLING

For the past two years, the National Right to Life Committee has undertaken a major effort to educate Americans about the growing use of an abortion technique called "D&X." D&X is a partial-birth, brain suction abortion procedure and is nothing less than cold-blooded killing. It is used to kill babies between 18 and 39 weeks of gestation.

When this kind of abortion is performed, the abortionist removes all but the head of the living baby from the mother's womb. The back of the baby's head is next stabbed with a pair of scissors. Finally the brains are suctioned out to collapse the head making it easier to remove the now dead baby from the mother's womb.

Two years ago, NRLC distributed over six million brochures that attacked partial-birth brain suction abortion and depicted the brutal D&X method. We were immediately attacked by many pro-abortion groups, including the National Abortion Federation.

In this current legislative session of the 104th Congress, legislation that outlaws brain suction abortion methods will be introduced. It is now being drafted by Representative Charles Canady of Florida. With the strong support of grassroots pro-lifers, NRLC is prayerfully hopeful that a bill prohibiting the killing of a living baby can be passed.