

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 8672

9180 HOUSE JUDICIARY

Thomas Murphy Goodwin, M.D. OB/GYN Associate Professor of JB/GYN, Division of Maternal & Fetal Medicine, University of Southern California; Director of Maternal & Fetal Medicine, Good Samaritan Hospital, CA Monrovia, CA	K. Michael Kearns, M.D. Gynecologic Oncology Hartford, CT	James M. Burkhead III, M.D. OB/GYN Houston, TX	Ronald P. Blake, M.D. Family Practice Stevensville, MI
Kyle A. Rasikas, M.D. Assistant Clinical Professor, Dept. of Internal Medicine, Michigan State University; Co-Director, Michigan Medical Specialists, Lipid Disorder Center Grand Rapids, MI	Frank Wilson, M.D. [LMO1] OB/GYN Natick, MA	Harold Chotiner, M.D. FACOG Reno, NV	Marc G. Meininger, M.D. OB/GYN Sunnyside, WA
Gerard M. DiLeo, M.D. FACOG Chief of Staff, Cloumbia Lakeview Regional Medical Center, Mandeville, LA	W.A. Krotoski, M.D., PhD., MPH Medical Director, USPHS (Ret) Baton Rouge, LA	Dr. James P. Hartley, M.D. OB/GYN Bethesda, MD	Jonathan P. Daniels, M.D. OG/GYN Yankton, SD
Thomas L. Gray, M.D. COG Memphis, TN	Richard M. Thorne, M.D., P.C. OB/GYN Salem, OR	William J. Hogan, M.D. OB/GYN Rockville, MD	Mark Neerhof, D.O. OB/GYN Assistant Professor, CB/GYN, Northwestern University, Chicago; Member, American College of Osteopathic OB/GYN; Society of Perinatal Obstetricians Deerfield, IL
Raymond J. Jaglowski, M.D. Byron Center, MI	Richard G. Mourvic, M.D. OB/GYN Clinical Professor, Loyola University School of Medicine Chicago Heights, IL	Patrick Marmion, M.D. OB/GYN Fellow, American College of Preventive Medicine; Director, OH/KY/IN Perinatal Program Cincinnati, OH	Charles Hanes, M.D. FACOG Mobile, AL
Roy Stringfellow, M.D. FACOG Colorado Springs, CO	Anthony Culotta, DDS Washington, DC	Steve Nickisch, M.D. JFACOG Clinical Faculty, University of North Carolina Asheville, NC	Douglas D. Boyette, M.D. FACOG Rocky Mount, NC
Edward Lundlad FACOG Colorado Springs, CO	Margaret Culotta Norton, DDS Washington, DC	David Kawasaki, M.D. OB/GYN Mission Viejo, CA	James Napier, M.D. Assistant Clinical Professor Neurology, Case Western Reserve Cleveland, OH
Michael Doell OB/GYN Colorado Springs, CO	Mark G. Campbell, M.D., MHA Grand Rapids, MI	Laurie Scott, M.D. FACOG Assistant Professor, Dept. of OB/GYN, Southwestern Medical Center, Dallas Boca Raton, FL	Philip Hulsman, M.D. FACOG Louisville, KY
Mark Lindstrom, D.O. Family Practitioner Milwaukee, WI	Karyn Grimm Herndon, M.D. OB/GYN Director, Medical Education, Dept. of OB/GYN, Evanston Hospital; Instructor, Northwestern Medical School Evanston, IL	Lawrence C. Cairns, M.D. FACOG Stevensville, MI	Mary L. Davenport, M.D. FACOG Oakland, CA
James C. Glenn, M.D. OB/GYN Aledo, TX	James W. Stough, M.D. Gynecologist Winfield, IL	Mark Harrison, M.D. FACOG Fairfax Station, VA	Albertine E. Omani, M.D. OB/GYN Oakland, CA
	Carl Christman, M.D. OB/GYN Assistant Professor, University of Kansas School of Medicine, Wichita, KS	J. Michael Rollins, M.D. FACOG Clinical Assistant Professor, Dept. of OB/GYN, West Virginia University Morgantown, WV	Stephen M. Crane, M.D. Family Practice Oakland, CA
			Richard R. Romanowski, M.D. OB/GYN Williamsville, NY

Michael T. Valley, M.D.
OE/GYN
Assistant Professor of
VGYN
Jacksonville, FL

Bradley G. Beck, M.D.,
M.S.
Fellow, American College
of Preventative Medicine
Clinical Associate
Professor, University of
Texas Medical Branch;
Clinical Associate
Professor, Wright State
University

Don L. Marketto, Jr., M.D.
FACOG, FACS
Las Cruces, NM

John F. McLeay, M.D.
FACS
Clinical Professor of
Surgery, Creighton
University
Omaha, NE

James V. Orttman, M.D.
Assistant Professor of
Clinical Medicine,
Creighton University
Omaha, NE

Delwyn J. Nagengast, M.D.
Associate, Family Practice,
University of Nebraska
Medical Center
Omaha, NE

Michael Sullivan, III, M.D.
Omaha, NE

Herbert Reese, M.D.
FACS
Omaha, NE

John H. Chain, M.D.
NE

Dennis Weisenberger, M.D.
Omaha, NE

Michael G. Skoch, M.D.
Assistant Professor,
Family Medicine, U. of
Nebraska Medical Center
Omaha, NE

Peter R. DeMarco, M.D.
Omaha, NE

Thomas W. Hilgers, M.D.
Omaha, NE

J. Thomas Fitch, M.D., P.A.
San Antonio, TX

John G. Saint, M.D.
Springfield, IL

Ann J. Yadusky, M.D.
OB/GYN
Raleigh, NC

Philip Horner, M.D.
ABFP
Farmington, NH

Timothy F. Murphy, M.D.
FACOG
Assistant Professor
OB/GYN
Michigan State University
College of Human Medicine
Grand Rapids, MI

David Hager, M.D.
FACOG
Professor, University of
Kentucky, Dept of
OB/GYN, College of
Medicine
Lexington, KY

Terrence A. Pheifer, M.D.
FACOG
Clinical Associate
Professor, OB/GYN
University of Washington
Kirkland, WA

May 17, 1996

TO: Ms Lisa Binns

FROM: Dr. Pamela E. Smith

RE: Medical Articles on the short and long term consequences of induced abortion

Number of pages: 13

Pursuant to our telephone conversation yesterday I am forwarding to you a partial list of the medical references that substantiate my statements that the partial birth abortion procedure is dangerous to women and that there is no need to do any research to document this as we have at least 3 decades of research reports, conducted in countries where abortion is legal, that have clearly demonstrated the fact that abortion methods utilizing forceful cervical dilatation are associated with poor pregnancy performance in subsequent pregnancies, ectopic pregnancy (including a rare type of ectopic pregnancy which requires hysterectomy as its treatment), infertility, infection and maternal death from uterine hemorrhage. Also, as was stated in our discussion, Drs. McMahon and Haskell are both Family Practitioners who only do abortions for a living, are not trained to do high risk obstetrics and who have not supplied any longitudinal data substantiating their claims that the partial birth abortion procedures they performed had no negative impact on the thousands of women they treated. From the evidence that has been presented in standard obstetrical textbooks as well as in the annals of research in OBGYN there is absolutely no medical necessity for this abortion technique portions of which have been clearly documented to be causal factors in the death and reproductive morbidity of women.

Furthermore, as we also discussed, a person interested in doing a genetic analysis of a malformed child would be better off with living tissue obtained from an induced labor than with freshly killed tissue obtained from an abortion. The baby would also, truly, be completely intact and could be held and normally mourned for by the parents.

Finally, I also mentioned to you my interest in public health and the problems this procedure amply illustrates of how the public's safety has been jeopardized by the abortion industry. In chapters 14, 15 and 18 of a book entitled Public Health and Law by Tom Christoffel we are reminded of why institutional review boards, informed consent and

waiting periods were necessary to establish in this country as American citizens were intentionally medically misinformed, sterilized and experimented upon as recently as the 1970's by medical personnel. As it is still a government function to maintain the public's safety it is clearly a responsibility and obligation to investigate and, in this case, ban a medical technique that is a documented threat to the health of women and children. Particularly when there are safer, cheaper and more expeditious means presently available to deal with complex medical, social and emotional problems that are occasionally encountered in the late stages of pregnancy.

If I can be of any further assistance in your research of this matter do not hesitate to contact me.

1. Wright, C etal Lancet June 10, 1972
Documents a ten fold increase in second trimester spontaneous abortion following a pregnancy terminated electively. Discussion section noted this effect was probably the result of forceful cervical dilatation
2. Dicker, D etal The Journal of Reproductive Medicine Vol 30 No 1 Jan 1985
Case reports of women who needed hysterectomy for the treatment of cervical-ectopic pregnancy. Authors warn that induced abortion was associated with this rare type of ectopic pregnancy.
3. Koller, O and Eikhom, S Acta OBGYN Scandanavia Vol56 311-317 1977
Documents a decline in future reproductive performance by women who have had induced abortions when compared with women who have had miscarriages and those who had a normal delivery. The discussion section in this paper clearly states that case control studies have confirmed an association between ectopic pregnancy and previous induced abortion. It also states that women have poorer pregnancy outcomes in the future if they elect to have an abortion rather than carrying the baby to term.
4. Mittal, S and Misra, S Int J Gyn Obstet 1985 Vol 23 pages 45-50
Documents uterine perforation in 9344 elective abortions but also notes in the discussion section that unrecognized perforation is not uncommon
5. Moberg, P Int J Gyn Obstet Vol 14 pages 77-80 1976

Documents that perforation at the cervical-isthmic junction (the most vascular part of the uterus) occurred in 22% of the cases analyzed. Suggested that prostaglandins, a compound that induces labor, be used instead to avoid this type of potentially fatal complication.

6. Grimes, D etal Surgery, Gynecology and Obstetrics November 1983 Vol 157 pages 461-466
An article reviewing fatal hemorrhage from legal abortion in the United States. Authors start out saying that deaths should not occur but still do. End the article by saying women who have had a uterine perforation are over 1000 times more likely to die from hemorrhage than those who do not.
7. Lanska, M etal Letter to Editor JAMA July 15, 1983 Vol 250 No 3
Authors point out that when comparing mortality statistics of abortion to childbirth that one should stratify based on type of delivery (ie vaginal delivery vs C/Section vs vaginal abortion) rather than linking all delivery types together. When one does this vaginal birth is far safer than abortion.
8. Pritchard, J (editor) Williams Obstetrics 17th edition
In chapter 21 pages 416-417 there is a discussion of amniotic fluid embolism...a condition that has over a 90% maternal mortality rate. Dr. Warren Hearn, the author of Abortion Practice, has acknowledged that this complication can be associated with the partial birth abortion technique (PSA). Chapter 44, which deals with breech extraction, ends on page 866 where internal podalic version is discussed (putting a hand inside of the uterus, turning the baby around and doing a breech extraction). It is clearly stated that this procedure is rarely indicated. And that when it is done the cervix should be fully dilated (something that can not be accomplished by mechanical techniques alone), the membranes are intact (something that is specifically avoided in partial birth abortion) and the baby is small or dead. Partial birth abortion has been performed on term infants as well as on 24-27 week babies who can weigh up to 2 pounds. The chapter ends by saying serious trauma to the mother is possible particularly if a baby is flipped around from a head first position.

TOM A. COBURN, M.D.
22 DISTRICT, OLLAUMMA

511 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(703) 228-2781
(703) 228-2828 (FAX)

COMMITTEE ON COMMERCE

SUBCOMMITTEES:

TELECOMMUNICATIONS AND FINANCE
HEALTH AND ENVIRONMENT
ENERGY AND POWER

Congress of the United States
House of Representatives
Washington, DC 20515-3602

June 7, 1996

210 STATE STREET, SUITE 210
MURKREEK, OK 74401
(918) 687-8533
(918) 682-8622 (FAX)
120 S. MISSOURI, ROOM 506
CLAREMORE, OK 74017
(918) 341-4338
(918) 341-4487 (FAX)
24 "A" STREET N.E., ROOM 308
MIAMI, OK 74364
(918) 843-4337
(918) 843-4387 (FAX)

60 Minutes
524 West 57 Street
New York, NY 10019

Dear 60 Minutes,

I was disappointed when I watched the "60 Minutes" piece on partial-birth abortion to note that there was only one physician interviewed on the segment, and one who has a long history of advocacy for unrestricted abortion even during the final months of pregnancy. That was stacking the deck.

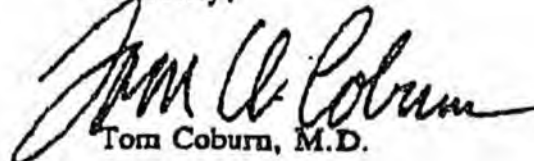
As I discussed with your producer during a lengthy telephone conversation, I was prepared to give an on-camera interview to discuss the issue. I am qualified to discuss both the medical and legislative aspects of the Partial-Birth Abortion Ban Act because I am a practicing obstetrician and a member of Congress who was actively involved in passing the bill.

From my experience as a physician and having delivered more than 3000 babies in my lifetime, I know that it is never necessary to take the life of a child in the process of being born. Partial-birth abortion is a procedure tantamount to infanticide.

I understand that you also spoke with Dr. Nancy Romer of Dayton, Ohio, and Dr. Pamela Smith of Chicago. They too provided you with information on the various reasons why partial-birth abortion is never necessary.

Clearly there are many physicians who -- unlike Dr. Hern, who specializes in late-term abortion -- are vehemently opposed to this procedure. I believe "60 Minutes" did a disservice to its viewing audience by declining to interview any doctor who opposed the use of partial-birth abortion.

Sincerely,


Tom Coburn, M.D.
Member of Congress

cc:Mail for: Representative Pete Kott

Subject: Info to support legitimacy/necessity of HB65
From: fchapel@polarnet.com at CC2MHS1 2/20/97 9:58 AM
To: Representative Pete Kott at LAA_TRANS

Dear Representative Kott:

I listened in on a portion of the teleconference on HB65 on Tuesday, Feb. 18. I am sorry I was not able to listen in on the debate this morning (2/20). I am a pastor in Tok and am very much in favor of your bill. I'm not sure what data you have on the issue or who your sources for information have been. I have contacted the organization Focus on the Family, which is an excellent resource, and they are sending me a packet of articles on partial birth abortion. I will forward these to you, if you think they can be of value. These may give you more ammunition for defending the legitimacy and necessity of HB65. If you would like this info, please have your office drop me a quick note. Keep up the good and important work you're doing.

Terry Pruett, Pastor
Faith Chapel
P.O. Box 57
Tok, AK 99780
907-883-4771
E-mail: fchapel@polarnet.com

Faxed 2-20-97

Thank you!
Pete Kott
for sponsoring
this!

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House State Affairs committee on HB65 "An Act relating to partial-birth abortions." A listen-only teleconference was held on 2-20-97.

My name is Ruth Ewig and I reside at 2325-30th Avenue. I am in complete support of HB65 and there were at least 600 of us up here in the Tanana Valley, one year and a half ago, and probably more at this time.

Thank you for caring enough about human life to have written this bill which bans partial-birth abortions. I am hopeful that bills such as this which are traveling through the legislative process represent the cutting edge of a swing in the state and hopefully the nation toward morality, thus reversing the "decay of a nation."

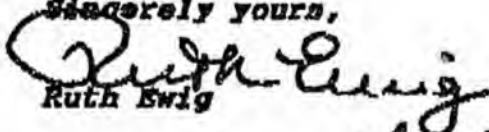
Representative James, thank you for your courageous stand in preventing supporters of these deaths of pre-born babies from badgering our witnesses. Those who continue to insist that it is the woman's choice need to be required to state just what choice we are talking about. It would be too embarrassing to verbalize protecting the medical procedure of killing the baby after most of it has been delivered.

Thank you to legislators who have the discernment and foresight to get us off this "slippery slope" to destruction that we are on with our different killing procedures such as partial birth abortions. Partial birth abortion represents destruction of the helpless and the weak.

I support this bill also because of the attitudes that develop in the hearts and souls of physicians who repeatedly destroy human life. Surely, they become quite insensitive to what they are doing after repeatedly killing babies. Each step makes the next step a little easier and we are already moving into euthanasia, "medically assisted suicides" and the next phase, attacks on the elderly.

Vote YES to ban partial birth abortions. It is long overdue. Please contact me if there is more that I can do to help.

Sincerely yours,


Ruth Ewig

2/20/97

452-5538 phone/fax



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
 committee name
 committee on Post-^{#B65}Birth Abortion, dated 3/5/97
 bill/subject

I oppose #B65. While I do not encourage unnecessary abortions, I do not feel the legislature ought to involve itself in medical decisions affecting women's reproductive rights + freedom. ~~While~~ ^{moreover} ~~this particular bill~~ Leave those decisions to the woman + her physician. From a ~~wider~~ legal standpoint, I am concerned at the breadth of this particular bill as well. In the absence of any time restrictions or guidelines, I am concerned that this bill will impact ^{legal} abortions performed in the 1st or 2nd trimester.

Signed:  Lisa Fitzpatrick
 Testifier

self
 Representing (Optional)

2822 Innamina Ave. Anch. 99517
 Address

2481206
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Committee
 committee on HB 65 / HR 37, dated 3/15/92
 bill/ subject

KINDLY PASS HB 65 & HB 37.

PARENTAL CONSENT

THOUGH THERE ARE SOME DIFFICULT SITUATIONS
 FOR WHICH SOME MINORS WILL HAVE DIFFICULTY
 DISCUSSING LIFE/DEATH ISSUES WITH THEIR
 PARENTS I BELIEVE AS A STATE WE
 SHOULD NOT BE LEGISLATING ISSUES OR ENCOURAGING
 MINORS TO AVOID TALKING WITH THEIR PARENTS.

PARTICULAR BIRTH ABORTIONS:

A VOTE FOR LIFE PLEASE
 ENOUGH ALREADY SAID BY OTHER
 PRO-LIFE SPEAKERS.

Signed:

D. Koshler MD / D. KOSHIER MD.

Testifier

SELF

Representing (Optional)

PO BOX 1534 DELTA JCT AK 99777

Address

895-1903

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Committee
 committee name
 committee on H.B.65 PARTIAL BIRTH ABORTION, dated MARCH 5, 1997
 bill/subject

Thank you for this opportunity. My thoughts on the disgusting D&X procedure are this:

Why outlaw it? Whether you put a man in a dark room before mutilating and murdering him or drag him half-way out of the room before killing him matters little.

I seriously doubt that ending partial birth abortions will save lives. In fact, by our outrage over this method of murder we lend credence to the ridiculous idea that a baby is miraculously transformed from a lump of tissue into a human being as it passes through the birth canal.

Abortion is a dark deed and it should be brought to light. I wish that you would write a bill requiring that the D&X and all abortion procedures be filmed and studied in health classes beginning with 4th grade sex ed.

Signed: Sally A. Apokedak
 Testifier

self
 Representing (Optional)

HC 33 BOX 3188, WASILLA, AK. 99654

Address (907) 373-7845

Phone No.

RECEIVED
 MAR 10 1997



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Committee
committee on HB65 / HB37, dated 3-5-97
bill/ subject committee name

I urge passage of both HB37 and HB65.

As a parent of 2 girls I am greatly concerned that a life-altering, life-ending procedure as abortion could be performed without my consent.

I refer you to the article from the Wall Street Journal ~~article~~ about partial birth abortion which I read to the House State Affairs Committee during their teleconference on HB65. The Committee requested a copy of this article and should be able to make it available to you.

Signed:

Delma J. Jost
Testifier
RPA, District 35 Chairman
Representing (Optional)
PO Box 377, Delta Jct, AK 99737
Address
(907) 895-4565
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Comm.
 committee on HB 37 + 65, dated Mar. 5, 1997.
 bill/ subject committee name

HB 37- I would like to go on record as a supporter of the HB 37. I have always been in agreement with the parent's involvement in all the decisions of their children.

HB 65- I go on record stating I am in agreement w/ HB 65. I am not in agreement w/ partial-birth abortion. I am against abortion.

Signed: Joe E. McBride
 Testifier

Representing (Optional)
P.O. Box 779

Address
Delta, Alaska 99737

Phone No. 907.895.4009



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary committee name
 committee on 37 AND 65, dated 2/19/97 AND 1/13/97
 bill/ subject

37 - relating to a requirement that a parent guardian or
 custodian consent before certain minors receive an abortion,
 65 - an act relating to partial-birth abortions;

It is in my opinion
 (31) I think the Government from Fed. to the local street
 sweeper has no business meddling in the affairs of the
 family. These situations should be resolved by the
 parents who should have complete authority over their
 minor children, however a minor should not
 be forced to have an abortion against her will.

(65) I am 100% against partial birth abortions. If
 the mother's life was in danger, it would certainly be
 known before the baby is 99% born! Partial birth
 abortions is evil, against all factors of morality and
 it is murder in my opinion, and against the laws and
 nature of almighty God! I believe that anyone with
 a healthy conscience could never do or allow such
 a thing to be done. Where does personal responsibility come

Signed:

Testifier Robert L. Hilliker
 Representing (Optional) Self

Does it matter what
 God thinks anymore?
 in?

Address Mile 1378 Alaska Hwy.
 Phone No. 80 NE



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY Comm.
 committee on HB 65, dated 5 MAR 97
bill/ subject

I urge passage of this partial-birth abortion bill.

Surely the new statement by a Dr. Fitzsimmons should change the tone of this debate. He is the oft-quoted pro-choice dr. cited by many, including Pres. Clinton, as supporting both the rarity & the necessity of this procedure. His admission last week that his previous statements were a lie, was a bombshell that should give new clarity to this question. On CBS news, he now stated that this procedure is not rare - done not on a few hundred women, as previously stated, but on 300,000-500,000 women per year. And as to necessity, he stated that this procedure was not limited to hopelessly deformed babies, as previously stated, but that most of these procedures were performed on healthy babies.

I urge you to vote YES to stop this barbarous procedure.

Signed: BARBARA RAWALT
Testifier
RPA - DIST 35 - FINANCE C#E
Representing (Optional)
PO BOX 823 - DELTA
Address
895-1946
Phone No.



ACOG *Statement of Policy*

As issued by the ACOG Executive Board

STATEMENT ON INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," and "brain sucking abortions," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

The American College of Obstetricians and Gynecologists (ACOG) believes the intent of such legislative proposals is to prohibit a procedure referred to as "Intact Dilatation and Extraction" (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;
2. instrumental conversion of the fetus to a footling breech;
3. breech extraction of the body excepting the head; and
4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of established obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X.

Abortion intends to terminate a pregnancy while preserving the life and health of the mother. When abortion is performed after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC), only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. A preliminary figure published by the CDC for 1994 is 5.6%. The CDC does not collect data on the specific method of abortion, so it is unknown how many of these were performed using intact D & X. Other data show that second trimester transvaginal instrumental abortion is a safe procedure.

Terminating a pregnancy is performed in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. A select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. An intact D & X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.

Approved by the Executive Board
January 12, 1997

The American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920 • Washington, DC 20090-6920 Telephone 202 638 5577

907-465-4226

Alaska Legislature
Joe Green, Chair
District 10

Marty Haber
432 E. 15th Terrace
Anchorage, AK 99501
907-343-4757

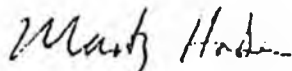
Dear Mr. Green

I was an active supporter in your campaign and it has come to my attention that you will participating in the voting of HB 37 and HB 65. My concern is that you hear the voices of your people and then, make the best decision. It will be hard to know what that is. You must listen to your heart, your head and your inner gut feeling.

Imagine yourself a woman, a young teenage female, or a pregnant woman whose health is in danger due to the pregnancy. Would you like to have had someone, through law, not allow you a choice of what your options are. That is the fundamental question here. **CHOICE**, keep it alive. Perhaps someday you might want a choice to make. Please vote **NO**, against **HB 37** and **HB 65**.

My prayers are with you.

Sincerely,



Marty Haber



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: Partial birth abortion is child abuse in its most extreme form. I believe the destruction of human life (albeit in the womb) chips away at society as a whole.

HB 37: Laws prevent minors from buying cigarettes and alcohol. It does not make sense a major decision of a young girl to have an abortion can be made without parental knowledge or consent.

Signed: A. Yvonne Becken
 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 Judiciary committee name
 committee on HB 165 , dated 3-5-97
 bill/subject:

A woman & her doctor must make these difficult decisions without government interference.

Women must be trusted to make their own decisions regarding their own health.

Signed: *Sam Savonen*
 Testifier

Representing (Optional)
35985 Pioneer Dr. Soldotna AK 99669
 Address
262-9833
 Phone No.

Geo. Dozier @ Kott's

HB65

Telecom

FbKS

Anch

Kerrai

Soldatna

Sitka

Mister Chairman, and members of the House Judiciary Committee, for the record my name is George Dozier, and I am an aide in the Office of Representative Pete Kott, the prime sponsor of HB 65

At the outset, I would like to discuss, just briefly, federal constitutional requirements in the abortion context. As everyone knows, the seminal case addressing the constitutionality of abortion in the United States is Roe v Wade, 410 US 113. Generally, the Court held as follows:

1. The fourteenth amendment includes a right to privacy, and this right is broad enough to include the right to obtain an abortion. Roe, 410 US, at 177.

2. This right is not absolute and may be limited by states' legitimate interest in safeguarding women's health, maintaining proper medical standards, and protecting potential human life. Roe, 410 US, at 177.

3. Applying these principles, the Court arrived at the following conclusions. During the first trimester, the state, essentially, may not interfere in a woman's decision to obtain an abortion. Roe, 410 US, at 183. From the end of the first trimester, the state may regulate abortion to safeguard the health of the mother. From the point of viability, the state may proscribe abortions, except where necessary to preserve the life and health of the mother. Roe, 410 US, at 183.

4. It may be noted that the Roe Court specifically and expressly rejected an argument that a pregnant woman is "...entitled to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she chooses." Roe, 410 US, at 177.

The most recent Supreme Court opinion discussing abortion is Planned Parenthood v. Casey, which can be found at 505 U.S. 833; 120 L Ed 2d 674 (1992). In Casey, the Court found that states have a substantial interest in potential human life, and that this extends throughout the pregnancy. Casey, 120 L Ed 2d, at 714. Indeed, this interest is characterized as "profound". Casey, 120 L. Ed 2d, at 715. The Court found that its opinions subsequent to Roe had undervalued this interest of states in potential human life, 120 L Ed 2d, at 711, and as a consequence, it rejected the rigid trimester system first articulated in Roe. Casey, 120 L Ed 2d, at 710. Instead, it divided pregnancies into two periods---previability and viability.

According to the Casey Court, during that first period, in which the baby is not viable, states may not place an "undue burden" on a woman's right to decide whether to terminate a pregnancy. It defined "undue burden" as regulations that have the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus. 120 L Ed 2d, at 715.

During the second period, in which the baby is viable, the constitutional standard is different. As stated by the court, in quoting from Roe: "...subsequent to viability, the State in promoting its interest in the

potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother." Casey, 120 L Ed 2d, at 716.

To summarize: First, the state has a substantial interest in potential human life which extends throughout the pregnancy. Second, prior to viability, the state can not place an undue burden on the right to pregnancy, which means placing a substantial obstacle in the path of a woman seeking an abortion. Third, after viability, the state may regulate abortion, and even prohibit them, except where necessary to protect the life or health of the mother.

Since partial birth abortions span the last part of the previability stage and into the viability stage, HB 65 is specifically designed to cover both. Hence, it must be analyzed with respect to both standards. HB 65 more than meets these standards.

First, with respect to previability abortions, HB 65 does not place an undue burden on the right to chose an abortion. That is to say, it does not place a substantial obstacle, either by intent or in effect, in the path of a woman seeking an abortion. After all, it does not proscribe abortions per se. It merely makes one particular form of abortion, and a particularly egregious form at that, illegal. All other forms of abortion remain open to pregnant women. The fact that this does not place a substantial obstacle in the path of women seeking abortion is clear. The Director of Public Health in Alaska testified that partial birth abortions, as defined by the bill, have not been

performed in Alaska. Thus, the question must be asked: Does HB 65, which proscribes a procedure which, thus far, is not done in Alaska, place a substantial obstacle in the path of a woman seeking an abortion? The answer, by definition, is clearly no. The procedure is not available anyway.

In that regard, can it really be a substantial obstacle to require abortionists to conform to the standards of abortion practice already present and accepted by practitioners in Alaska. That, to my mind, is no obstacle at all, let alone a substantial one.

In short, all options presently available to women to obtain abortions remain unaffected. There is no obstacle, and thus, the first standard---that which applies to previability pregnancies---is clearly satisfied.

The second standard, which applies to viable babies, is also satisfied. As I previously indicated, during the period of viability, the Supreme Court recognizes that the state may regulate or even proscribe abortions, except where necessary to preserve the life or health of the mother. HB 65 does not ban abortions during this period; it merely bans a particular procedure. Thus, it is more of a regulation of abortion than a proscription. And, the state is free to regulate, except where necessary to preserve the life and health of the mother. HB 65 contains an express exception applicable to the life of the mother. It does not mention health. However, it does not need to expressly mention health for the following reasons:

First, all forms of abortion present in Alaska remain in effect. If the mother's health requires an abortion, she continues to have recourse to those procedures. Her health is protected.

Second, even when partial birth abortions become available in Alaska, their ban would not adversely impact maternal health. The Committee was provided with voluminous material clearly establishing that fact. For instance, as Dr. Pamela Smith, who is the Director of Medical Education, Department of Obstetrics and Gynecology at Mt. Sinai Hospital in Chicago, testified before the US 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". Similarly, Dr. James Jones, who is chairman of the Department of Obstetrics and Gynecology at the New York Medical College, stated, regarding partial-birth abortions, that he "can't imagine that being an indicated procedure for the saving of a life or well-being of the mother." Although the AMA has remained neutral on the issue, its Legislative Council voted unanimously to recommend that the AMA endorse the federal partial birth ban. In so doing, it stated that the procedure is basically repulsive and is not a recognized medical technique. Again, the former Surgeon General of the United States, Dr. C. Everett Koop stated: "...In no way can I twist my mind to see that the late-term abortion as described---you know, partial-birth, and then destruction of the unborn child before the head is born---is a medical necessity for the mother." Similarly, Dr. Warren Hern who wrote the Horn Book on late term abortions, stated in an article in American Medical News: "You really can't defend it... I would dispute any statement that this is the safest procedure to use." He stated

further: "You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that."

I won't bore you with more opinions. There are plenty in the materials. The point is that partial-birth abortions are not necessary for the health of the mother.

In summary: The Legislature can conclude that partial birth abortions are not necessary to preserve the health of the mother, and indeed may even be inimical to the health of the mother. No express exception is needed, since all other procedures remain available.

Thus, both the previability and the postviability standards required by Casey are satisfied. That being the case, all that is required is that there be some rational basis for HB 65. And, there are several permissible state interests that are advanced by HB 65. Indeed, the State has compelling interests in preventing such procedures. Let me suggest but a few.

First, delivering a baby just to the very cusp of constitutional personhood and then killing it, just inches away from being completely born, is cruel. Indeed, Dr. Isada, who spoke against HB 65 before the House State Affairs Committee, described one aspect of partial birth abortion---sticking scissors into the baby's skull---as gruesome. The state has a very strong interest in protecting human life from such cruel and gruesome actions. If the state can prevent cruelty to animals, it certainly can do the same thing for human life.

Second, partially delivering a baby ---or, I should say almost entirely delivering a baby---and then killing it tends to mix the roles of obstetrician and abortionist. The former are healers, and they are perceived as such by the general public. Abortionists, in the overwhelming number of cases, ---for instance I refer you to Dr. Haskill's statement that 80% of his partial birth abortions are elective---are not healers. They perform some other function. By mixing these two opposing roles, there is great danger that public confidence in the medical profession will be undermined.

Third, bringing a baby right to the very edge of complete birth and then sucking its brains out is inherently disrespectful of human dignity.

Fourth, the state has a legitimate and compelling interest in drawing a clear distinction between legal abortion and infanticide. Partial birth abortions blur that distinction. Furthermore, it may be noted that the difference between a viable baby who has just emerged from the womb and a viable baby who is almost out of the womb is negligible. But for a few inches they are the same. To permit the killing of one and forbid the killing of the other is ludicrous and will breed disrespect for the law. So fine a distinction, carrying such dire consequences, can not but be scoffed at by Alaska's people.

Hence, in my opinion, partial birth abortions are fully constitutional under the guidelines established by the United States Supreme Court. I would like to turn now to some of the specific arguments that have been made against the constitutionality of HB 65.

First, it has been argued that HB 65 creates an undue burden because partial birth abortions are the safest alternative. This, of course, is an assertion of fact, and the alleged fact is extremely dubious. This Committee has been provided with an abundance of materials indicating that partial birth abortions are not necessary for maternal health and further indicating that partial birth abortions, *in themselves*, present a risk to maternal health.

It also has been argued that the Supreme Court, in Planned Parenthood v. Danforth, held unconstitutional an abortion statute which proscribes the use saline amniocentesis, in part because such a prohibition would force women to use more dangerous methods. On the surface, this argument has a certain appeal. After all, HB 65, like Danforth, involves the proscription of a defined abortion procedure. However, Danforth is clearly distinguishable, on at least three grounds. First, HB 65, unlike the Danforth statute, does not force women to use procedures which are less safe than partial birth abortions. Second, the Danforth court emphasized that the proscribed method was the most prevalent available, and that another safe method was not yet available. Here, with HB 65, the proscribed method is not yet used in Alaska and other, safe, methods *are* available. Third, Danforth predates Casey and thus its analysis focused on whether the statute advanced maternal health. This was during the period in which states' interest in protecting potential human life was undervalued. Casey changed all of that. Now, unlike when Danforth was decided, it is recognized that the state's interest in human life may be asserted throughout pregnancy. HB 65 does just that, and it may be expected that the right to assert that interest would be weighed in any constitutional challenge. Danforth, quite simply, is distinguishable.

It also has been argued that the only Court to review a ban similar to HB 65 invalidated it, because for some women the prohibited procedure would be safer than other available techniques. The case is Women's Medical Professional Corp v. Voinovich, 911 F. Supp. 1051 (S.D. Ohio 1995). The Court in that case, within the context of deciding whether to issue a preliminary injunction and prior to a full trial, held that D&X was safer than other methods; and, because D&X was more available than induction methods, which require hospitalization, a proscription on D&X was a substantial burden. The Court was certainly entitled to make its findings. This Committee has an equal right to make findings of fact, and ample evidence has been presented to it to base a contrary finding concerning safety. Moreover, this Committee reasonably can not find, given the testimony of the Public Health Director, that partial birth abortions are more prevalent than any other methods. In Alaska, partial birth abortions, thus far have not been performed. Our state, fortunately, seems to lag behind the rest of the United States in adopting undesirable conduct.

It also has been argued that the definition of partial-birth abortions is overbroad because it could encompass procedures other than partial birth abortions. It is true that statutes which are so broad as to sweep within their coverage not only properly proscribed acts but also constitutionally protected acts are unconstitutional. The definition employed in HB 65, however, is not of that nature. It does not overlap other alternative methods. They are clearly distinct and clearly outside the coverage of HB 65. It is also argued that the definition is vague. Vague statutes, particularly those that impose criminal liabilities, are unconstitutional. However, HB 65's definition is not vague. It is clear and precise. It establishes definitively what is proscribed.

Persons of common intelligence easily can understand what is prohibited and thus there will not be a chilling effect. Proponents of this argument may have in mind the definition used in the statute examined by the court in Voinovich. There, the court---and I think quite rightly--- concluded that there was an overlap and that the statute was vague. But, the definition of D&X employed in that case does not in the slightest resemble HB 65's definition. I can quote the Ohio definition for you. "The termination of a human pregnancy by purposely inserting a suction device into the skull of a fetus to remove the brain. 'Dilation and extraction procedure' does not include either the suction curettage procedure of abortion or the suction aspiration procedure of abortion." The court found that this definition overlaps normal D&E procedure (because both may involve inserting a suction device into the skull) and because D&E is not excluded as suction curettage or suction aspiration. Further, the Voinovich Court noted that in analyzing statutes for vagueness, the absence of a mens rea requirement is somewhat persuasive. In fact, it relied on this concept in finding another portion of the Ohio law unconstitutionally vague. In HB 65, it may be noted that there is an express mens rea.

Concerns regarding vagueness are misplaced. This bill does not resemble, in any respect, the statute considered by the Voinovich court. It is clear and precise, and it does not overlap any other abortion procedure. It is such as to apprise people of common intelligence what is being prohibited, and there is no reason to believe that it will have a chilling effect on constitutionally protected acts. Finally, since it is clear, there is no danger of arbitrary or discriminatory enforcement.

Finally, it is argued that the privacy clause of the Alaska Constitution would be violated by HB 65. The Alaska Supreme Court has not yet decided an abortion case using this constitutional provision. What we do know is that, although the right is broader than the privacy right found by the US Supreme Court in the US Constitution, *it is not absolute*. And, certainly, the right to privacy is not violated when an alleged infringement is justified by a legitimate and compelling governmental interest.

Although the Alaska Constitution's right of privacy is deemed to be broader than that of the United States Constitution, it does not reach everywhere and cover all things. Essentially there is a two step analysis that is required. First, it must be determined if the conduct in question is within the scope of the amendment. Then, and only then, it must be determined if the alleged infringement bears a fair and substantial relation to a compelling governmental interest.

First, does partial-birth abortions fall within the scope of the amendment? The Alaska Supreme Court has determined that this issue is resolved by answering two questions: (1) Does the person have an actual (that is, subjective) expectation of privacy concerning the conduct? (2) Is the expectation one that society is prepared to recognize as reasonable? If both questions are answered in the affirmative, the conduct falls within the scope of the privacy amendment. Hilbers v Muni. of Anchorage, 611 P. 2d 31 (1980).

In Alaska, as with the rest of the United States over the last quarter century, many people have been conditioned to perceive abortion as part of the culture. Indeed, the Casey Court made much of that fact in discussing

whether or not it would be appropriate to abandon the central tenants of Roe. Given this state of affairs, it would not surprise me that some would have a subjective expectation a privacy right to engage in even this gruesome procedure. But, is subjective expectation something that we as a society are prepared to recognize as reasonable? I think not. In my opinion, for the reasons I have discussed at length in this testimony, society is not even close to recognizing as reasonable any such assertion of a privacy right to obtain a partial-birth abortion. Hence, this procedure falls outside the scope of the amendment.

Even assuming, arguendo, that partial-birth abortions are within the scope of Alaska's constitutional right to privacy, society's hands are not tied. As previously stated, the right is not absolute. An alleged "infringement" is permissible if it bears a fair and substantial relationship to a compelling governmental interest.

I respectfully submit to you that Alaska has a compelling state interest in protecting babies, who are almost born, who are mostly outside the bodies of their mothers, from having their brains sucked out. I also submit that the government has a compelling interest in protecting public confidence in the medical profession by not blurring the roles of healer and abortionist. I also suggest to you that the government has a compelling interest in protecting the almost born from this cruel, gruesome, and undignified death. Accordingly, HB 65 does not run afoul Alaska's right to privacy.

In conclusion, HB 65 will pass constitutional muster.

AMENDMENT

#1

CROFT

OFFERED IN HOUSE JUDICIARY

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

fails
3/10/97

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

Insert "or health"

Page 2, line 8 following "mother":

Delete "whose life"

Insert "who"

CROFT

AMENDMENT #2

OFFERED IN HOUSE JUDICIARY

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

fails
3/10/97

Page 2, line 13 following "means":

Delete "an"

Insert "a third trimester"

HOUSE COMMITTEE REPORT

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

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

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<u>Wm Croft</u> CROFT			✓	
<u>Alan Rokeberg</u> ROKEBERG			✓	
<u>Brian Porter</u> PORTER			✓	
<u>John Green</u> GREEN	✓			
<u>James</u> JAMES	✓			
<u>Cheryl Berkowitz</u> BERKOWITZ		✓		

CHAIR'S SIGNATURE _____



Official Business

COMMITTEE:

HOUSE JUDICIARY

DATE: March 5, 1997 - Wednesday

SIGN-IN

Subject of meeting:

HB 65 - Partial-Birth Abortions

PLEASE PRINT!

NAME

ADDRESS (MAILING) & (ZIP)

PHONE

REPRESENTING

DO YOU WANT TO TESTIFY?

NAME	ADDRESS (MAILING) & (ZIP)	PHONE	REPRESENTING	DO YOU WANT TO TESTIFY?
Amy Skibred	4477 Abby Way Juneau 99801	780-4649	AKCLU	Yes
Wanda [unclear]	PO Box 20190 Juneau 99801	789-9114	Self	Yes
Nikki Sullivan	PO Box 20874 Juneau 99801 4600 NO DOUGLAS JUNEAU 99801	781-2000	self	Yes
JOSEPH HEIDENRAICH	Juneau	586-2900	SELF	YES
David Rogers	BOX 33932 JUNEAU	586-1107	WOMEN'S (IBB)	Yes
Pat Denney	526 Seward Juneau 99801	586-3925	self	yes
SID HEIDERSPUFF	Box 020658 JUNEAU	789-9858	SELF	YES
John Moragyle	PO Box 210527 Auke Bay	784-5910	Alaska ^{TOP} Life	Yes
Sandy King	PO Box 22953 Juneau	790-3522	Self	Yes
Peter Nakamura	DHSS / Juneau	465 3090	DHSS	Yes
Tom Garvey	PO Box 34832 Juneau 99803	389-3953	Juneau Christian Coalition	Yes

STATE OF MICHIGAN
88TH LEGISLATURE
REGULAR SESSION OF 1996

Introduced by Reps. Ryan, Horton, Cropsey, Hill, Green, Middleton, Nye, Llewellyn, Walberg, Lowe, Kaza, Porreca, Griffin, London, Olshove, Palamara, Geiger, DeMars, Mathieu, Baade, Harder, Owen, Alley, Ciaramitaro, LeTarte, McNutt, Randall, Gustafson, Ferricone, Voorhees, McManus and Rocca
Reps. Goschka and McBryde named co-sponsors

ENROLLED HOUSE BILL No. 5889

AN ACT to amend sections 16221 and 16226 of Act No. 365 of the Public Acts of 1978, entitled as amended "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the disposition of a regulatory fee; to promote the efficient and economical delivery of health care services; to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," section 16221 as amended by Act No. 196 of the Public Acts of 1995 and section 16226 as amended by Act No. 133 of the Public Acts of 1993, being sections 333.16221 and 333.16226 of the Michigan Compiled Laws; and to add sections 17016 and 17516.

The People of the State of Michigan enact:

Section 1. Sections 16221 and 16226 of Act No. 365 of the Public Acts of 1978, section 16221 as amended by Act No. 196 of the Public Acts of 1995 and section 16226 as amended by Act No. 133 of the Public Acts of 1993, being sections 333.16221 and 333.16226 of the Michigan Compiled Laws, are amended and sections 17016 and 17516 are added to read as follows:

Sec. 16221. The department may investigate activities related to the practice of a health profession by a licensee, a registrant, or an applicant for licensure or registration. The department may hold hearings, administer oaths, and order relevant testimony to be taken and shall report its findings to the appropriate disciplinary subcommittee. The disciplinary subcommittee shall proceed under section 16226 if it finds that 1 or more of the following grounds exist:

(a) A violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, the ability to safely and skillfully practice the health profession.

(217)

Public Health

- (b) Personal disqualifications, consisting of 1 or more of the following:
- (i) Incompetence.
 - (ii) Subject to sections 18165 to 18170a, substance abuse as defined in section 6107.
 - (iii) Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
 - (iv) Declaration of mental incompetence by a court of competent jurisdiction.
 - (v) Conviction of a misdemeanor punishable by imprisonment for a maximum term of 2 years; a misdemeanor involving the illegal delivery, possession, or use of a controlled substance; or a felony. A certified copy of the court record is conclusive evidence of the conviction.
 - (vi) Lack of good moral character.
 - (vii) Conviction of a criminal offense under sections 520a to 520l of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.520a to 750.520l of the Michigan Compiled Laws. A certified copy of the court record is conclusive evidence of the conviction.
 - (viii) Conviction of a violation of section 492a of the Michigan penal code Act No. 328 of the Public Acts of 1931, being section 750.492a of the Michigan Compiled Laws. A certified copy of the court record is conclusive evidence of the conviction.
 - (ix) Conviction of a misdemeanor or felony involving fraud in obtaining or attempting to obtain fees related to the practice of a health profession. A certified copy of the court record is conclusive evidence of the conviction.
 - (x) Final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States. A certified copy of the record of the board is conclusive evidence of the final action.
 - (xi) Conviction of a misdemeanor that is reasonably related to or that adversely affects the licensee's ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.
- (c) Prohibited acts, consisting of 1 or more of the following:
- (i) Fraud or deceit in obtaining or renewing a license or registration.
 - (ii) Permitting the license or registration to be used by an unauthorized person.
 - (iii) Practice outside the scope of a license.
 - (iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or a drug as defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.
- (d) Unethical business practices, consisting of 1 or more of the following:
- (i) False or misleading advertising.
 - (ii) Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances, or medications purchased by or in behalf of patients.
 - (iii) Fraud or deceit in obtaining or attempting to obtain third party reimbursement.
- (e) Unprofessional conduct, consisting of 1 or more of the following:
- (i) Misrepresentation to a consumer or patient or in obtaining or attempting to obtain third party reimbursement in the course of professional practice.
 - (ii) Betrayal of a professional confidence.
 - (iii) Promotion for personal gain of an unnecessary drug, device, treatment, procedure, or service.
 - (iv) Directing or requiring an individual to purchase or secure a drug, device, treatment, procedure, or service from another person, place, facility, or business in which the licensee has a financial interest.
 - (v) Failure to report a change of name or mailing address within 30 days after the change occurs.
 - (vi) A violation, or aiding or abetting in a violation, of this article or of rules promulgated under this article.
 - (vii) Failure to comply with a subpoena issued pursuant to this part, failure to respond to a complaint issued under this article or article 7, failure to appear at a compliance conference or an administrative hearing, or failure to report under section 16222 or 16223.
 - (viii) Failure to pay an installment of an assessment levied pursuant to section 2504 of the insurance code of 1956, Act No. 218 of the Public Acts of 1956, being section 500.2504 of the Michigan Compiled Laws, within 60 days after notice by the appropriate board.
 - (ix) A violation of section 17013 or 17513.
 - (x) Failure to meet 1 or more of the requirements for licensure or registration under section 16174.
 - (xi) A violation of section 17016 or 17516.
 - (xii) A violation of section 17016 or 17516.

Sec. 16226. (1) After finding the existence of 1 or more of the grounds for disciplinary subcommittee action listed in section 16221, a disciplinary subcommittee shall impose 1 or more of the following sanctions for each violation:

<u>Violations of Section 16221</u>	<u>Sanctions</u>
Subdivision (a), (b)(ii), (b)(iv), (b)(v), or (b)(vi)	Probation, limitation, denial, suspension, revocation, restitution, community service, or fine.
Subdivision (b)(vii)	Revocation or denial.
Subdivision (b)(i), (b)(iii), (b)(v), (b)(ix), (b)(x), or (b)(xi)	Limitation, suspension, revocation, denial, probation, restitution, community service, or fine.
Subdivision (c)(f)	Denial, revocation, suspension, probation, limitation, community service, or fine.
Subdivision (c)(ii)	Denial, suspension, revocation, restitution, community service, or fine.
Subdivision (c)(iii)	Probation, denial, suspension, revocation, restitution, community service, or fine.
Subdivision (c)(iv) or (d)(iii)	Fine, probation, denial, suspension, revocation, community service, or restitution.
Subdivision (d)(i) or (d)(ii)	Reprimand, fine, probation, community service, denial, or restitution.
Subdivision (e)(i)	Reprimand, fine, probation, limitation, suspension, community service, denial, or restitution.
Subdivision (e)(ii) or (h)	Reprimand, probation, suspension, restitution, community service, denial, or fine.
Subdivision (e)(iii) or (e)(iv)	Reprimand, fine, probation, suspension, revocation, limitation, community service, denial, or restitution.
Subdivision (f)	Reprimand or fine.
Subdivision (g)	Reprimand, probation, denial, suspension, revocation, limitation, restitution, community service, or fine.
Subdivision (i)	Suspension or fine.
Subdivision (j)	Reprimand or fine.
Subdivision (k)	Reprimand, denial, or limitation.
Subdivision (l)	Denial, revocation, restitution, probation, suspension, limitation, reprimand, or fine.
Subdivision (m)	Revocation or denial.

(2) Determination of sanctions for violations under this section shall be made by a disciplinary subcommittee. If, during judicial review, the court of appeals determines that a final decision or order of a disciplinary subcommittee prejudices substantial rights of the petitioner for 1 or more of the grounds listed in section 106 of the administrative procedures act of 1969, being section 24.308 of Michigan Compiled Laws, and holds that the final decision or order is unlawful and is to be set aside, the court shall state on the record the reasons for the holding and may remand the case to the disciplinary subcommittee for further consideration.

(3) A disciplinary subcommittee may impose a fine of up to, but not exceeding, \$250,000.00 for a violation of section 16221(a) or (b).

(4) A disciplinary subcommittee may require a licensee or registrant or an applicant for licensure or registration who has violated this article or article 7 or a rule promulgated under this article or article 7 to satisfactorily complete an educational program, a training program, or a treatment program, a mental, physical, or professional competence examination, or a combination of those programs and examinations.

Sec. 17016. (1) Except as otherwise provided in subsection (2), a physician or an individual performing an act, task, or function under the delegatory authority of a physician shall not perform a partial-birth abortion, even if the abortion is otherwise permitted by law.

(2) A physician or an individual described in subsection (1) may perform a partial-birth abortion if the physician or other individual reasonably believes that performing the partial-birth abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose.

(3) This section does not create a right to abortion.

(4) Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

(5) As used in this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species homo sapiens at any time before complete delivery from a pregnant woman.

(c) "Partial-birth abortion" means an abortion in which the physician or individual acting under the delegatory authority of the physician performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

Sec. 17516. (1) Except as otherwise provided in subsection (2), a physician or an individual performing an act, task, or function under the delegatory authority of a physician shall not perform a partial-birth abortion, even if the abortion is otherwise permitted by law.

(2) A physician or an individual described in subsection (1) may perform a partial-birth abortion if the physician or other individual reasonably believes that performing the partial-birth abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose.

(3) This section does not create a right to abortion.

(4) Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

(5) As used in this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species homo sapiens at any time before complete delivery from a pregnant woman.

(c) "Partial-birth abortion" means an abortion in which the physician or individual acting under the delegatory authority of the physician performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

Section 2. This amendatory act shall take effect October 1, 1996.

Civil Action

Clerk of the House of Representatives.

Secretary of the Senate.

Approved 1:17 p.m. 6/14/96

Governor.

4



Casey 1125 ct @ 2832
Asmcraft 462 US 476
Ohio v Akron 497 US 502
Hodgson 497 US 417
Bellotti 443 US 645

C · R · L · P

THE CENTER FOR REPRODUCTIVE LAW AND POLICY

120 WALL STREET
NEW YORK
NEW YORK 10038 USA
212/514-5574
212/514-5574 JWX

IN THE HOUSE COMMITTEE ON STATE AFFAIRS TESTIMONY OF JANET CREPPS THE CENTER FOR REPRODUCTIVE LAW AND POLICY IN OPPOSITION TO HOUSE BILL 65

FEBRUARY 18, 1997

Good morning Madame Chair and members of the Committee. My name is Janet Crepps. I am a staff attorney and director of the state legislative program with the Center for Reproductive Law and Policy. I am here to speak in opposition to the proposal to ban so-called "partial-birth abortions." I have been a member of the Alaska bar since 1983. Along with other attorneys at the Center, I currently represent the plaintiffs in *Mat-Su Coalition for Choice v. Valley Hospital*, a case involving the obligation of a community hospital to provide abortions, which is currently pending before the Alaska Supreme Court. The Center also represents abortion providers in Ohio in a challenge to that state's 1995 law banning dilation and extraction abortions, a case which deals with many of the same legal issues raised by HB 65.

- JANET BENSHOOF
President
- KATHRYN ROBERT
Vice President
- SHEILA RATNER
Director, Administration and Finance
- ELLEN K. GORTZ
Director, Development
- ANDREA MILLER
Director, Education and Communications
- ANIKA BAHMAN
Acting Director, International Program
- LYNN M. PALIKOW
Director, Special Litigation
- JANET CREPPS
EVE C. CARINER
SIMON HELLER
ROSCELIA J. SMITH
Staff Attorney
- BOARD OF DIRECTORS
Marie J. Messer, *Chair*
Lynn Allgeier
Janet Benshoof
Roberta Buffett Bulek
Mey Del Rio
Anne Gilchrist Gleason
Francis W. Hatch
Dr. Jane Hodgson
Professor Sylvia A. Law
Julia Scott
Dr. Sheldon J. Segal
- R. Scott Greenhead
General Counsel

*Member Penn. bar only
*Member Alaska and Idaho bar only
*Member Calif. bar only



House Bill 65 would ban the performance of "partial-birth abortions" unless the procedure is performed to "save the life of a woman" "if no other medical procedure" would suffice. This bill is based on an unconstitutional premise -- namely that the government may prohibit a method of abortion that for some women is the safest and most appropriate medical care. In other words -- in the balance that has been struck by the U.S. Supreme Court between a woman's right to terminate a pregnancy and state interests, the government may not make its interests in the fetus paramount to women's health.¹

Since the Supreme Court's 1992 decision in *Planned Parenthood v. Casey*, courts evaluate statutes restricting pre-viability abortions using the "undue burden" test. A statute imposes an undue burden if it has "the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion."²

House bill 65 creates an undue burden because in some circumstances, the intact dilatation and evacuation method, which would clearly be prohibited under the bill, is the safest alternative to all other methods of terminating the pregnancy.

¹ In an unbroken line of cases beginning with *Roe v. Wade*, the Supreme Court has recognized that the State cannot "interfer[e] with a woman's choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her health." *Planned Parenthood v. Casey*, 505 U.S. 833, 882 (1992) citing *Roe v. Wade*, 410 U.S. 113, 164 (1973).

² *Id.* at 877.

The Supreme Court has already held unconstitutional a ban on the use of an abortion procedure known as saline amniocentesis in part because the ban "forces a woman and her physician to terminate her pregnancy by methods more dangerous to her health than the method outlawed."³ Under this reasoning, HB 65 is clearly invalid, because it too would require women to terminate pregnancies by methods that pose a greater risk to their lives and health.

The only court to review a ban similar to HB 65, a 1995 Ohio law prohibiting dilation and extraction abortions, invalidated the statute because for some women the prohibited procedure would be safer than other available techniques.⁴

Even when the government exercises its authority to ban abortions after viability, the Supreme Court has made clear that the state may not make its interest in the fetus paramount to women's health or require a "trade-off" between a woman's health and fetal survival.⁵

³ *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52, 78-79 (1976).

⁴ *Women's Medical Professional Corp. v. Voinovich*, 911 F.Supp. 1051, 1071 (S.D. Ohio 1995). The court also found that the prohibition would force women seeking pre-viability abortions to undergo procedures requiring hospitalization, while the banned method could be performed in an out-patient setting. *Id.* at 1071.

⁵ *Thornburgh v. Amer. Coll. of Obst. & Gyn.* 476 U.S. 747, 768-70 (1986) overruled in part, *Planned Parenthood v. Casey*, 112 S. Ct. at 2823, citing *Colautti v. Franklin*, 439 U.S. 379, 400 (1979) (holding unconstitutional a law requiring post-viability abortions to be performed using the method "which would provide the best opportunity for fetal survival," unless it "would present a significantly greater medical risk to the life or

Restrictions on abortion are also subject to review under the explicit right of privacy contained in the Alaska constitution.⁶ The Alaska Supreme Court has consistently held that this guarantee provides more protection of individual rights than the Federal Constitution. While the Court has not yet ruled on a case involving the right to privacy in the context of abortion, it has held that the Alaska Constitution protects an individual's autonomy to make choices affecting his or her body and personal life, and has recognized that the right to privacy provides protection for personal decisions about childbearing.⁷ Thus, even if the federal courts should stray from the strong protection provided thus far to ensure the health of women seeking abortions, HB 65 would still be likely to fail under the Alaska Constitution.

health of the pregnant women"); see also, *Jane L. v. Bangerter*, 61 P.3d 1493, 1503-04 (10th Cir. 1995) (a law requiring physicians to use the method that would best ensure fetal survival, unless it "would gravely damage a woman's medical health," "unconstitutionally devalue[s] a woman's privacy rights").

⁶ Alaska Const. Article 1 § 22 provides in part that "[t]he right of the people to privacy is recognized and shall not be infringed. . . ."

⁷ See, e.g., *Breese v. Smith*, 501 P.2d 159, 168 (Alaska 1972) (recognizing that at the core of Alaska's constitutional heritage is the "notion of total immunity from governmental control: the right to be let alone"); *Falcon v. Alaska Public Offices Comm'n*, 570 P.2d 469, 479 n. 42 (Alaska 1977) ("decisions whether to accomplish or prevent contraception are among the most private and sensitive"); *Ravin v. State*, 537 P.2d 494, 502 (Alaska 1975) (noting that decisions involving contraception are "significantly personal areas").

In addition to the problems I have outlined, HB 65 would also be subject to constitutional challenge on vagueness grounds, which was an additional reason why the law in Ohio was permanently enjoined.⁵

Physicians performing abortions must be permitted to provide the safest and most appropriate care to their patients. Women seeking legal reproductive health care cannot and should not be made to sacrifice their health. I urge you not to support this patently unconstitutional bill.

⁵ The *Voinovich* court held that the definition of dilation and evacuation used in the Ohio bill was impermissibly vague because "that the statutory definition . . . could be construed to include the more widespread Dilation and Evacuation ("D&E") procedure." 911 F. Supp at 1064. Thus, "it does not provide physicians with fair warning as to what conduct is permitted, and as to what conduct will expose them to criminal and civil liability." *Id.* at 1067.

JOSEPH D. RIEDERER, M.D.
4500 NO. DOUGLAS
JUNEAU, ALASKA 99801
TELEPHONE 907 - 586-2900

March 6, 1997

Representative Pete Kott
State of Alaska
FAX#465-2819

RE: House Bill #65

Dear Representative Kott:

I had hoped to testify on House Bill #65 but I will be out of Juneau at the next hearing. I was present on March 5.

My name is Joseph Riederer. I have been a Juneau physician since 1961. I am not a specialist in OB-GYN; however, a major part of my practice was obstetrics from 1961-77 and I attended perhaps 2000 deliveries, and from that time, have continued to do some C-section and laparoscopic OB and GYN care from 1977-96. I am writing in support of House Bill #65. I would have like to have testified against the use of partial birth abortion as a medical procedure. I believe it is unspeakably inhumane to carry this procedure out on what is frequently a viable infant.

This type of medical procedure, that is, a partial birth abortion, is not even listed or discussed or described as a medical procedure in any of the current OB-GYN references that I can find. For instance, the seven volume authoritative reference on Gynecology and Obstetrics by Sciarra, does not even discuss surgical intervention for late term abortions in this manner.


It has been argued that this is a necessary option for the health and safety of the mother. This is not verified by any respected medical authority that I can find. There are multiple procedural complications to the mother in any abortion procedure. That includes certainly uterine perforation, or rupture, sepsis, bleeding after the procedure, and incompetent cervix, sterility, and psychological trauma, etc. All of this is in addition to the fetal death. People certainly need to figure out before the 2nd or 3rd trimester if abortion is an option or not if you believe an abortion is a necessity.

The proposed definition of this Bill is specific and no other medical procedure

would be restricted or affected by banning partial birth abortion. The language is clear and specific.

I hope that House Bill #65 will be enacted. Thank you for this consideration.

Sincerely,



Joseph D. Riederer, M.D.

Alaska Perinatology Associates



February 17, 1997

FEB 27 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. ISADA
DR. SHERRIE U. 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 State Legislature

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

Please oppose Bill #37. I have no doubt in my mind that the parents of my girlfriends would not hesitate to hit them when faced with their daughters pregnancy. This among many other reasons frightens me to think that they will have to tell their parents, about having an Abortion.

Signed: Debra Coleman
 Testifier

Representing (Optional)

PO Box 713 Sitka AK 99835
 Address

907-747-5137
 Phone No.



Alaska State Legislature

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

Please oppose Bill no. 37!

Signed: *Collette M. Cassman*
 Testifier

Representing (Optional)
E. M. ... S. H. ... 99835

Address
907-1-17-3796

Phone No.



Alaska State Legislature

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

Please oppose # 37/STA

Thank you
Jeff

Signed: *James A. Thomas*

self
 Testifier

Representing (Optional)
PO BOX 6433 Sitka AK 99835

Address
907-966-2554

Phone No.



Alaska State Legislature

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

committee on HB 65 / Partial Birth, dated March 5, 1997
bill/subject Abortion

I am opposed to the passage of this bill - contrary to anti-choice propaganda, this is a procedure which occurs rarely with great agony to parents who want their child but become aware there is something terribly wrong with the fetus. This is an opportunistic way to further the anti-choice agenda.

Signed: Jeanette M. Rutherford
Testifier

Representing (Optional)
301 Moller Ave Sitka
Address
907 747-5379
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Judiciary
committee name
committee on Parental Consent before minors dated 3-5-97
bill/subject abortion

Signed: Corrine Eagle
Testifier

Representing (Optional)
909 HPR #39, Sitka
Address
(907) 747-3595
Phone No.

HB 37 would protect my parental rights. As a parent it is my right and duty to protect, care for, and nurture my child. The passing of HB 37 would ensure that these rights are safe guarded.

HB 37 would also protect minors from making uninformed decisions. The decision to have an abortion is a serious one, and should be researched fully before the procedure is performed. Most minors lack the maturity to make this decision on their own. HB 37 would be a shield to minors, protecting them from a potentially harmful procedure. A procedure that could leave emotional scars for the rest of their lives.

I have been in the position of a pregnant minor. It is a frightening and confusing time. During this time abortion crossed my mind as an alternative. Without my parents I would have chosen this route, not having even the faintest idea about the consequences of such an operation. I am eternally thankful that my parents had an opportunity to help me make the right decision. Every parent should have that opportunity.

I give my full support to HB 37. Passing the bill in is the best interests of families, parents, and children.



Alaska State Legislature

Please enter into the record my testimony to the Judiciary
committee name
committee on Partial-Birth abortion, dated 3-5-97
bill/subject

Signed: Don B Eagle
Testifier

Representing (Optional)
909 HPR #39, Sitka
Address
747-3595
Phone No.

I strongly support HB65. Partial-birth abortion is a shocking reversal of what is right and what is wrong. We are now being told that it is "wrong" to restrict in any way what a woman would do with "her" baby. We are told it is "right" to allow physicians to kill what would otherwise likely be a healthy baby. This is a travesty of justice. The blood of those undefended victims will be on all of our hands if we allow this institutional homicide to continue. We must immediately rid our state of this procedure and set an example for the rest of the country as a state that will actively protect and defend those who cannot defend themselves.

Consider the procedure itself. Word cannot adequately describe the horror of partial-birth abortion. Can those who support it really call it "good" and "necessary" without shuddering at the realities of the procedure, considering it a "necessary evil" in their hearts? Is evil really necessary? At one time, early-term abortions were shocking and then became more or less accepted. At this time, partial birth abortion is shocking; do we make it illegal, as it should be, or do we let it become more or less accepted? What then? Why not pull the baby all the way out before jabbing the scissors into its skull? Better yet, let there be a one month trial period after birth to decide if the baby will cause unresolvable difficulties. If there is a problem, let the baby be brought back before the month is over, and then it may be killed. We'll call it "post-birth abortion." Shocking? Not if we continue to close our eyes to this present horror, thereby allowing the continuing encroachment on the rights of our undefended child.

I support HB65 because it will end this horror in Alaska. There should be no basis in the law for partial-birth abortion. It is nothing short of murder. It is wrong. We Alaskans can take the lead in the Nation by ridding our state of this horror and making the clear statement that partial-birth abortion will never be acceptable.



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY
committee name

committee on HOUSE BILL 37, dated MARCH 6, 1997.
bill/subject

PLEASE VOTE AGAINST H.B. 37.
GOVERNMENTAL MICROMANAGEMENT
CAN ONLY LEAD TO FURTHER BREAKDOWN
OF THE FAMILY UNIT.

WARD M. ELDIDGE

Signed: Ward M. Eldridge
Testifier

Representing (Optional)
PO BOX 6245, SITKA, AK 99835
Address
907-747-8278
Phone No.



STATE OF ALASKA

LEGISLATIVE AFFAIRS AGENCY

DIVISION OF PUBLIC SERVICES

DATE: 3/7/97

Please accept the enclosed original(s) of written testimony for the House Judiciary teleconference hearing that was scheduled on 3/7/97.

A copy of this testimony was transmitted to your committee via fax on 3/7/97.

Thank you,

LEGISLATIVE AFFAIRS AGENCY
Sitka Legislative Office
210 Lake Street
Sitka, Alaska 99835
747-6275



STATE of ALASKA

Delta Junction Legislative Information Office

P.O. Box 1189
Room 210, Jarvis Office Center
Delta Junction, AK 99737
(907) 895-4236

Fax (907) 895-5017

March 5, 1997

TO: House Judiciary

Please accept the enclosed originals of written testimony for the House Judiciary hearing that was scheduled on 3/5/97.

Copies of this testimony were transmitted by fax on 3/5/97.

Thank you,

A handwritten signature in cursive script that reads "Tammy Renee Hall".

Tammy Renee' Hall
Information Assistant

Enclosures: 7



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY Comm.

committee on HB 65, dated 5 MAR 97.
bill/ subject committee name

I urge passage of this partial-birth abortion bill.

Surely the new statement by a Dr. Fitzsimmons should change the tone of this debate. He is the oft-quoted pro-choice dr. cited by many, including Pres. Clinton, as supporting both the rarity + the necessity of this procedure. His admission last week that his previous statements were a lie, was a bombshell that should give new clarity to this question. On CBS news, he now stated that this procedure is not rare - done not on a few hundred women, as previously stated, but on 300,000-500,000 women per year. And as to necessity, he stated that this procedure was not limited to hopelessly deformed babies, as previously stated, but that most of these procedures were performed on healthy babies.

I urge you to vote YES to stop this barbarous procedure.

Signed: BARBARA RAWALT
Testifier
RPA - DIST 35 - FINANCE CHR.
Representing (Optional)
PO BOX 823 - DELTA
Address
895 - 1946
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House JUDICIARY Comm.
committee on HB 37, dated MAR 97
bill/ subject committee name

I urge passage of this bill to require parental consent for a minor to have an abortion. Parents have the responsibility to guide their children, + are required to give their consent on many more mundane matters, that have been cited earlier; ~~is~~ surely ^{they} should be needing to give their consent in this ~~critical~~ potentially life-threatening surgical procedure. To exempt this procedure from the requirement for parental consent makes no sense at all, + further erodes parental rights. I strongly urge passage of this bill.

Signed:

BARBARA LAWALD
Testifier
RPA - DIST 35 - FINANCE CHR.
Representing (Optional)
PO BOX 823 - DELTA
Address
895-1946
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY committee name
committee on 37 AND 65, dated 2/19/97 AND 1/13/97
bill/ subject

37 - relating to a requirement that a parent guardian or custodian consent before certain minors receive an abortion,
65 - an act relating to partial-birth abortions;

(37) This is my opinion. I think the Government from Fed, to the local street sweeper has no business meddling in the affairs of the family. These situations should be resolved by the parents who should have complete authority over their minor children, however a minor should not be forced to have an abortion against her will.

(65) I am 100% against partial birth abortions. If the mother's life was in danger, it would certainly be known before the baby is 99% born! Partial birth abortion is evil, against all factors of morality and it is murder in my opinion, and against the laws and nature of almighty God! I believe that anyone with a healthy conscience could never do or allow such a thing to be done. Where does personal responsibility come in?

Signed:

Testifier Robert L. Hilliker
Representing (Optional) Self
Address Mile 1378 ALASKA Hwy.
Phone No. NO NE

Does it matter what God thinks anymore?



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Comm.

committee on HB 37 & 65, dated Mar. 5, 1997.
committee name
bill/ subject

HB 37. I would like to go on record as a supporter of the HB 37. I have always been in agreement with the parent's involvement in all the decisions of their children.

HB 65. I go on record stating I am in agreement w/ HB 65. I am not in agreement w/ partial-birth abortion. I am against abortion.

Signed:

Jo E. McBride
Testifier

Representing (Optional)

P.O. Box 779

Address

Delta, Id. Ak 99737

Phone No.

907.895-4009



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary Committee
committee on HB65/HB37, dated 3-5-97
bill/ subject committee name

I urge passage of both HB37 and HB65.

As a parent of 2 girls I am greatly concerned that a life-altering, life-ending procedure as abortion could be performed without my consent.

I refer you to the article from the Wall Street Journal ~~article~~ about partial birth abortion which I read to the House State Affairs Committee during their teleconference on HB65. The Committee requested a copy of this article and should be able to make it available to you.

Signed:

Debra A. Jost
Testifier
RPA District 35 Chairman
Representing (Optional)
PO Box 377, Delta, AK 99737
Address
(907) 895-4565
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the HOUSE JUDICIARY COMMITTEE
committee on HB 65 / HB 37, dated 3/15/92
bill/ subject

KINDLY PASS HB 65 & HB 37.

PARENTAL CONSENT

THOUGH THERE ARE SOME DIFFICULT SITUATIONS
FOR WHICH SOME MINORS WILL HAVE DIFFICULTY
DISCUSSING LIFE/DEATH ISSUES WITH THEIR
PARENTS I BELIEVE AS A STATE WE
SHOULD NOT BE LEGISLATING AWAYS OR ENCOURAGING
MINORS TO AVOID TALKING WITH THEIR PARENTS.

PRACTICAL BIRTH ABORTIONS:

A VOTE FOR LIFE PLEASE
ENOUGH ALREADY SAID BY OTHER
PRO-LIFE SPEAKERS.

Signed:

D. Koehler MD / D. KOEHLER MD
Testifier

SELF
Representing (Optional)

PO BOX 1539 DELTA JCT AK 99737

Address
895-1903

Phone No.

My name is Kay Scott my
address is 7400 E 17th 99504.

I could have sworn I was
born in America not Holland
I am agent abortion in any
way.

When this all started it was
to happen with in a few weeks
now these abortion are done
in one month right up to
the 9th month.

I checked the paper from front
to back and no where did
I find where God had
said and left us in charge
to pick who lives or dies.
Or we talking out of both
sides of our mouth.

Maybe if this abortion was
made legal 20 to 30 years ago
you would not be here today
America say they don't
believe in capital punishment and
were not allowed to speak
our children, but in the next
breath were going to kill these
litter babies so brutally.
What happen to adoption?

With Today's Medicine

shorter should not even be an option

There are so many people who would give anything to have a baby.

What's happen to America?

Free choice, free choice don't these little babies have a choice to.

You know if we don't watch out our country is going to become like Poland. When we go onto the doctor for something he may decide we are not important enough or we are lived long enough and just wipe us out.

You people in general better start thinking long term on some of these decision you make because they will effect you at some time in your life.

By the way I am a mother of 4 and grandmother of 4 1/2 and I love each of one them with all my heart. There a part of me that I can give to my Country.



Alaska State Legislature

Please enter into the record my testimony to the House
 committee name
 committee on # 65, dated 3/7/97
 bill/subject

I believe that Partial Birth Abortion is nothing short of murder, I can't imagine why or how a doctor can do something so cruel to a little baby.

There are alot of myths vs truth and like Ron Finklestein we are being misled.

I think this is awful, and don't want it in our city or state.

Signed: Debra Margreiss
 Testifier

Representing (Optional)
873 Norman St

Address
907 333-4894

Phone No.

My name is Jerka Sanchez. I am twenty years old and a mother of two beautiful children. So you all probably know how sick this issue makes me feel. I can't even imagine someone thinking about this even being an option in our society. This type of stuff is beginning in our country and may may be a possibility in our state and I am supposed to be proud to be an American?

On April 10, 1996, President Clinton vetoed the partial birth abortion ban act. On April 15, the bill was referred back to the House Judiciary Committee. President Clinton defended his veto of this legislation by saying that he wanted to protect the "health" of the mothers involved. However, "Health" is so broadly defined in the context of U.S. abortion law as to include all factors - physical, emotional, psychological, familial, and the woman's age - relevant to the well being of the patient. The health position Clinton has taken makes abortion legal for whatever reason.

Have you ever sat down and thought about how it would feel to have surgical scissors stabbed into your head and the life just sucked right out of you and not have any control over it. These babies are in a completely warm, safe, happy, wonderful place and then all of a sudden, it's over. If the abortionist made a mistake and the baby's head slipped out of the mother before he got the scissors in, this baby would then legally be a person. This baby is only seconds away from life.

My sister just lost her first baby. This precious little baby was my first niece. She was only three weeks old. My sister feels so much guilt as would almost any mother who lost a baby. But I can't even imagine the guilt of a mother that let someone suck the brains out of her baby.

The only positive outcome of this entire situation is that the baby that this happens to is immediately in heaven and will not ever have to suffer ~~the~~

through the disgusting
tragedies in this world such as
this. Nor will the baby ever
have to know the sick type
of people who are wanting
partial birth abortions to
happen.

Tesha Sanchez.
5630 South Tahiti
Anchorage, AK 99507

(907) 563-9894

Henry Hyde's Plea to Override the President's Veto of the Partial Birth Abortion Ban

A HILL A
Bobby H

basic
Right to
Life

Taken from the Congressional Record

September 19, 1996

Mr. HYDE. Mr. Speaker, I beg the indulgence of my colleagues not to ask me to yield because I cannot and will not and I would appreciate their courtesy. I also want to say briefly that those who have charged us with politics, invidious politics, for delaying this debate ought to understand that Americans cannot believe this practice exists and it has taken months to educate the American people and it will take many more months to educate them as to the nature and extent of this horrible practice. That is one reason it has taken so long.

The law exists to protect the weak from the strong. That is why we are here.

Mr. Speaker, in his classic novel 'Crime and Punishment,' Dostoyevsky has his murderous protagonist Raskolnikov complain that 'Man can get used to anything, the beast!'

That we are even debating this issue, that we have to argue about the legality of an abortionist plunging a pair of scissors into the back of the tiny neck of a little child whose trunk, arms and legs have already been delivered, and then suctioning out his brains only confirms Dostoyevsky's harsh truth.

We were told in committee by an attending nurse that the little arms and legs stop flailing and suddenly stiffen as the scissors is plunged in. People who say 'I feel your pain' are not referring to that little infant.

What kind of people have we become that this procedure is even a matter for debate? Can we not draw the line at torture, and baby torture at that? If we cannot, what has become of us? We are all incensed about ethnic cleansing. What about infant cleansing? There is no argument here about when human life begins. The child who is destroyed is unmistakably alive, unmistakably human and unmistakably brutally destroyed.

The justification for abortion has always been the claim that a woman can do with her own body what she will. If you still believe that this four-fifths delivered little baby is a part of the woman's body, then I am afraid your ignorance is invincible.

I finally figured out why supporters of abortion on demand fight this infanticide ban tooth and claw, because for the first time since Roe v. Wade the focus is on the baby, not the mother, not the woman but the baby, and the harm that abortion inflicts on an unborn child, or in this instance a four-fifths born child. That child whom the advocates of abortion on demand have done everything in their power to make us ignore, to dehumanize, is as much a bearer of human rights as any Member of this House. To deny those rights is more than the betrayal of a powerless individual. It betrays the central promise of America, that there is, in this land, justice for all.

The supporters of abortion on demand have exercised an amazing capacity for self-deception by detaching themselves from any sympathy whatsoever for the unborn child, and in doing so they separate themselves from the instinct for justice that gave birth to this country.

The President, reacting angrily to this challenge to his veto, claims not to understand why the morality of those who support a ban on partial birth abortions is superior to the morality of 'compassion' that he insists informed his decision to reject Congress' ban on what Senator Moynihan has said is 'too close to infanticide.'

Let me explain, Mr. President. There is no moral nor, for that matter, medical justification for this barbaric assault on a partially born infant. Dr. Pamela Smith, director of medical education in the Department of Obstetrics and Gynecology at Chicago's Mount Sinai Hospital, testified to that, as have many other doctors.

Dr. C. Everett Koop, the last credible Surgeon General we had, was interviewed by the American Medical Association on August 19, and he was asked:

Question: 'President Clinton just vetoed a bill on partial birth abortions. In so doing, he cited several cases in which women were told these procedures were necessary to preserve their health and their ability to have future pregnancies. How would you characterize the claims being made in favor of the medical need for this procedure?'

Answer: Quoting Dr. Koop, 'I believe that Mr. Clinton was misled by his medical advisors on what is fact and what is fiction in reference to late term abortions.'

Question: 'In your practice as a pediatric surgeon, have you ever treated children with any of the disabilities cited in this debate? Have you operated on children born with organs outside of their bodies?'

Answer: 'Oh, yes, indeed. I've done that many times. The prognosis usually is good. There are two common ways that children are born with organs outside of their body. One is an omphalocele, where the organs are out but still contained in the sac composed of the tissues of the umbilical cord. I have been repairing those since 1946. The other is when the sac has ruptured. That makes it a little more difficult. I don't know what the national mortality would be, but certainly more than half of those babies survive after surgery.

'Now every once in a while, you have other peculiar things, such as the chest being wide open and the heart being outside the body. And I have even replaced hearts back in the body and had children grow to adulthood.'

Question: And live normal lives?

Answer: Living normal lives. In fact, the first child I ever did with a huge omphalocele much bigger than her head went on to develop well and become the head nurse in my intensive care unit many years later.'

The abortionist who is a principal perpetrator of these atrocities, Dr. Martin Haskell, has conceded that at least 80 percent of the partial-birth abortions he performs are entirely elective; 80 percent are elective. And he admits to over a thousands of these abortions, and that is some years ago.

We are told about some extreme cases of malformed babies as though life is only for the privileged, the planned and the perfect. Dr. James McMahan, the late Dr. James McMahan, listed nine such abortions he performed because the baby had a cleft lip.

Many other physicians who care both about the mother and the unborn child have made it clear this is never a medical necessity, but it is a convenience for the abortionist. It is a convenience for those who

choose to abort late in pregnancy when it becomes difficult to dismember the unborn child in the womb.

Well, the President claims he wants to solve a problem by adding a health exception to the partial-birth abortion ban. That is spurious, as anyone who has spent 10 minutes studying the Federal law, understands. Health exceptions are so broadly construed by the court, as to make any ban utterly meaningless.

If there is no consistent commitment that has survived the twists and the turns in policy during this administration, it is an unshakable commitment to a legal regime of abortion on demand. Nothing is or will be done to make abortion rare. No legislative or regulatory act will be allowed to impede the most permissive abortion license in the democratic world.

The President would do us all a favor and make a modest contribution to the health of our democratic process if he would simply concede this obvious fact.

In his memoirs Dwight Eisenhower wrote about the loss of 1.2 million lives in World War II, and he said:

'The loss of lives that might have otherwise been creatively lived scars the mind of the civilized world.'

Mr. Speaker, our souls have been scarred by one and a half million abortions every year in this country. Our souls have so much scar tissue there is not room for any more.

And say, what do we mean by human dignity if we subject innocent children to brutal execution when they are almost born? We all hope and pray for death with dignity. Tell me what is dignified about a death caused by having a scissors stabbed into your neck so your brains can be sucked out.

We have had long and bitter debates in this House about assault weapons. Those scissors and that suction machine are assault weapons worse than any AK-47. One might miss with an AK-47; the doctor never misses with his assault weapon, I can assure my colleagues.

It is not just the babies that are dying for the lethal sin of being unwanted or being handicapped or malformed. We are dying, and not from the darkness, but from the cold, the coldness of self-brutalization that chills our sensibilities, deadens our conscience and allows us to think of this unspeakable act as an act of compassion.

If my colleagues vote to uphold this veto, if they vote to maintain the legality of a procedure that is revolting even to the most hardened heart, then please do not ever use the word compassion again.

A word about anesthesia. Advocates of partial-birth abortions tried to tell us the baby does not feel pain; the mother's anesthesia is transmitted to the baby. We took testimony from five of the country's top anesthesiologists, and they said it is impossible, that result will take so much anesthesia it would kill the mother.

By upholding this tragic veto, those colleagues join the network of complicity in supporting what is essentially a crime against humanity, for that little, almost born infant struggling to live is a member of the human family, and partial-birth abortion is a lethal assault against the very idea of human rights and destroys, along with a defenseless little baby, the moral foundation of our democracy because democracy is not, after all, a mere process. It assigns fundamental rights and values to each human being, the first of which is the inalienable right to life.

One of the great errors of modern politics is our foolish attempt to separate our private consciences from our public acts, and it cannot be done. At the end of the 20th century, is the crowning achievement of our democracy to treat the weak, the powerless, the unwanted as things? To be disposed of? If so, we have not elevated justice; we have disgraced it.

This is not a debate about sectarian religious doctrine nor about policy options. This is a debate about our understanding of human dignity, what does it mean to be human? Our moment in history is marked by a mortal conflict between culture of death and a culture of life, and today, here and now, we must choose sides.

I am not the least embarrassed to say that I believe one day each of us will be called upon to render an account for what we have done, and maybe more importantly, what we fail to do in our lifetime, and while I believe in a merciful God, I believe in a just God, and I would be terrified at the thought of having to explain at the final judgment why I stood unmoved while Herod's slaughter of the innocents was being reenacted here in my own country.

This debate has been about an unspeakable horror. While the details are graphic and grisly, it has been helpful for all of us to recognize the full brutality of what goes on in America's abortuaries day in and day out, week after week, year after year. We are not talking about abstractions here. We are talking about life and death at their most elemental, and we ought to face the truth of what we oppose or support stripped of all euphemisms, and the queen of all euphemisms is 'choice' as though one is choosing vanilla and chocolate instead of a dead baby or a live baby.

Now, we have talked so much about the grotesque; permit me a word about beauty. We all have our own images of the beautiful; the face of a loved one, a dawn, a sunset, the evening star. I believe nothing in this world of wonders is more beautiful than the innocence of a child.

Do my colleagues know what a child is? She is an opportunity for love, and a handicapped child is an even greater opportunity for love.

Mr. Speaker, we risk our souls, we risk our humanity when we trifle with that innocence or demean it or brutalize it. We need more caring and less killing.

Let the innocence of the unborn have the last word in this debate. Let their innocence appeal to what President Lincoln called the better angels of our nature. Let our votes prove Raskolnikov is wrong. There is something we will never get used to. Make it clear once again there is justice for all, even for the tiniest, most defenseless in this, our land. □



ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE House Judiciary
 COMMITTEE ON HB 65 DATED 3/7/97
 BILL/SUBJECT

I thank you that I can express my vote on this house bill. I support it because it is murder whether or not the baby's head is in the birth canal or has taken its first breath.

I wonder what situation would require the need for such a procedure when cesarian section has been available and would seem safer than the partial birth abortion? I just can't express my heart adequately how cruel and gruesome this is, how I can not understand that it is different from infanticide.

I have had my own children and am trained as an RN, (six live births, one set of twins), and am as against this procedure as anyone could be.
 Thank you!

SIGNED

TESTIFIER

REPRESENTING (OPTIONAL)

self
1789 A Gilmore Tr. Fbk5 AK 99712 457-2271
 ADDRESS/PHONE NUMBER



Alaska State Legislature

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

Please oppose Bill No. 37. In this age of information we need to focus on educating our children rather than taking away their rights. If you are not going to make consensual sex between two teenagers an offense punishable by law, please do not impose a law on a teenage woman that would force her to bear the burden of an unplanned, unwanted pregnancy. This would be forcing an invasive medical procedure (pregnancy & birth) against her will. (#37) This represents MORE gov. restrictions! Please oppose Bill No. 37

Signed: Lisa Kreebe
 Testifier

Representing (Optional)
801 Lincoln St. Sitka, AK 99835
 Address
747-7547
 Phone No.



Alaska State Legislature

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

Please oppose Bill no 37. If this bill passes
 our teenagers will be at even more risks
 than just teen pregnancies: parenthood.

Signed: Nicolette J. Boud
 Testifier

 Representing (Optional)

 Address

 Phone No.

**TESTIMONY RE: PROPOSED LEGISLATION BANNING "PARTIAL-BIRTH?"
ABORTION**

Bob Lynn, Vice-President, Alaska Right to Life

Good afternoon, Ladies and Gentlemen.

My name is Bob Lynn. My home address is 4400 Trapline Drive, Anchorage, Alaska. I'm Vice-President of Alaska Right to Life. More importantly, as I said in previous testimony, I'm the father of six children, and also the grandfather of eleven and 5/9th grandchildren.

The bill on which you are receiving testimony is misnamed. You are *not* considering a bill on partial-birth abortion – you are, in fact, debating the propriety of partial-birth *infanticide* - for convenience of mothers, the profit of the abortion industry, and the ghoulish agenda of a Culture of Death.

I will not reiterate the obscene procedure involved in sucking out a baby's brain when the baby is three inches from a routine birth. Only the invincibly ignorant, or hopelessly savage and barbaric, could fail to understand the obscenity. I'm sure you've seen the pictures, and wish you hadn't.

I would, however, point you to answers, with questions.

If the procedure is to protect the mother, why isn't the baby delivered by routine Cesarean delivery? The answer? Killing a baby after a Cesarean is prosecutable homicide. Why does the medicutioner – I cannot in conscience call that person a "doctor" – why does he or she turn the baby for a feet-first breech delivery? The answer? So the baby's head will remain within the birth canal, so the baby cannot cry before or during the procedure. Killing a crying baby could lead to homicide charges.

Killing a partially born baby has *nothing* – I repeat *nothing* – to do with protecting the life of a mother. According to the testimony of Dr. Pamela Smith, before a Committee of the United States Senate, "There is absolutely *no* obstetrical situations . . . which requite a partially delivered human fetus to be destroyed, to preserve the life or health of the mother." This professional opinion is echoed in the American Medical News by Dr. Warren Hern, a leading authority on late-term abortion. He states, "the procedure is *never* necessary to preserve a woman's health.

Furthermore, the little live victim of partial-birth infanticide suffers torturous pain. During Congressional hearings, Dr. Robert Smith, Professor of Neurosurgery at Case Western Reserve University testified that ". . . within this time of gestation, 20 weeks and beyond, the baby is fully capable of experiencing pain and, without a doubt, this is a dreadfully painful experience." In

the words of Congressman Henry Hyde, "People who say 'I feel your pain' are *not* referring to that little infant."

How far down a slippery slope of savagery have we come? How much longer will our elected representatives tolerate such atrocities? How could partial-birth infanticide even be a matter for debate?

This is *not* a so-called "pro-choice" issue. We are not talking here about a "choice" to destroy a microscopic ovum, or fifteen cells - which pro-choice apologists would label a "glob of tissue." What we are talking about is a fully developed - fully developed - baby mere seconds, and three inches, short of birth. The child, from whose skull the brains are suctioned out of, is *without* doubt alive, is *without* doubt human, and *without* doubt suffers unspeakable pain. How *dare* the proponents of such ghastly acts cast stones at those who would engage in ethnic cleansing in Bosnia, and at the same time support "infant cleansing" in America, and here in Alaska!

A ban on partial-birth infanticide, as one should expect, has *widespread* bi-partisan public support in Alaska, and throughout the nation. But partial birth infanticide, killing a nearly born baby, I pray to God, is an issue which *transcends* politics altogether. This is *not* a partisan issue, *not* a gender issue. We are *not* here debating sectarian religious doctrine, or economic theories, or - God forbid - *not* attempting to win political brownie points in our party, or in some